



Prescribing Patterns in Dependence Forming Medicines

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Declaration of interest

Professor Sir John Strang is Head of Department for the Addictions academic activity of the IoPPN (Institute of Psychiatry, Psychology and Neuroscience), Kings College London, which includes conduct of diverse research studies and provision of educational activity in the Addictions. He is also Academic Lead of the Addictions CAG (Clinical Academic Group), within the KHP AHSC (King's Health Partners Academic Health Sciences Centre). He also holds an honorary consultant appointment in the Addictions group of the South London & Maudsley (SLaM) NHS Foundation Trust, which provides treatments in the drug, alcohol and smoking cessation fields. JS's employer (King's College London) has received, connected to his work, project grant support and/or honoraria and/or consultancy payments from Department of Health, NTA (National Treatment Agency), PHE (Public Health England), Home Office, NICE (National Institute for Health and Clinical Excellence), and EMCDDA (European Monitoring Centre for Drugs and Drug Addiction) as well as research grants from (last 3 years) NIHR (National Institute on Health Research), MRC (Medical Research Council) and Pilgrim Trust. He has also worked with WHO (World Health Organization), UNODC (United Nations Office on Drugs and Crime), EMCDDA, FDA (US Food and Drug Administration) and NIDA (US National Institute on Drug Abuse) and with other international government agencies. His employer (King's College London) has registered intellectual property on an innovative buccal naloxone with which JS is involved, and JS has been named in a patent registration by a Pharma company as inventor of a potential concentrated naloxone nasal spray. JS's employer (King's College London) has also received, connected to his work, research grant support and/or payment of honoraria, consultancy payments and/or travelling and/or accommodation and/or conference expenses from pharmaceutical companies (including, past 3 years, Martindale, Indivior, MundiPharma, Braeburn) and trial medication supply from iGen and Braeburn and also discussions with various companies about medications potentially applicable in the treatment of addictions and related problems. This includes exploration of the potential for - and consideration of research trials of - improved medications with less abuse liability, longer duration of action (e.g. implant or depot formulations) and also novel non-injectable emergency medications.

JS works with the charity Action on Addiction, and also with the Pilgrim Trust, and has received grant support from them. JS has previous close links with various charitable funded providers, including Lifeline (Manchester), Phoenix House, KCA UK (Kent Council on Addictions), and Clouds (Action on Addiction). JS works (or has recently worked) with various drug policy organisations and advisory bodies including the UK Drug Policy Commission (UKDPC), the Society for the Study of Addiction (SSA), and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

February 2017. For updated information see John Strang's information on the departmental website at www.kcl.ac.uk/ioppn/depts/addictions/people/hod.aspx

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Definitions and abbreviations

AED	Anti-epileptic drug
Benzodiazepines	One of the four types of DFM examined in this report. Short- and intermediate-acting benzodiazepines are preferred for the treatment of insomnia; longer-acting benzodiazepines are recommended for the treatment of anxiety
BMI	Body Mass Index
BNF	British National Formulary
CCG	Clinical commissioning group
Continuous prescribing period	Used to indicate a series of one or more prescriptions (initial combined with repeat) covering a continuous episode of prescribing.
Co-prescribing	Prescribing more than one type of drug at the same time
CPRD	Clinical Practice Research Datalink
CSM	Committee on the Safety of Medicines
DFM	(Potentially) dependence forming medicine
Data custodian	The named individual within an application to the Confidentiality Advisory Group (CAG) responsible for the security arrangements in place around the confidential patient information requested
DH	Department of Health
ePACT	Electronic Prescribing Analysis and Cost data
GABAergic medicines	One of the four types of DFM examined in this report. Used in this report to refer to GABAergic medicines and other medicines which produce an effect via interactions with the GABA system, such as by stimulating or blocking neurotransmission. For a full list of the medicines included in the analysis see Appendix 30. GABAergic medicines are approved for the treatment of a range of conditions including epilepsy, neuropathic pain, fibromyalgia, generalised anxiety disorder and restless drug syndrome. Off-label uses include migraine, social phobia, panic disorder, mania, bipolar disorder and alcohol withdrawal.
GMS	General Medical Services
GP	General Practitioner
GPRD	General Practice Research Database
HES	Hospital Period Statistics
HSCIC	Health and Social Care Information Centre, now NHS Digital
HSE	Health Survey for England
ICD-10	International Statistical Classification of Diseases and Health Related Problems (10 th revision)
IMD	Index of Multiple Deprivation
Individual prescriptions	All individually issued prescriptions.

ISAC	Independent Scientific Advisory Committee
LHB	Local Health Boards
LSOA	Lower Super Output Area
MHRA	Medicines and Healthcare products Regulatory Agency
NAC	National Addiction Centre
NIHR	National Institute of Health Research
NICE	National Institute for Health and Care Excellence
NTA	National Treatment Agency for Substance Misuse
Opioids	One of the four types of DFM examined in this report. Opioids are substances that act on opioid receptors to produce morphine-like effects. Primarily used for pain relief, they are also used to suppress cough and diarrhoea and treat addiction.
OPCS	Classification of Interventions and Procedures (OPCS-4) is a statistical classification for clinical coding of hospital interventions and procedures undertaken by the National Health Service (NHS)
PCA	Prescription Cost Analysis
PCRS	Primary Care Reimbursement Service
Prescription	Used to indicate an individual prescription
Prescribing period	Used to indicate a series of one or more prescriptions (initial combined with repeat) covering a continuous episode of prescribing.
QOF	Quality Outcomes Framework
SHA	(Former) Strategic Health Authorities
THIN	The Health Improvement Network
UTS	Up To Standard
Z-drugs	One of the four types of DFMs examined in this report. A group of medicines, mostly starting with the letter Z, with similar effects to benzodiazepines. Z-drugs are often prescribed for insomnia.

Executive summary

- Potentially dependence forming medicines (DFM) are widely prescribed in primary care. In 2015, opioids were prescribed to 5% of all patients on the Clinical Practice Research Datalink (CPRD). Opioids were about twice as likely to be prescribed as benzodiazepines (2%), Z-drugs (2%), or GABAergic medicines (2%).
- Overall, DFM prescribing has been increasing: 6% of patients on the CPRD were prescribed at least one of these four types of DFM in 2000; the rate in 2015 was 9%. Benzodiazepines were the only DFM examined to experience a long-term fall in prescribing (from 3.5% of patients in 2000, to 2.5% in 2015).
- A sample of patients prescribed at least one of these four types of DFM between 2000 and 2015 was drawn from the CPRD. The CPRD contains information about prescriptions issued by GPs (including length and size of prescription) and the patients prescribed to (such as age, sex, and area).
- In 2000, individual prescriptions for benzodiazepines averaged 31 days. NICE issued guidelines recommending that benzodiazepine and Z-drug prescriptions exceeding 30 days should be avoided. The average length of individual prescriptions for benzodiazepines has fallen, and is now under 30 days. Individual prescriptions for GABAergic medicines, however, consistently exceed 30 days.
- As well as looking at individual prescription lengths, the full period that a patient was continuously prescribed a DFM for was also calculated. This is the initial prescription, plus any subsequent repeat prescriptions.
- There has been an upward trend in the length of continuous prescribing periods, especially for opioids which increased from 64 days in 2000, to a peak of 102 days in 2013 and 2014.
- Benzodiazepines, Z-drugs and opioids have tended to be prescribed for longer to people living in the most deprived neighbourhoods, compared with people living in the least deprived neighbourhoods. As expected, DFM are also prescribed for longer to people who are older or have cancer or epilepsy.
- There are regional variations in prescribing practice. The North East was the area most likely to adhere to DFM prescribing guidelines.
- Clinical guidance recommending more cautious and time limited prescribing of benzodiazepines may well have been effective in changing practice, with reductions evident in the extent and length of benzodiazepine prescribing. It is too early to tell whether guidance warning of risks of dependence and diversion of GABAergic medicine prescriptions will translate into similar reductions.
- The large increase in the extent and duration of opioid prescribing needs careful tracking to ensure appropriate prescribing is preserved while, at the same time, caution is exercised to avoid long-term prescribing without continuing benefit. This requires special attention and ongoing monitoring.

