BRIEF SUMMARY OF THE TRANSPARENCY COMMITTEE OPINION

TARGINACT (oxycodone/naloxone), opioid agonist-antagonist combination

Low clinical benefit in severe and/or intractable pain in osteoarthritis of the knee or hip and in chronic lumbar pain

Insufficient clinical benefit in the other types of chronic, severe and/or intractable, non-cancer-related and non-neuropathic pain

Main points

- TARGINACT has Marketing Authorisation in the treatment of severe pain which can be adequately managed only with opioid analgesics. The opioid antagonist, naloxone, is added to counteract opioid induced constipation by blocking the action of oxycodone locally at opioid receptors in the gut.
- Its analgesic activity is equivalent to that of other forms of prolonged-release oxycodone, but its efficacy in opioid-induced constipation has not yet been fully established.
- In certain types of severe and/or intractable pain in osteoarthritis of the knee or hip and in chronic lumbar pain, TARGINACT is a 2nd line treatment in cases of opioid-induced constipation despite optimal management (dietary and lifestyle rules and administration of laxatives) in a treatment of last resort, at a stage when surgical options are being contemplated.
- These situations apart, it has no role in the treatment strategy for chronic non-cancer-related and non-neuropathic pain, particularly chronic inflammatory rheumatism, as mainly represented by rheumatoid arthritis and spondylarthritis.

Therapeutic use

Faced with episodes of severe intractable pain in a context of mechanical rheumatic disease, i.e. osteoarthritis of the knee or the hip and chronic lumbar pain, strong opioids can be prescribed as a treatment of last resort, at a stage when surgery is being contemplated and in patients who are not (due to refusal or contraindication) candidates for prosthetic joint replacement therapy (osteoarthritis of the hip or knee), for the shortest possible duration. Use of an oral form is preferred.

The decision to prescribe strong opioids must take account of their safety profiles (the most frequent adverse effects at usual doses: constipation, somnolence, confusion, nausea at vomiting) and the potential risk of misuse or abuse.

- Role of the medicinal product in the therapeutic strategy

TARGINACT is a 2nd-line treatment for opioid-induced constipation despite optimal management (dietary and lifestyle rules and administration of laxatives) in treatment of last resort for certain types of intense intractable pain in osteoarthritis of the knee or the hip and chronic lumbar pain.

Clinical data

- Three clinical studies and their 1-year extension phases in patients with rheumatological pain provide disputable proof of a clinical benefit in the efficacy or safety of the fixed combination (oxycodone + naloxone) by comparison with oxycodone alone combined with a laxative in the management of patients with severe pain and oxycodone-induced constipation.
- Four studies of the risk of misuse of TARGINACT confirm that the substantial bioavailability of naloxone administered by the intranasal or intravenous route is likely to reduce its misuse via these routes of administration.
The safety profile of TARGINACT seems to be similar to that of oxycodone-based proprietary medicinal products.

**Special prescribing conditions**

- Narcotic medicinal product, prescription limited to 28 days

**Benefit of the medicinal product**

- The actual benefit* of TARGINACT is:
  - low in the management of severe and/or intractable pain in osteoarthritis of the knee or hip and in chronic lumbar pain.
  - insufficient in severe and/or intractable pain in any other chronic non-cancer and non-neuropathic pain context, particularly chronic inflammatory rheumatic diseases, as mainly represented by rheumatoid arthritis and spondylarthritides.

- TARGINACT does not provide clinical added value (CAV V) in the management of chronic severe non-cancer-related and non-neuropathic pain.

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* The actual benefit (AB) of a proprietary medicinal product describes its benefit primarily in terms of its clinical efficacy and the seriousness of the condition being treated. The HAS Transparency Committee assesses the AB, which can be substantial, moderate, low or insufficient for reimbursement for hospital use.

** The clinical added value (CAV) describes the improvement in treatment provided by a medicinal product compared with existing treatments. The HAS Transparency Committee assesses the degree of CAV on a scale from I (major) to IV (minor). A level V CAV means “no clinical added value”.

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