MTRAC
Midlands Therapeutics Review and Advisory Committee

Considerations for Commissioners

Tapentadol PR *(Palexia SR®)*

For the treatment of severe chronic pain

Commissioning guidance:

Commissioners may wish to bear the following in mind when considering the commissioning of tapentadol PR (prolonged release):

- The Scottish Medicines Consortium and the All-Wales Medicines Strategy Group recommend that tapentadol PR should be restricted to those patients with severe chronic pain in whom morphine sulphate modified release has failed to provide adequate pain control, or is not tolerated.
- It was the opinion of the MTRAC committee that ongoing management of chronic pain should be via a pain management clinic or service with access to a broad range of non-pharmacological therapies e.g. physiotherapy, cognitive behavioural therapy, occupational therapy.
- Within the context of use in a Pain Management service, tapentadol appears to be an effective treatment of similar efficacy to oxycodone.
- The British National Formulary (BNF) states that nausea, vomiting, and constipation are less likely to occur with tapentadol than with other strong opioid analgesics.[1]

Strength of the evidence for efficacy

The evidence for the efficacy of tapentadol PR came from five placebo-controlled RCTs, four of which showed a benefit over placebo in terms of improvement in pain intensity scores or prevention of deterioration in pain scores, and the fifth RCT that showed no benefit. A sixth trial, compared tapentadol PR with oxycodone/naloxone in people with low back pain with a neuropathic component, and found it to be superior for lowering pain intensity, and with significantly lower scores for neuropathic pain than oxycodone/naloxone treatment. A constipation symptom rating scale (PAC-SYM) also showed no change with tapentadol PR, but significantly lower scores for oxycodone/naloxone indicating deterioration.

MTRAC considered tapentadol PR at the request of local commissioners.

References

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