Extended summary

Background

There has been concern about levels of prescribing, and the risks associated with long-term prescribing, of medicines that have the potential to create dependence. Dependence here refers to a need to continue taking a medicine to maintain a state of normality and to avoid symptoms of withdrawal. Previous research into potentially¹ dependence-forming medicines (DFM) has found evidence of an increase in prescribing in primary care. However, these analyses tended to examine trends in the number of prescriptions, rather than trends in the number of patients being prescribed to or the length of time they are prescribed for. An increase in prescriptions could mean more patients were prescribed to, but could also reflect more individual prescriptions being issued to a stable number of patients. The Clinical Practice Research Datalink (CPRD) provides primary care prescribing data at the patient level, and thus an opportunity to examine trends in patients.

Aims

This report aims to describe:

- Prevalence of and trends in primary care prescribing of four types of DFM: benzodiazepines, Z-drugs, opioids and GABAergic medicines.
- Characteristics of the prescriptions issued: DFM type, length and dose.
- Characteristics of patients prescribed to: age, sex, region, area level deprivation and the symptoms and diagnoses present when DFM were prescribed.

Methods

This study involved a:

- Rapid review of recently published research, and
- Descriptive analysis of CPRD prescribing data.

For the rapid review, a number of search engines were used to identify relevant articles and reports: City University's online library, Wiley Online library, SAGE journals engine, Science Direct/Elsevier website, and PubMed. The search terms used were: 'benzodiazepines', 'Z-drugs', 'prescribing trends', 'opiates', 'hypnotics', 'anxiolytics', 'analgesics', 'GABAergic', 'pregabalin', 'gabapentin', 'opioids' and 'dependence forming medication'. The focus was on studies published since 2009, to provide an update of the previous major report on DFM prescribing trends (Reed et al 2009).

For the descriptive analysis of prescribing data, a regionally stratified, random sample of 49,999 patients prescribed at least one of four types of DFM between 2000

¹ Note that 'DFM' is used here as a shorthand to refer to a number of particular medicines with the known potential to be dependence-forming. Not everyone, however, who uses these medicines long-term will become dependent.

and 2015 was provided by the CPRD team. The extraction included information about the patients, prescriptions, consultations, and the practices. A profile of the whole CPRD population was also provided, so that an overall prescription rate could be produced. No biases in how representative the CPRD population is of the total primary care population were identified; although there was limited scope to examine this. Potential bias due to variability in extent of missing data was explored and not found to be pronounced. Most analyses were based on prescriptions issued to patients without a cancer or epilepsy diagnosis; patients with such diagnoses were examined separately. Descriptive analyses, not controlling for population trends or other factors, were carried out using SPSS version 21.

Literature review

Previously identified trends

- Previous research highlighted a notable decline in the dispensing of benzodiazepines in England between 1991 and 2009, alongside an increase in Z-drug dispensing.
- A substantial increase in strong opioid prescribing for cancer and non-cancer patients has also been identified in previous research, with patients aged 66 to 80 being the most likely to be prescribed them.
- A recent study speculated that the increase in GABAergic medicine prescribing was 'probably due to their use for pain' rather than their use as anti-epileptic drugs. By focusing on prescribing to people without an epilepsy diagnosis, the analyses presented in this report indicate whether the upward trend is, at least in part, due to indications other than epilepsy.

Limitations to existing research

- Previous studies in this area have tended to be small-scale and not nationally representative.
- Over-the-counter codeine has been considered rather than prescribed opioids, and few studies included GABAergic medicines.
- By being based on prescriptions data, little has been described in relation to patient characteristics or the conditions present at the time of prescribing.
- Prior to the availability of the CPRD, it was difficult to link consecutive prescriptions for patients in order to calculate the total length of prescribing periods for the same individual.

Key findings

Proportion of patients prescribed DFM

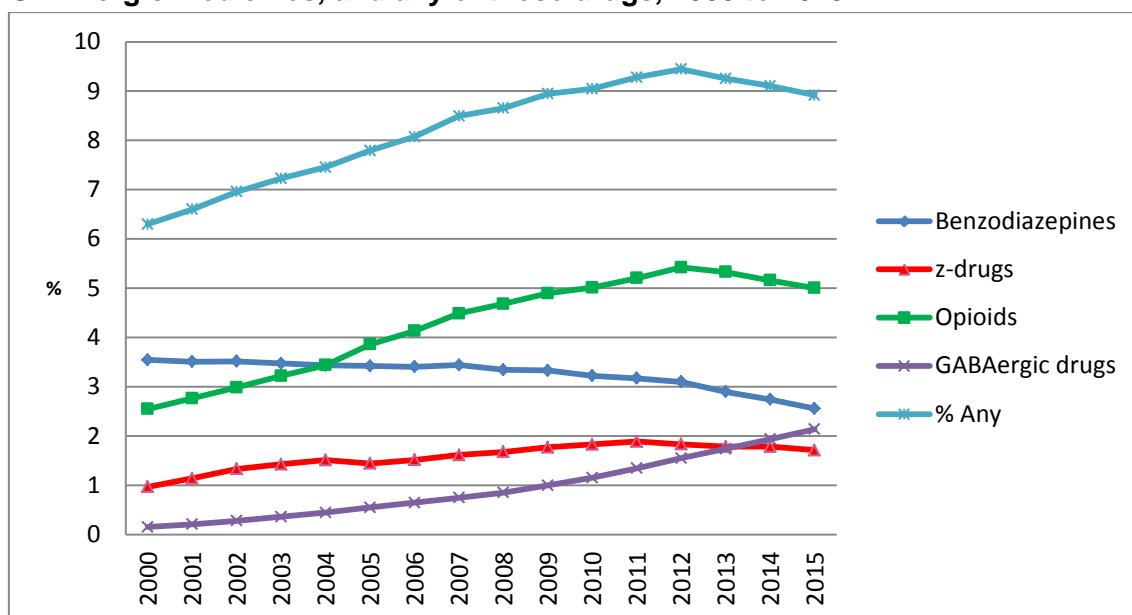
Drugs with the potential to be dependence forming are widely prescribed in primary care.

- During 2015, one patient in eleven (8.9%) on the CPRD was prescribed at least one of the four types of DFM examined.
- Opioids were the most commonly prescribed DFM considered; in 2015 they were issued to one patient in twenty (5.0%). Benzodiazepines, Z-drugs and GABAergic medicines were each prescribed to about one patient in fifty.

Trends in the proportion of patients prescribed DFM (2000-2015)

The proportion of patients prescribed DFMs has increased over time, peaking in 2012.

Figure 1.1: Proportion of patients prescribed benzodiazepines, Z-drugs, opioids, GABAergic medicines, and any of these drugs, 2000 to 2015



Source: CPRD. Figures presented in Appendix 3. Base: 15.8 million patients.

