

## **Indiana Medicaid Therapeutics Committee** **Therapeutic Class Review Summary**

### **Therapeutic Class:**

Brand Name Narcotics

### **Overview:**

Performance standards and quality improvement initiatives for various healthcare organizations and healthcare systems have dubbed pain, “the fifth vital sign.” Hence, pain is a clinically important parameter that clinicians have begun to evaluate and treat more assertively. Pain can be debilitating and negatively affect activities of daily living. Narcotic analgesics are an important therapeutic option for pain management. These agents help increase and/or preserve quality of life for patients who need these medications chronically.

Drugs derived from opium, such as morphine and codeine, are known as opiates. The term opioid applies to agonists and antagonists with morphine-like activity as well as to naturally- occurring and synthetic opioid peptides. Narcotic, a derivative of the Greek word for stupor, was originally defined as any drug that induced sleep. However, the word “narcotic” has become associated with strong opiate analgesics. Opiate agonists and antagonists interact with specific opioid receptors (delta, OP1; kappa, OP2; and mu, OP3) in the brain and other tissues. The problem of addiction to opioids inspired a search for potent analgesics free of addictive potential. Mixed opioid agonist-antagonists interact with all three opioid receptors; these agents are antagonists at the mu receptor and either full or partial agonists at the kappa and delta receptors. Mixed opioid agonist-antagonist agents are not considered appropriate for chronic pain.

Opioid narcotics have the advantage of multiple routes of administration: oral, rectal, topical, parenteral, epidural, intrathecal, and intramuscular. Additionally, agents within the class have varied durations of action for short-term and extended pain relief. The side effect profile of narcotic analgesics has been a major limiting factor in prescribing these agents. Adverse effects are primarily gastrointestinal and include nausea, vomiting, and constipation. The most serious and life threatening adverse effect associated with this drug class is respiratory depression. Patients taking these medications should be closely monitored and evaluated for pain relief as well as signs and symptoms of abuse and or addiction. Differentiating between dependence and addiction is important. The repeated, compulsive seeking or use of a substance despite harmful consequences characterizes addiction. Dependence may be physiological or psychological. Physiological dependence is usually indicated by tolerance to the effects of the substance and withdrawal symptoms when use of the substance is terminated. Psychological dependence is usually associated with addiction. Patients taking narcotic analgesics chronically may become clinically dependent on the medication without exhibiting addiction.



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	<b>Generic Name</b>		<b>Brand Name</b>	<b>Generic Available</b>	
Narcotic Agonist Analgesic	Codeine		Various combinations	Y	
	Dihydrocodeine, acetaminophen, caffeine		Panlor DC <sup>®</sup> Panlor SS <sup>®</sup> Zerlor <sup>™</sup>	Y Y Y	
	Fentanyl		Actiq <sup>®</sup> Duragesic <sup>®</sup> Fentora <sup>™</sup> Onsolis <sup>™</sup>	Y Y N N	
	Hydrocodone		Various combinations	Y	
	Hydromorphone		Dilaudid <sup>®</sup>	Y	
	Levorphanol		Levo-Dromoran <sup>®</sup>	Y	
	Meperidine		Demerol <sup>®</sup> Meperitab <sup>®</sup>	Y	
	Methadone		Dolophine <sup>®</sup>	Y	
	Morphine	Immediate release	Generic morphine sulfate MSIR <sup>®</sup> Roxanol <sup>®</sup> RMS <sup>®</sup>	Y Y Y Y	
		Sustained release	Avinza <sup>®</sup> Kadian <sup>™</sup> MS Contin <sup>®</sup> Oramorph SR <sup>™</sup> Depodur <sup>®</sup>	N N Y N N	
	Oxycodone		OxyContin <sup>®</sup> OxyFAST <sup>®</sup> OxyIR <sup>®</sup> Roxicodone <sup>®</sup>	Y Y Y Y	
	Oxymorphone		Opana <sup>®</sup> Opana <sup>®</sup> ER	N N	
	Propoxyphene		Darvon <sup>®</sup> Darvon-N <sup>®</sup>	Y N	
	Tapentadol		Nucynta <sup>™</sup>	N	
	Narcotic Agonist-Antagonist	Butorphanol		Stadol <sup>®</sup> NS	Y
		Morphine/naltrexone		Embeda <sup>™</sup>	N
Pentazocine, Pentazocine/naloxone		Talwin <sup>®</sup> Talwin <sup>®</sup> Nx	N Y		
Buprenorphine Buprenorphine/naloxone		Subutex <sup>®</sup> Suboxone <sup>®</sup>	Y N		
Non-narcotic analgesic	Tramadol, Tramadol/acetaminophen		Ultram <sup>®</sup> Ultracet <sup>®</sup>	Y Y	
	Tramadol ER		Ultram ER <sup>®</sup> Ryzolt <sup>™</sup>	Y N	

Combination products are listed on the table on pages 2-10 of the Therapeutic Class Review



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## **Summary:**

Effective pain management in the ambulatory population is important both clinically and as a quality of life issue. Narcotic analgesics are a useful class of agents for the treatment of acute and chronic pain. A clinical study suggests that pentazocine may not be suitable to treat cancer pain. Other trials suggest that oxycodone effectively manages acute and chronic pain, but no greater efficacy was demonstrated with controlled release formulations. Studies have also demonstrated that the once-daily narcotic formulations should improve compliance and help eliminate breakthrough pain, which is a feature of many twice-daily products therefore, providing better pain management. Many of the narcotic and narcotic combination products are available generically. Due to the high abuse potential associated with this class, quantity limits and generic mandates may play an integral role in managing the appropriate use of this drug class. Selection of agents for the preferred drug list should be based upon duration of effect, safety, and cost.