

**Oral solution**

CAUTIONARY AND ADVISORY LABELS 2

▶ **Dihydrocodeine tartrate (Non-proprietary)**

**Dihydrocodeine tartrate 2 mg per 1 ml** Dihydrocodeine 10mg/5ml oral solution | 150 ml **[PoM]** £9.83 DT = £9.83 **[CD5]**

**Dihydrocodeine with paracetamol**

18-Jan-2018

The properties listed below are those particular to the combination only. For the properties of the components please consider, paracetamol p. 278.

● **INDICATIONS AND DOSE****Mild to moderate pain (using 10/500 preparations only)**

## ▶ BY MOUTH

▶ Child 12–17 years: 10/500–20/1000 mg every 4–6 hours as required; maximum 80/4000 mg per day

**Severe pain (using 20/500 preparations only)**

## ▶ BY MOUTH

▶ Child 12–17 years: 20/500–40/1000 mg every 4–6 hours as required; maximum 160/4000 mg per day

**Severe pain (using 30/500 preparations only)**

## ▶ BY MOUTH

▶ Child 12–17 years: 30/500–60/1000 mg every 4–6 hours as required; maximum 240/4000 mg per day

**DOSE EQUIVALENCE AND CONVERSION**

▶ A mixture of dihydrocodeine tartrate and paracetamol; the proportions are expressed in the form x/y, where x and y are the strengths in milligrams of dihydrocodeine and paracetamol respectively.

**IMPORTANT SAFETY INFORMATION**

**MHRA/CHM ADVICE: DIHYDROCODEINE WITH PARACETAMOL (CO-DYDRAMOL): PRESCRIBE AND DISPENSE BY STRENGTH TO MINIMISE RISK OF MEDICATION ERROR (JANUARY 2018)**

The MHRA has advised that dihydrocodeine with paracetamol preparations are prescribed and dispensed by strength to minimise dispensing errors and the risk of accidental opioid overdose—see Prescribing and dispensing information.

- **CAUTIONS** Alcohol dependence · before administering, check when paracetamol last administered and cumulative paracetamol dose over previous 24 hours · chronic alcoholism · chronic dehydration · chronic malnutrition · hepatocellular insufficiency · pancreatitis · severe cor pulmonale
- **INTERACTIONS** → Appendix 1: opioids · paracetamol
- **SIDE-EFFECTS** Abdominal pain · blood disorder · leucopenia · malaise · neutropenia · pancreatitis · paraesthesia · paralytic ileus · severe cutaneous adverse reactions (SCARs) · thrombocytopenia
- **Overdose** Liver damage (and less frequently renal damage) following overdosage with paracetamol.
- **BREAST FEEDING** Amount of dihydrocodeine too small to be harmful but use only if potential benefit outweighs risk.
- **HEPATIC IMPAIRMENT** Manufacturer advises consider avoiding in mild to moderate impairment; avoid in severe impairment.  
**Dose adjustments** Manufacturer advises dose reduction in mild to moderate impairment, if used.
- **RENAL IMPAIRMENT** Reduce dose or avoid dihydrocodeine; increased and prolonged effect; increased cerebral sensitivity.
- **PRESCRIBING AND DISPENSING INFORMATION** The MHRA advises when prescribing dihydrocodeine with paracetamol, the tablet strength and dose must be clearly indicated; when dispensing dihydrocodeine with

paracetamol, ensure the prescribed strength is supplied—contact the prescriber if in doubt.

The BP defines *Co-dydramol* Tablets as containing dihydrocodeine tartrate 10 mg and paracetamol 500 mg.

- **LESS SUITABLE FOR PRESCRIBING** Dihydrocodeine with paracetamol is less suitable for prescribing.
- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug. Forms available from special-order manufacturers include: oral suspension, oral solution

**Tablet**

CAUTIONARY AND ADVISORY LABELS 2, 29, 30

▶ **Dihydrocodeine with paracetamol (Non-proprietary)**

**Dihydrocodeine tartrate 10 mg, Paracetamol 500 mg** Co-dydramol 10mg/500mg tablets | 30 tablet **[PoM]** £1.14 DT = £0.79 **[CD5]** | 100 tablet **[PoM]** £3.00 DT = £2.63 **[CD5]** | 500 tablet **[PoM]** £13.15 **[CD5]**

**Dihydrocodeine tartrate 20 mg, Paracetamol 500 mg** Co-dydramol 20mg/500mg tablets | 56 tablet **[PoM]** £5.57–£5.87 **[CD5]** | 112 tablet **[PoM]** £11.13 DT = £11.13 **[CD5]**

**Dihydrocodeine tartrate 30 mg, Paracetamol 500 mg** Co-dydramol 30mg/500mg tablets | 56 tablet **[PoM]** £6.82 DT = £6.82 **[CD5]**

▶ **Eroset** (M & A Pharmachem Ltd)

**Dihydrocodeine tartrate 10 mg, Paracetamol 500 mg** Eroset 500mg/10mg tablets | 30 tablet **[PoM]** £0.68 DT = £0.79 **[CD5]** | 100 tablet **[PoM]** £1.48 DT = £2.63 **[CD5]**

▶ **Paramol** (SSL International PLC)

**Dihydrocodeine tartrate 7.46 mg, Paracetamol 500 mg** Paramol tablets | 12 tablet **[P]** £2.26 **[CD5]** | 24 tablet **[P]** £3.88 **[CD5]** | 32 tablet **[P]** £4.52 **[CD5]**

▶ **Remedeine** (Crescent Pharma Ltd)

**Dihydrocodeine tartrate 20 mg, Paracetamol 500 mg** Remedeine tablets | 56 tablet **[PoM]** £5.87 **[CD5]** | 112 tablet **[PoM]** £11.13 DT = £11.13 **[CD5]**

**Dihydrocodeine tartrate 30 mg, Paracetamol 500 mg** Remedeine Forte tablets | 56 tablet **[PoM]** £6.82 DT = £6.82 **[CD5]**

**Fentanyl**

25-Oct-2018

● **INDICATIONS AND DOSE****Chronic intractable pain not currently treated with a strong opioid analgesic**

## ▶ BY TRANSDERMAL APPLICATION

- ▶ Child 16–17 years: Initially 12 micrograms/hour every 72 hours, alternatively initially 25 micrograms/hour every 72 hours, when starting, evaluation of the analgesic effect should not be made before the system has been worn for 24 hours (to allow for the gradual increase in plasma-fentanyl concentration)—previous analgesic therapy should be phased out gradually from time of first patch application, dose should be adjusted at 48–72 hour intervals in steps of 12–25 micrograms/hour if necessary, more than one patch may be used at a time (but applied at the same time to avoid confusion)—consider additional or alternative analgesic therapy if dose required exceeds 300 micrograms/hour (important: it takes 17 hours or more for the plasma-fentanyl concentration to decrease by 50%—replacement opioid therapy should be initiated at a low dose and increased gradually)

**Chronic intractable pain currently treated with a strong opioid analgesic**

## ▶ BY TRANSDERMAL APPLICATION

- ▶ Child 2–17 years: Initial dose based on previous 24-hour opioid requirement (consult product literature), for evaluating analgesic efficacy and dose increments, see under *Chronic intractable pain not currently treated with a strong opioid analgesic*, for conversion from long term oral morphine to transdermal fentanyl, see *Pain management with opioids* under Prescribing in palliative care p. 22.