- The proportion of patients prescribed DFM increased from 6.3% in 2000 to a peak of 9.5% in 2012. Since 2012, there is evidence of a slight decline in DFM prescribing (to 8.9% in 2015).
- The pattern varied by type of DFM. Opioids, Z-drugs and GABAergic medicines saw pronounced increases in the proportion of patients for whom they were prescribed. The proportion prescribed opioids and Z-drugs doubled between 2000 and 2012. GABAergic medicine prescribing increased even more steeply, from 0.2% of patients in 2000 (following approval in October 2000) to 2.1% in 2015.
- This increase in the proportion of patients prescribed GABAergic medicines is in contrast to a decline in the proportion prescribed benzodiazepines over the same period (from 3.5% in 2000 to 2.6% in 2015). However, it does not appear that benzodiazepine prescribing was being substituted with GABAergic drug prescribing. Analysis of patient-level transitions found that few patients transitioned directly from the one type of medicines to the other. This was not unexpected given the different licensed indications for benzodiazepines and GABAergic medicines.

How long are DFM prescribed for?

The length of time that DFM were prescribed for in primary care depends on the prescribing behaviour of GPs. Several approaches were taken in this report to examining this:

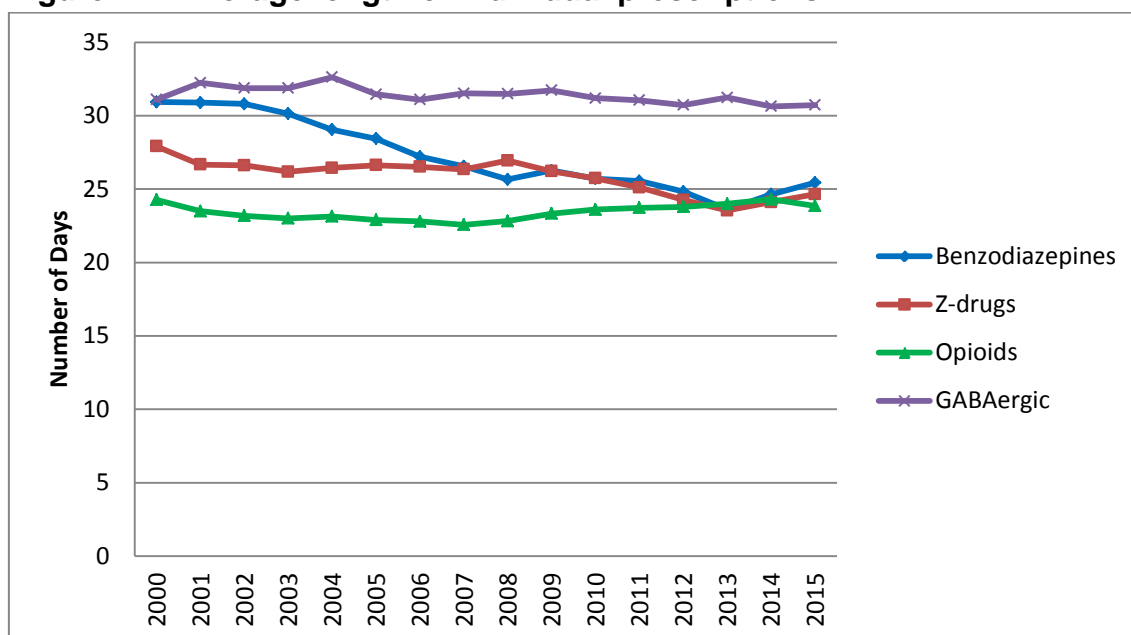
- **Individual prescriptions:** the average number of days each individual prescription was issued for
- **Continuous prescribing periods:** the average number of days a patient was continuously prescribed to (initial prescription combined with repeat prescriptions)
- **Long-term prescriptions:** the proportion of individual prescriptions to exceed a threshold of 30 days (the recommended maximum prescription length for benzodiazepines and Z-drugs).
- **Long-term prescribing periods:** the proportion of continuous prescribing periods to exceed 30 days..
- **Very long-term prescribing periods:** the proportion of continuous prescribing periods to exceed 110 days.

Average length of individual prescriptions

Firstly, all individual prescriptions for DFM were analysed separately (without being linked at the patient level). The length of individual prescriptions issued by GPs remained stable over time, except for benzodiazepines where the average length fell between 2000 and 2015.

- Individual GABAergic medicine prescriptions tended to be issued for longer than the other DFM. Individual benzodiazepines, Z-drug and opioid prescriptions averaged a mean length of 25 days, compared with 31 days for GABAergic medicines.
- The average length of individual prescriptions remained stable over time, except for benzodiazepines which declined from 31 days in 2000 to 25 days in 2015.

Figure 1.2: Average length of individual prescriptions



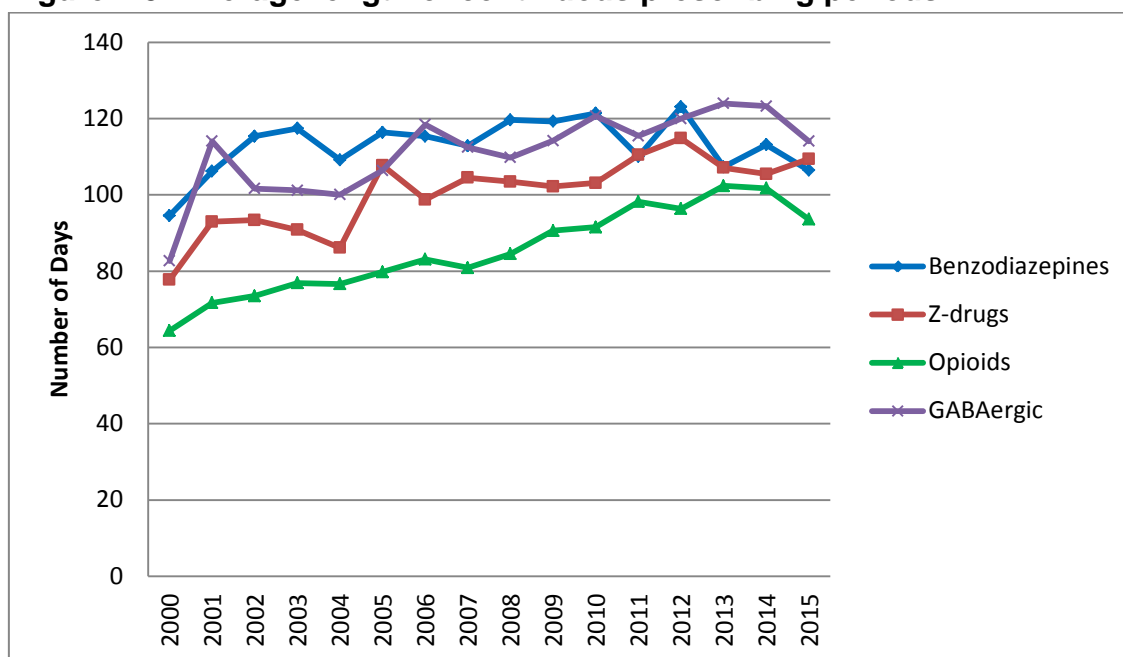
Source: CPRD (see Appendix 5).

Average length of continuous prescribing periods

Because it is key to link repeated prescriptions (and not just treat individual prescriptions in isolation) when considering long-term prescribing, continuous prescribing periods were also calculated. The length of continuous prescribing periods remained broadly stable over time, except for opioids for which continuous periods of prescribing increased steeply.

- Prescribing periods refer to the length of time a patient was continuously prescribed a particular type of DFM. Sometimes this involved a single prescription and sometimes it involved a series of repeat prescriptions.
- Continuous periods of DFM prescribing in 2015 averaged between 94 and 114 days.
- **The average prescribing period for opioids increased from 64 days in 2000, to a peak of 102 days in 2014.**
- The prescribing periods for other DFMs remained fairly stable over time. In 2015, benzodiazepines, opioids and GABAergic medicines saw a slight decline in the average prescribing period. More data points are needed to know whether or not this is the start of downward trend.

