Prescribing policy: Prescribing of compound analgesics containing low dose weak opioids is not routinely supported

Mid Essex Clinical Commissioning group does not support the routine prescribing of fixed-dose combination analgesics containing low doses of opioids and paracetamol which include:

- Co-codamol 8/500 tablets and capsules (codeine 8mg plus paracetamol 500mg)
- Co-codamol 12.8/500 tablets (codeine 12.8mg plus paracetamol 500mg *Solpadeine Max*®)
- Co-codamol 15/500 tablets and capsules (codeine 15mg plus paracetamol 500mg)
- Co-dydramol 10/500 tablets (dihydrocodeine 10mg plus paracetamol 500mg)

There is no evidence to show that low dose weak opioid and paracetamol preparations are more effective than paracetamol alone. Using low dose weak opioids will still lead to opioid side effects without effective augmentation of the analgesic activity.

Recommendations

Co-codamol 8/500 tablets, capsules and effervescent tablets and codeine 12.8/500 tablets, Co-codamol 15/500 tablets and capsules (NON-formulary items) and co-dydramol tablets

- Stop prescribing. Advise patients that these are no longer available on prescription.
- Switch to paracetamol alone:
  - Patients on packs of 32 – advise to purchase paracetamol over the counter (OTC)
  - Patients on packs of 100 – switch co-codamol or co-dydramol to paracetamol alone.
- If patients are taking maximum 4g paracetamol in a day and requests more pain relief consider adding 15mg-30mg codeine 1-2 up to QDS.
- Dose of codeine should be capped in the elderly to maximum of 30mg QDS.

Rationale

- The low dose of opioid may be enough to cause opioid side-effects (particularly constipation) and can complicate the treatment of overdose.
- A full dose of the opioid component (e.g. a 60mg dose of codeine phosphate equivalent to 9mg oral morphine) in compound analgesic preparations effectively augments the analgesic activity but is associated with the full range of opioid side-effects (including nausea, vomiting, severe constipation, drowsiness, respiratory depression, and risk of dependence on long-term administration).
- Long-term the use of opioids to treat chronic non-cancer pain is controversial.
- Co-codamol 30/500 given at a dose of 2 tabs QDS corresponds to a morphine equivalent dose of 36mg daily) and
- Concerns are as follows:
  - Efficacy: opioids are prescribed to reduce pain intensity. Data demonstrating sustained analgesic efficacy in the long term are lacking.
  - Safety: 80% of patients taking opioids will experience at least one adverse effect.
  - Elderly patients are particularly susceptible to opioid side-effects and should receive lower doses. There is considerable uncertainty regarding the long term effects of opioids, particularly in relation to endocrine and immune function.
  - Problems of tolerance, dependence and addiction, including opioid-induced hyperalgesia.

Providers commissioned to provide services on behalf of Mid-Essex CCG are reminded that they are required to follow the Mid-Essex CCG formulary and prescribing guidance as detailed in their contract (Medicines Management Service Specification). See the Medicines Optimisation page on the Mid Essex CCG website for all prescribing guidance: **https://midessexccg.nhs.uk/medicines-optimisation**

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