

**AREA PRESCRIBING COMMITTEE – Birmingham, Sandwell, Solihull and environs**

**Decision Making Support Tool**

The following document supports the committee to consider formulary applications against defined criteria.

|   |   |   |
|---|---|---|
| Formulary application reference:                  | APCBSSE/0081  |   |
| Drug name and formulations:                       | Palexia SR® (Tapentadol prolonged-release tablets)                  |   |
| <b>Criteria</b>                                   | <b>Example</b>  | <b>Committee Consensus</b>  |
| Patient Safety                                    | <i>Potential for abuse, toxicity, significant drug interactions</i> | Some circumstantial evidence presented suggesting there may be a lower risk of abuse.   |
| Clinical effectiveness                            | <i>Established licensed product</i>                                 | As effective as oxycodone.  |
| Strength of evidence                              |   | Reliance on case studies/anecdotal. No additional evidence supplied.  |
| Cost effectiveness or resource impact             | £   | Figures cited in application state 50mg tapentadol SR equivalent to 10mg oxycodone MR. Literature states 10mg oxycodone is equivalent to 50-75mg tapentadol. Tapentadol therefore more costly than oxycodone. |
| Place of therapy relative to available treatments | <i>1/2<sup>nd</sup> tier</i>  | 3rd/4th tier.   |
| National guidance and priorities                  | <i>NICE, MTRAC</i>  | SMC approved. Not reviewed by NICE.   |
| Local health priorities                           | <i>CCG views</i>  | Concern regarding opioid over prescribing.  |
| Equity of access                                  | <i>Equality assessment</i>  | Committee acknowledges that surrounding areas have differing formulary status' for Palexia SR®.   |
| Stakeholder views                                 | <i>Define wider groups to be engaged</i>                            | N/A   |

|                             |                                  |     |
|-----------------------------|----------------------------------|-----|
| Implementation requirements | <i>Requires, RICAD ESCA etc.</i> | N/A |
|                             |                                  |     |

### Decision Summary

|   |  |
|---|--|
| Resubmission is recommended to complete the information to enable a decision: | Invite a resubmission of the application with additional evidence.   |
| Not approved and rationale:   |  |
| Formulary status (RAG) and rationale  | Remain as RED. <u>Rationale:</u> No additional evidence presented. Applicant invited to submit a full application. |
| Implementation requirements:  |  |
| Implementation monitoring:  |  |