Figure 1.3: Average length of continuous prescribing periods



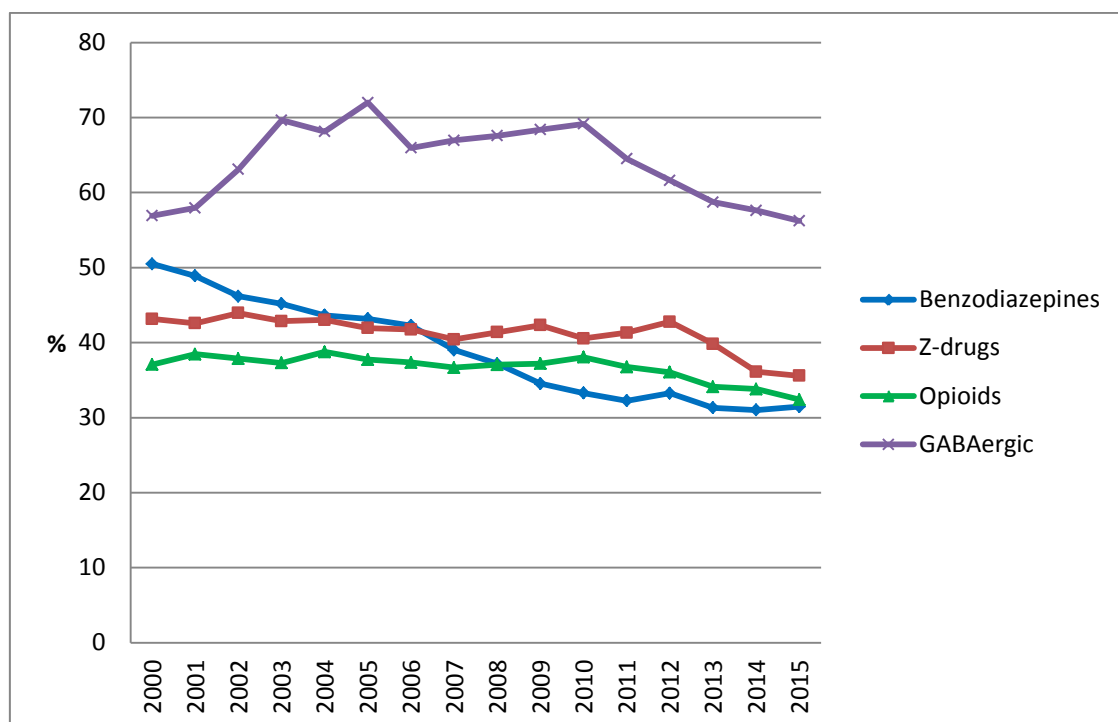
Source: CPRD (see Appendix 6).

Continuous prescribing periods exceeding 30 days ('long-term prescribing')

The proportion of benzodiazepine prescribing periods to exceed 30 days fell between 2000 and 2015. Z-drugs, opioids, and GABAergic medicines experienced more recent falls.

- While the average number of days over which benzodiazepines were continuously prescribed remained stable over time, the proportion of prescribing periods to exceed 30 days fell from about half in 2000 to about a third in 2015.
- Over this period, there has been an increase in very long-term (over 110 days) benzodiazepine prescribing periods but no change (or a slight decline) in the proportion of benzodiazepine prescribing periods that were just over 30 days.
- Long-term prescribing periods were more likely to be issued to older patients (except for GABAergic drugs). The likelihood of long-term (compared with short-term) prescribing did not generally vary by gender, area level deprivation, or region.

Figure 1.4: Proportion of continuous prescribing periods to exceed 30 days



Source: CPRD (see Appendix 8).

Daily dosage

Daily dosages for specific DFM products (in terms of number of tablets prescribed per day) remained mostly stable over time.

- For most of the specific DFM products examined, the dose remained broadly stable over time. Further investigation is warranted to test whether an increase or decrease in dose for the patient was brought about by a switch between products of different strength.
- However, a few individual medicines showed evidence of change over time in the size of daily dose prescribed. For example, the average prescribed dose of zolpidem 5mg declined from 1.5 in 2010, to 1.1 in 2015.

Symptoms and diagnoses present in patients prescribed DFM

The CPRD does not allow a prescription to be linked to a specific diagnosis or reason for prescribing. Associations between DFM prescriptions and presence of diagnoses should be treated with caution. A range of symptoms and diagnoses were present in patients prescribed DFM. Pain and insomnia were the most common, followed by various mental illnesses and symptoms.

- The dataset did not allow DFM prescriptions to be directly linked to a particular diagnosis or symptom. However, pain was the symptom most commonly present in patients when a benzodiazepine, opioid or GABAergic medicines prescription was issued.

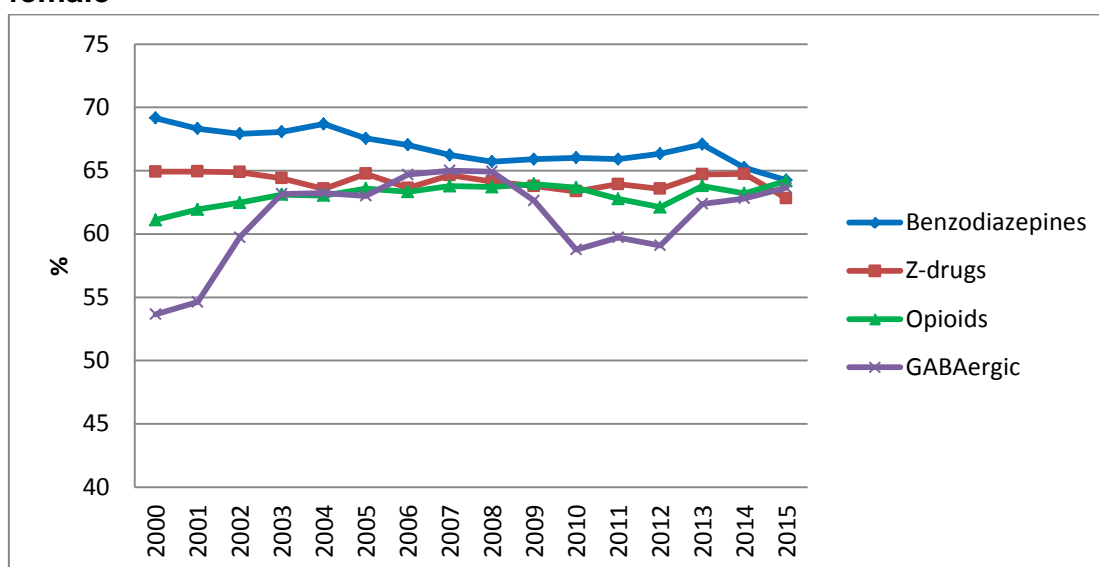
- Insomnia was the diagnosis or symptom most commonly present in patients when Z-drugs were prescribed, especially short term prescribing.
- DFM's were also prescribed to patients with anxiety, depression, phobias or stress.

Characteristics of patients prescribed DFM

Two-thirds of patients prescribed DFM were female. Patients prescribed benzodiazepines tended to be slightly older and patients prescribed GABAergic medicines slightly younger. Opioid and GABAergic medicine prescribing is slightly more likely to patients living in deprived areas.

- Many of the figures presented so far relate to the proportion of prescribing periods: a strength of the CPRD is that it also allows the proportion of patients to be examined.
- Patient level analysis confirmed that women were more likely than men to be prescribed DFM. Around two-thirds of patients prescribed DFM were female. This proportion was similar for every drug type.

