

## MID AND SOUTH ESSEX MEDICINES OPTIMISATION COMMITTEE (MSEMOC)

### TRAMADOL 37.5MG / PARACETAMOL 325MG (TRAMACET®):

### **BLACK: NOT RECOMMENDED FOR PRESCRIBING IN PRIMARY, COMMUNITY OR SECONDARY CARE**

Mid and South Essex CCGs do not support the prescribing of tramadol 37.5mg / paracetamol 325mg (Tramacet®) tablets / effervescent tablets as it is not a cost-effective option and lacks evidence of superior efficacy and safety. This position is supported by NHS England.

Tramadol has not been shown to be either more effective or better tolerated than other weak opioid analgesics, such as codeine. There is no evidence that Tramacet® is more effective or safer than paracetamol 500mg and codeine 30mg (both as individual drugs, or combined as co-codamol 30/500mg) in acute or chronic pain.

Tramacet® contains subtherapeutic amounts of the individual agents tramadol and paracetamol, and is not a cost-effective option. There are safety concerns with tramadol (harms and misuse) as well as an increased number of deaths.

Tramadol is not included in the advice given by the British Pain Society and Medicines and Healthcare products Regulatory Agency (MHRA) for options in the management of mild to moderate pain.

Compound analgesic preparations that contain a simple analgesic (such as paracetamol) with an opioid component reduce the scope for effective titration of the individual components in the management of pain of varying intensity. It is advantageous to use separate components so that doses of individual components can be tailored appropriately. Furthermore, the dose of paracetamol contained in Tramacet® is not optimal.

The advantages of using compound analgesic preparations have not been substantiated. The addition of a low dose of an opioid can result in opioid side-effects (e.g. constipation) and can complicate treatment of overdose without any additional pain relief. The elderly are particularly susceptible to the side effects of opioids.

#### Recommendations

- Do not initiate Tramacet® in any new patients
- Existing patients should have Tramacet® (or its generic equivalent) reviewed for clinical need and suitability for changing to paracetamol alone or paracetamol with codeine (as separate components), and change prescription as appropriate. As with all changes, these should be tailored to the individual patient

This position is supported by NHS England as part of the items which should not routinely be prescribed in primary care.

Providers commissioned to provide services on behalf of Mid and South Essex CCGs are reminded that they are required to follow the local joint formulary and prescribing guidance, as detailed in the medicines management service specification of their contract.

<b>References</b>	<ul style="list-style-type: none"> <li>PrescQIPP bulletin 208 paracetamol and tramadol combination products: <a href="https://www.prescqipp.info/media/3844/208-paracetamol-and-tramadol-combination-products-20.pdf">https://www.prescqipp.info/media/3844/208-paracetamol-and-tramadol-combination-products-20.pdf</a></li> <li>NHS England: Items which should not routinely be prescribed in primary care. June 2019: <a href="https://www.england.nhs.uk/wp-content/uploads/2019/08/items-which-should-not-routinely-be-prescribed-in-primary-care-v2.1.pdf">https://www.england.nhs.uk/wp-content/uploads/2019/08/items-which-should-not-routinely-be-prescribed-in-primary-care-v2.1.pdf</a></li> </ul>
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