

This document is extracted from *Prescribing drugs of dependence in general practice, Part C2: The role of opioids in pain management*. Published October 2017. © The Royal Australian College of General Practitioners 2017.

B8 Opioid dosing thresholds

Purpose

To detail safe limitations for prescribing opioid medication in this practice. The policy relates to chronic non-malignant pain.

Example policy

[insert practice name]

Date effective:

Review date:

SAFE LIMITS FOR OPIOID PRESCRIBING

The practice policy is to:

- provide ongoing structured review in all patients on long-term opioid therapy (ie monitoring the 5As of pain management: analgesia, activity, aberrant behaviour, adverse effects, affect) before every prescription
- exercise caution in prescribing patients over 50 mg average daily oral morphine equivalent (OME) dose, particularly in those patients with significant comorbidities or at higher risk for opioid misuse
- not prescribe more than an average daily OME dose of 100 mg without further validation from specialist involvement.

Opioids should be reserved for patients who have not responded to non-opioid treatments and who have defined pain conditions for which opioids have been shown to be effective. Prescribed opioids have an accepted individual and combined morphine equivalent threshold, above which the risk of adverse events significantly rises.

Most patients' pain will be controlled on a dose of less than 50 mg OME.

Before prescribing an opioid:

- a diagnosis of the source of the pain must be made
- simple analgesia and other appropriate treatments should have been trialled
- there should be regular assessment of the patient using the 5As.

Patients who have chronic pain and experience an exacerbation of pain or a new painful condition should preferably not be treated with additional opioids.

Calculation of OME dose

For patients taking more than one opioid, the morphine equivalent dose of the different opioids must be added together to determine the cumulative dose.

For example, if a patient takes four codeine 30 mg combined with paracetamol 500 mg and two 20 mg oxycodone extended-release tablets per day, the cumulative dose may be calculated as follows:

- Codeine 30 mg x 4 tablets per day = 120 mg per day
- Using the OME dose table, 120 mg of codeine = 15 mg morphine equivalents
- Oxycodone 20 mg x 2 tablets per day = 40 mg per day
- Using the OME dose table, 20 mg oxycodone = 30 mg morphine, so 40 mg oxycodone = 60 mg morphine equivalents
- Cumulative dose is 15 mg + 60 mg = 75 mg OME per day.