Figure 1.5: Proportion of patients prescribed each type of DFM who are female

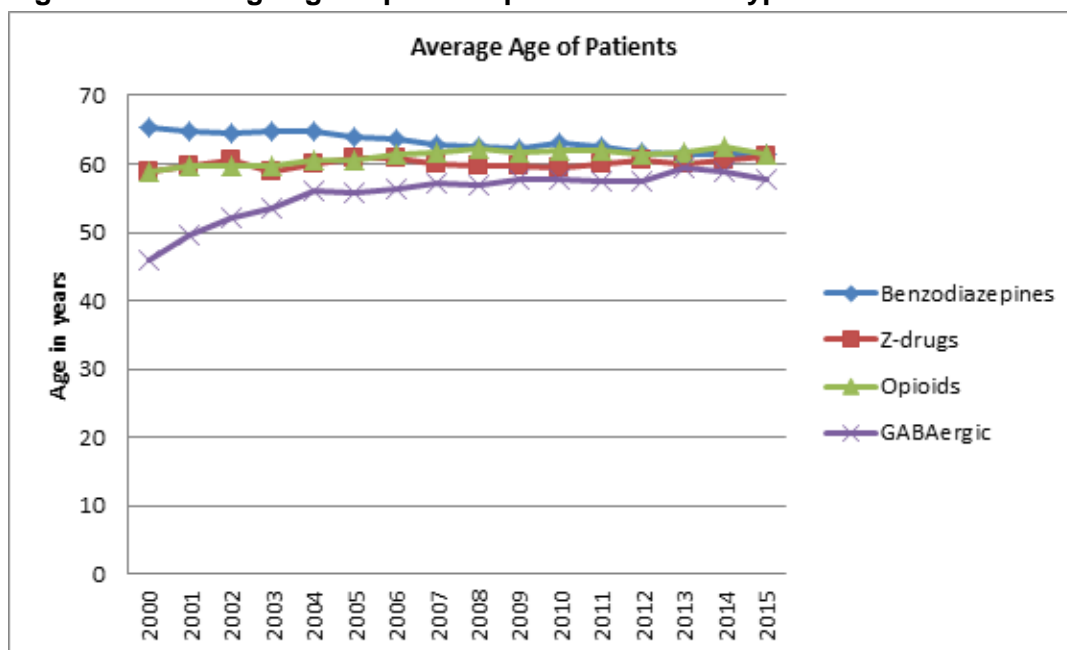


Source: CPRD (see Appendix 19).

- In 2015, patients' mean average age was similar for all types of DFM examined: at - or just below - 60 years. In data from 2000 to 2015, patients prescribed benzodiazepines had a slightly older average age and patients prescribed GABAergic medicines tended to have a slightly younger average age.²

² This may be because some people prescribed benzodiazepines may have taken them longer-term and have stabilised on them.

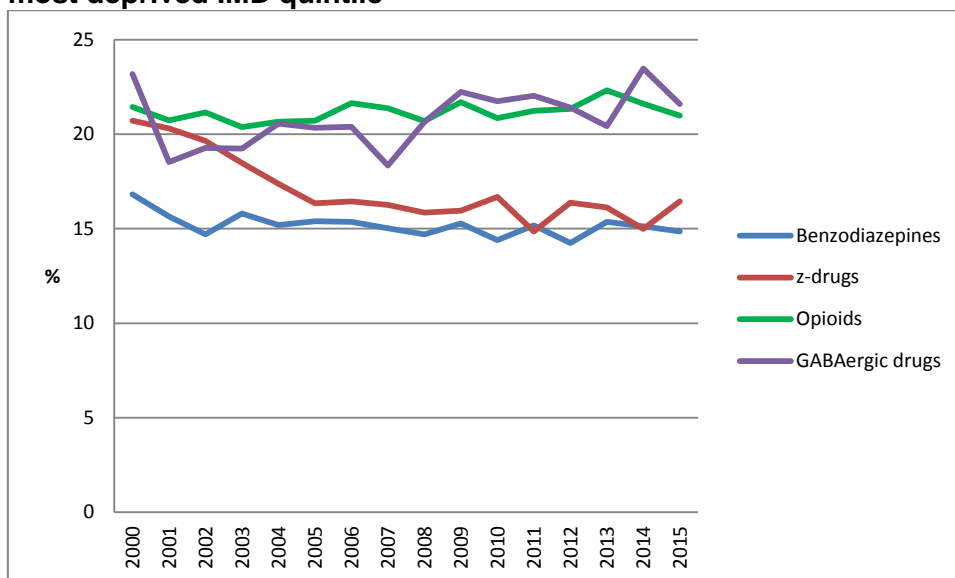
Figure 1.6: Average age of patients prescribed each type of DFM



Source: CPRD (see Appendix 18).

- Associations with area-level deprivation were mixed. Opioids (21.6%) and GABAergic medicines (21.6%) were slightly more likely to be prescribed to people living in the fifth of areas with the highest deprivation, while benzodiazepines (14.9%) and Z-drugs (16.4%) were slightly less likely to be prescribed to people living in the most deprived fifth of areas.

Figure 1.7: Proportion of patients prescribed each type of DFM who live in the most deprived IMD quintile



Source: CPRD.

Characteristics of patients prescribed DFM long-term

Older patients, and those living in the West Midlands and Yorkshire and the Humber, were more likely to be prescribed DFM long term (for more than 30 days). North East was the region least likely to prescribe DFM long term.

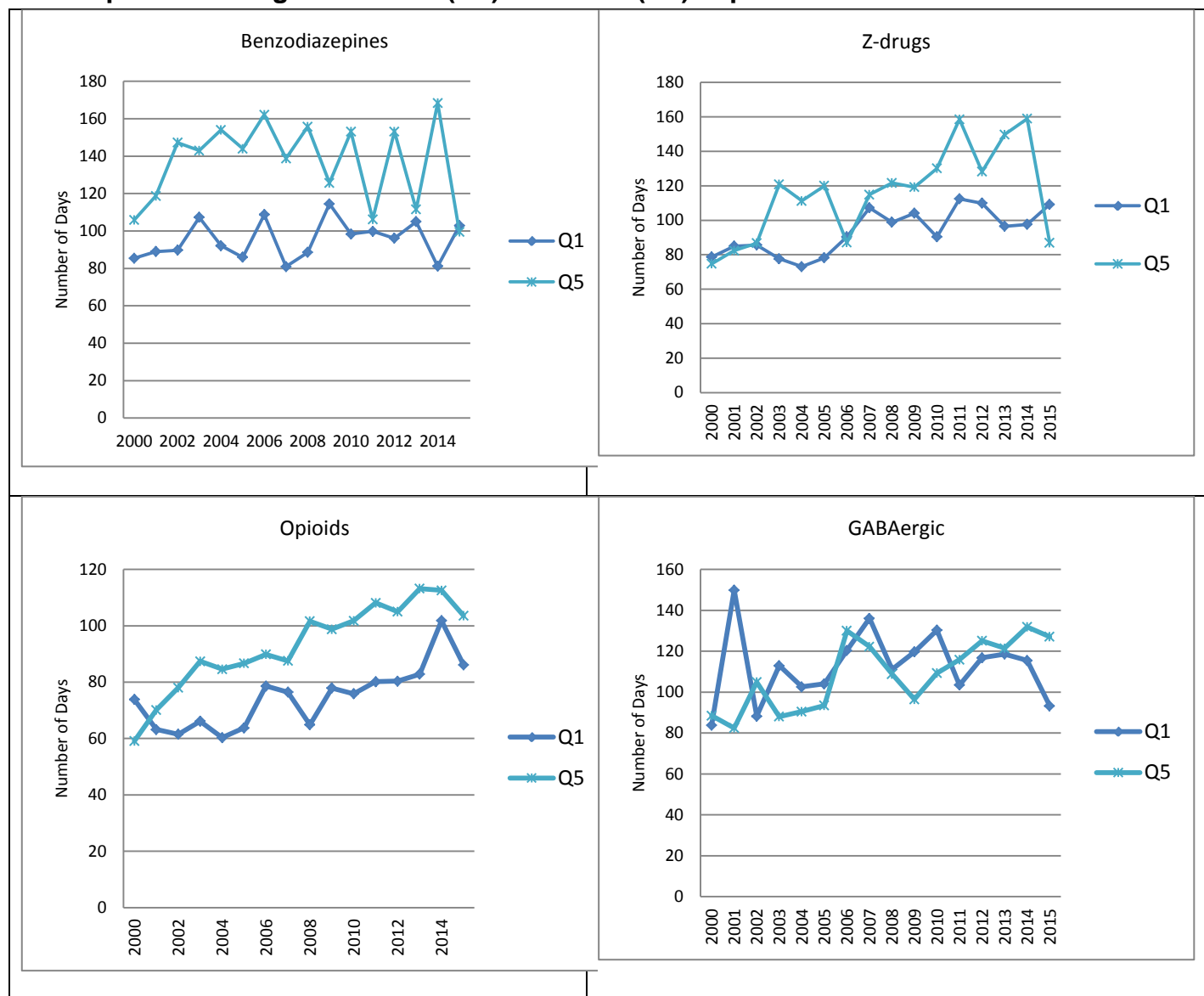
- Long-term prescribing was more common (for each type of DFM) in older patients than younger patients. For example, the average age of patients prescribed benzodiazepines short-term was 60 years, while 66 was the average age for patients prescribed benzodiazepines long term. This age profile was expected.
- Prescribing periods over 30 days tended to be least common in the North East, and most common in West Midlands and Yorkshire and the Humber. Rates of long-term prescribing, however, did not vary by sex or by whether patients live in high or low deprivation neighbourhoods.

Characteristics of patients by average prescribing period

Some types of DFM tend to be prescribed on average for longer periods in more deprived neighbourhoods.

- While local area-level deprivation was not significantly associated with whether or not DFM prescribing periods exceeded 30 days, it was associated with the mean average length of prescriptions. Mean average length is affected by the overall distribution in prescribing periods.
- On average, benzodiazepines, Z-drugs, and opioids were prescribed for a longer mean number of days to patients living in the most deprived fifth of areas than to patients living in the least deprived fifth.

Figure 1.8: Average number of days of continuous prescribing among patients living in the least (Q1) and most (Q5) deprived areas



Source: CPRD (see Appendix 20). Based on patients living in the fifth of areas with the most deprivation (Q5) and the fifth of areas with the least deprivation (Q1), according to the 2007 Index of Multiple Deprivation (IMD).

Characteristics of patients by daily dosage

Opioids tended to be prescribed in slightly larger daily dosages to men than to women and to patients in particular regions.

- Generally, prescribed dose did not vary by sex, age, region or area-level deprivation, although specific examples of variation did emerge in the data.
- Opioids tended to be issued in slightly higher daily dosage to male than female patients, and one type of Z-drug (Zopiclone 7.5mg) was issued at a notably larger dose to male patients.
- Larger average opioid daily dosages were also evident in some regions; in particular in the South West.

Within-patient change in dose

The number of tablets of a specific DFM product prescribed to an individual tended to remain stable within each continuous period of prescribing.

- For the great majority of periods of continuous prescribing of a specific medicine product, dose (in terms of number of tablets prescribed) was the same at the beginning and end of the prescribing period. Further investigation is needed before it can be concluded that tapering off or escalation are not common practice.
- Gabapentin 300mg capsules was the medicine product examined most likely to change in level of dose: 7.5% of prescribing periods ended with a higher daily dose than was issued at the start.

Patients with a diagnosis of cancer or epilepsy

Long-term DFM prescribing is more common in patients with a cancer or epilepsy diagnosis than in patients without such a diagnosis.

- The results presented thus far were based on patients without any diagnosis of cancer or epilepsy between 2000 and 2015.
- Patients with such a diagnosis have been analysed separately. This analysis confirmed the expected profile: that long-term prescribing was more common in patients with such a diagnosis than in those without.

Recommendations

Implications for clinical practice

- Our descriptive study cannot determine the appropriateness of prescribing for individuals or for groups of patients. It also cannot determine what additional interventions were delivered prior to or during DFM prescribing, or evaluate the outcomes of DFM prescribing. Nevertheless, average episode length of DFM appears to be too long and it suggests there is some suboptimal treatment.
- The caution with regard to long-term prescribing of benzodiazepines, z-drugs and other DFM needs to be maintained so as to minimise risk of inappropriate or suboptimal prescribing.
- A balance needs to be struck between, on the one hand, ensuring proper access to medicines to relieve suffering and to treat disorders while, on the other hand, avoiding prescribing that might cause harms such as dependence.
- The large increase in opioid prescribing needs careful tracking to ensure appropriate prescribing is preserved while, at the same time, caution is exercised to avoid long-term prescribing without continuing benefit.
- Clinical guidance may well have been affective. The fall in the extent of benzodiazepine prescribing and reduction in the length of benzodiazepine prescribing periods provide ecological evidence in support of clinical guidance (recommending more cautious and time limited prescribing of benzodiazepines). It is too early to tell whether guidance warning of risks of dependence and diversion of GABAergic medicine prescriptions have translated into similar reductions.

- Attention will need to be paid to the different findings with opioids, with increased extent and duration of prescribing. This needs special attention and monitoring. The findings from this study can be used to raise awareness in primary care of trends in prescribing. Additional interventions may be required both to raise awareness and to support changing practice in response to guidance on prescribing DFM.

Further examination of DFM prescribing patterns

- This is an initial descriptive analysis. There are techniques that could be applied to make these analyses more sophisticated. For example, within-patient changes in dosage compared first and last prescription of a specific medication product, but more sophisticated methods could explore fluctuations between these periods or transitions between DFM products of different strengths.
- General population surveys like the Adult Psychiatric Morbidity Survey (APMS) and Health Survey for England (HSE) provide an alternative source of information on the proportion of the general population prescribed different medicines. Sample size restrictions would be a limitation and require survey waves to be combined.
- These analyses should be revisited as new prescribing data becomes available to examine whether the apparent downturn since 2012 in the proportion of patients being prescribed DFM was temporary or the start of a longer-term decline.³
- The CPRD could also be used to examine prescribing trends in subgroups whose prevalence was too low in the current extract for robust analysis, such as children, and to look separately at patients with cancer and with epilepsy.

Improvements to the CPRD

- If the structure of the CPRD could be developed to enable specific treatment to be directly linked to specific diagnoses, this would improve the utility of the data collected enormously.
- In addition, the inclusion of more characteristics (such as patient ethnicity and practice size) would enable different potential explanatory factors for variation in prescribing practice to be examined.
- More exploration of potential biases in the sample coverage is also needed, especially given recent changes in the number of practices participating.

³ For example, Tramadol became a schedule 3 controlled drug in June 2014

(<http://psnc.org.uk/halton-st-helens-and-knowsley-lpc/wp-content/uploads/sites/45/2014/05/Controlled-Drug-changes-to-the-legal-classification-of-Tramadol-28-5-14-2.pdf>).

1 Introduction

Background

There has been concern about levels of prescribing, and the risks associated with long-term prescribing, of medicines with the potential to create dependence. Dependence here refers to the need to continue taking a medicine to maintain a state of normalcy and to avoid symptoms of withdrawal. Despite the considerable public attention around prescribing patterns and the possible consequences, the extent and nature of the issue is not entirely known or understood. Relatively little research has addressed this topic.

Previous research

Previously, the Department of Health (DH) commissioned the National Addiction Centre (NAC) to undertake a statistical analysis and literature review into prescribing trends of selected dependence forming medicines (DFMs)⁴ (Reed et al., 2011). The study provided important insights into the numbers of prescriptions for benzodiazepines and Z-drugs and over-the-counter sales of the opioid, codeine. Data limitations, however, meant that trends in the proportion of patients prescribed to could not be produced. The report highlighted significant gaps in our knowledge about the use of DFMs, notably about the reasons for prescribing and the doses and length of treatment. The All-Party Parliamentary Group on Drug Misuse highlighted that not enough was known about the scale and implications of prescription medicine dependence (Reay, Iddon, & Shapiro, 2008). They recommended increased training for doctors and other healthcare professionals in order to promote recognition of symptoms of dependence, as well as to have greater awareness of the risks associated with certain prescribed medicine, or a greater adherence to prescribing guidelines. Further research into recent and current trends in prescribing DFMs is needed to determine how closely guidelines are followed and to explore the likelihood of dependence formation.

Data

Previous research has focused on the number of prescriptions for DFM issued, and not on the number of patients to whom DFM have been prescribed. Data have recently become available which allows for more detailed analysis of prescribing trends at the individual patient level. This data follows individuals over time.

In 2012, the Clinical Practice Research Datalink (CPRD) was created by the Medicines and Healthcare products Regulatory Agency (MHRA) and the National Institute for Health Research (NIHR). This was a result of the combination of the MHRA's General Practice Research Database (GPRD) which contained the primary care database and the ability to link to some datasets, with the expertise of Department of Health's NIHR Research Capability Programme (RCP). The CPRD includes patient registration

⁴ 'DFM' is a term used in this report to refer to medicines with the potential to be dependence forming. Not everyone who uses DFM long-term will become dependent.

information and all care events that general practitioners (GPs) routinely record to support the ongoing clinical care and management of patients. Information contained within the CPRD includes:

- Patients' demographic characteristics (such as year of birth, gender, region of residence, area-level deprivation)
- Clinical events (such as medical diagnoses)
- Referrals to specialists or other secondary care practitioners,
- Details on prescriptions issued in the primary care sector, and
- Lifestyle information (e.g. the extent to which patients smoke and consume alcohol).

The CPRD offers an opportunity to explore patterns of prescribing of specific DFMs at the patient level over time. It allows for examination of patient characteristics and the properties of prescriptions which they receive (e.g. prescription type, length, and dose). The data also allow us to investigate whether prescribing trends over time are in accordance with prescription dose and length recommended by the National Institute for Health and Care Excellence (NICE) guidelines.

Report structure

This report consists of the following chapters:

- **Chapter two:** outlines the aims of this study.
- **Chapter three:** presents an update on the previous review of literature on this topic (NAC, 2011). The review describes studies based on the latest individual level data and expands the range of medicines covered to include prescribed opioids and GABAergic medicines.
- **Chapter four:** briefly describes the CPRD (the dataset used in this study), its limitations, and its potential for further study.
- **Chapter five:** presents the methodology used for the analysis.
- **Chapter six:** outlines the key findings.
- **Chapter seven:** discusses the findings and study limitations, and suggests areas for future study.

Tables with the results of the analyses are presented in the appendices.

2 Aims

The overall aim of this research was to describe the prescribing patterns for specific DFMs (benzodiazepines, Z-drugs, opioids and GABAergic medicines) in primary care between the years 2000 and 2015.

The specific objectives were to:

- Assess what proportion of GP patients have been prescribed DFMs and investigate whether this has changed over time.
- Describe the types of prescriptions issued (e.g. type, length and dose) and investigate whether these have changed over time.
- Explore the demographic characteristics of people who have been prescribed DFMs, and who received long- and short-term prescriptions.
- Examine whether prescribing of DFMs has been in accordance with National Institute for Health and Care Excellence (NICE) guidelines on dose and length of prescriptions.

A broader objective of this research was to contribute to the development of methodologies for analysing CPRD data, and to document the limitations and advantages of the CPRD to inform further research into prescribing trends within primary care.

3 Literature review

3.1 Scope of the review

This chapter provides a review of the research on prescribing trends for benzodiazepines as well as other DFM such as Z-drugs, opioids and GABAergic medicine medicine.

This is not a full systematic review, but a rapid assessment of recently published evidence. The following search engines were used to identify relevant articles and reports: City University's online library website, the Wiley Online library, the SAGE journals engine and the Science Direct/Elsevier website. In addition, references cited in articles previously found located on the US National Library of Medicine National Institutes of Health (NCBI/PubMed.gov) website. Papers were identified with the following search terms: 'benzodiazepines', 'Z-drugs', 'prescribing trends', 'opiates', 'hypnotics', 'anxiolytics', 'analgesics', 'GABAergic', 'pregabalin', 'gabapentin', 'opioids', and 'dependence forming medication'. The focus was on studies published after 2009, so as to provide an update of the Reed *et al.*'s (2011) review.

This chapter includes the following sections:

- **3.2** gives background on the different DFMs included in this report
- **3.3** summarises key findings from the previous main report on DFMs
- **3.4** reviews studies that have drawn on the CPRD
- **3.5 to 3.7** focus separately on prescribing benzodiazepines and Z-drugs, strong opioids, and GABAergic medicine medication.
- **3.8** reports on studies conducted in countries outside of England and those carried out in settings other than primary care.

3.2 Background

Benzodiazepines

Benzodiazepines were first introduced into clinical practice in the 1960s and by the 1970s were frequently prescribed, mainly to treat anxiety and insomnia (Lader, 2011). Compared to similar available medications at the time, such as barbiturates, it was initially thought that benzodiazepines had an improved safety profile with no risk of dependence (Ford & Law 2014; Lader 2011). However, benzodiazepines have since become known for their adverse side effects, such as memory impairment, depression, drowsiness, confusion, poor concentration and the risk of dependence and withdrawal symptoms (Ford & Law 2014; Hassan et al. 2014; Lader 2011; Lader 2014; (NTA, 2011b); Sirdifield et al. 2013; Donoghue & Lader 2010; Mugunthan et al. 2011; Dell'Osso et al. 2015).

Dependence on benzodiazepines has been recognised as a significant clinical problem for over 30 years and it has been reported that this risk increases with the dose and duration of the treatment (Darker et al. 2015). As well as this potential for dependence, benzodiazepines can also produce significant withdrawal effects including anxiety,

insomnia, nightmares, muscle spasms, weight loss and perceptual hypersensitivity. These symptoms can last up to four weeks and more serious, although rare, reactions can include seizures and psychosis (Lader, 2014; Dell'Osso et al., 2015). In addition, the risk of the patient developing such withdrawal symptoms also increases with the length of use and dose of the drug (Rickels, et al., 1990).

Despite the concerns about the risk of dependence, benzodiazepines are still extensively prescribed. The available statistics relating to the prevalence of benzodiazepine prescriptions in England show wide variations in the numbers of people prescribed, with prevalence rates varying from 2.2% to 17.6% depending on the populations studied and observation period (Donoghue & Lader, 2010). This is in spite of warnings from drug regulatory bodies, such as the 2011 NICE guidelines (National Institute for Health and Care Excellence, 2011) and the Committee on the Safety of Medicines (CSM), raising concern about levels of prescribing of benzodiazepines as early on as 1988 (Committee on Safety of Medicines, 1988). This was also reinforced with a CMO update in 2002, which strongly recommended that prescribing periods should be in line with CSM advice. There was, however, some evidence of a decrease in the prescription of benzodiazepine hypnotics, which seemed to be aligned with an increase in Z-drug use (Siriwardena et al. 2006).

Z-drugs

Z-drugs (zaleplon, zolpidem, and zopiclone) were developed more recently and were intended to overcome some of the reported disadvantages of benzodiazepines, such as next-day sedation, dependence, and withdrawal (Gibson, 2004). Despite this, there is no evidence of differences in the effects of Z-drugs and the shorter-acting benzodiazepines (National Institute for Health and Care Excellence, 2004).

Opioids

The use of opioids in the treatment of severe cancer-related pain is considered a standard procedure. Their suitability for treating chronic, non-cancer related pain has been questioned, with little evidence that they are helpful for long-term pain. There are also concerns at US data demonstrating large increases in opioid-related deaths associated with misuse and illegal supply of various prescription opioids, including tramadol and fentanyl in particular (Rosenblum et al. 2008). Recent prescription data show comparable patterns in the US and the UK in the use of opioids for non-cancer pain (Stannard, 2013). The availability of new individual-level data can give some insight into the reasons for specific opioid prescriptions, including an estimation of the proportion of individuals prescribed individual opioids to treat dependence per se (where this has happened in a primary care setting), as well as those prescribed opioids to treat severe pain.

GABAergic medicines

There are further concerns with GABAergic medicines (another group of prescribed medicines that can cause dependence). GABAergic medicines are approved for the treatment of a range of conditions including epilepsy, neuropathic pain, fibromyalgia, generalised anxiety disorder and restless drug syndrome. Off-label uses include migraine, social phobia, panic disorder, mania, bipolar disorder and alcohol withdrawal. A study analysing prescribing data from the Tayside in Scotland shows an increase in the proportion of patients being prescribed gabapentin, and an exponential increase in

the total number of prescriptions issued, particularly since 2002 when this drug was licensed for treating post-herpetic neuralgia (Smith et al. 2012). In addition, analysis of electronic prescribing data (ePACT) for primary care prescribing suggests a 53% rise in pregabalin prescribing 2011 to 2013 (Public Health England & NHS England, 2014).

3.3 National Addiction Centre review (2011)

This study builds on the findings presented in the NAC review of DFM prescribing, (Reed et al. 2011). In summary, the report found:

- Decreasing benzodiazepine dispensing between 1980 and 2009 in the general population, but little change in the subset of patients who were prescribed benzodiazepines at the same time as receiving a methadone or buprenorphine maintenance prescription.
- The median length of a benzodiazepine prescribing period was 29 days, slightly above NICE's recommendations.
- 35% of benzodiazepine prescriptions were for more than eight weeks.
- Z-drugs dispensing had also increased over time.
- Prescription Cost Analysis (PCA) system data (from GPs, hospital doctors, dentists and nurses/pharmacists), did not provide information about prescribing activity or use.
- Clonazepam and clobazam were not included in the analysis (they are licensed for epilepsy and not for insomnia).
- Z-drugs increased dispensing did not mirror benzodiazepines decreasing dispensing.
- The decrease in dispensing of all anxiolytics, and benzodiazepine anxiolytics, may have resulted from the impact of both NICE 2004 anxiety clinical guidelines and the NICE 2004 insomnia technology appraisal.
- There was a research gap with regard to the prevalence of benzodiazepines and z-drugs prescribing.
- More research was also needed in terms of the characteristics of populations that are most at risk of experiencing long term prescribing.
- More research was needed to have a clear understanding of why the misuse of these substances was occurring.

The CPRD was identified as a data source which presented an opportunity to address many of the gaps in knowledge identified by the NAC review. These included: quantity prescribed, prevalence among patients, sub-group analysis, reason for prescribing (illness), and frequency of prescription.

3.4 Evidence from studies using the CPRD

3.4.1 Level of prescribing

A recent cross-country study compared benzodiazepine prescribing trends in seven European healthcare databases across 5 European countries; in the UK, the

Netherlands, Spain, Germany and Denmark (Huerta et al., 2015). These databases consisted of prescribing information for 1.7 million patients. The CPRD and the Health Improvement Network (THIN) were used to assess prescribing trends in the UK, focussing on anxiolytics, benzodiazepines, hypnotics and Z-drugs. The overall prevalence rate of benzodiazepine prescriptions varied across countries, with the UK displaying the lowest rate of prescriptions per person per year (around 570 per 10,000 person-years). The prevalence for hypnotic prescriptions in the UK databases outweigh the prevalence of anxiolytic prescriptions by a factor of 1.2. The prevalence of z-drug prescriptions were lower than benzodiazepine prescriptions at the start of the study period (2001), but steadily increased from 2004 to 2009.

In all databases studied, the prevalence of benzodiazepine prescriptions increased up to the age of 60. This was especially observed in women aged over 20, with prescription rates 1.5-2 times higher than in men. Prevalence rates were shown to then decrease in patients over 60. While the authors of this study do not rule out the possibility that the variations in benzodiazepine prescription rates may also suggest that these differences may be due to variations in prescribing practice among physicians.

The strengths of this study included the validity of the datasets used and the extent to which this study can be generalised. The authors did note that while the CPRD and THIN datasets may be representative of the UK population, it cannot be assumed that the GPs' prescribing habits are also nationally representative. The paper also did not take full advantage of individual level data available in the CPRD.

3.4.2 Changes over time

Another study investigated prescribing trends in commonly prescribed strong opioids (buprenorphine, fentanyl, morphine and oxycodone) among adults in primary care (Zin, Chen, Knaggs, & Chen, 2014). This was a retrospective cross-sectional study examining prescribing trends as recorded in the CPRD. It was found that between the years 2000 to 2010, 2,672,022 prescriptions for these four opioid analgesics were given for 178,692 patients. Patients aged between 66 and 80 years were the most likely to receive a prescription, followed by those aged 80 and older. The number of individuals prescribed strong opioids increased each year from 9,479 in 2000 to 53,666 in 2010, with around 16% of these being prescribed due to cancer during the study period. Morphine was the most frequently prescribed opioid in both patients with a cancer diagnoses (61.4%) and those without one (43.7%), followed by buprenorphine, fentanyl and oxycodone. The greatest increase in annual number of prescriptions was for oxycodone, increasing from 764 to 86,833 in the non-cancer group and 124 to 11,209 among patients with cancer diagnoses, over the ten year period.

The study concludes that within the UK, there has been a dramatic, quantifiable increase in strong opioid prescribing, particularly seen in the prescribing of morphine which the authors argue is cheaper, but of equal reported effectiveness with other opioids. The authors attribute the high rates of prescribing in the 66-80 age-group to older patients reporting pain more than younger age cohorts (given multiple age-associated illnesses). They also note that the increase in prescribing in patients younger than 40 is concerning given the reported increase in understanding of the harmful effects of long-term opioid use.

Changes over time in level of prescribing may result from changes in the prevalence of the condition being prescribed for. For example, an analysis of the 1993, 2000, and 2007 National Psychiatric Morbidity Surveys shows that in the English general population, insomnia (treated with benzodiazepines and Z-drugs) showed a modest but steady increase in prevalence over a 15-year period (Calem et al., 2012).

3.5 Benzodiazepines and Z-drugs

3.5.1 Benzodiazepines and Z-drugs: prevalence and trends

The British National Formulary (BNF) separates benzodiazepines into anxiolytics, which are used to treat symptoms of anxiety, and hypnotics, which are prescribed to treat insomnia (British Medical Association & Royal Pharmaceutical Association, 2010). 'Z-drugs' - zopiclone, zolpidem and zaleplon - are categorised as hypnotics and with shorter half-lives, were originally developed to avoid the side effects of benzodiazepines. It is now recognised, however, that there is still a risk with Z-drugs of developing tolerance, dependence and withdrawal (Ford & Law, 2014). They became regarded by the NICE as not having advantages over benzodiazepines (Lader, 2011) and advised that they too should only be prescribed for short periods of time (Ford and Law, 2014). Despite this, the number of prescriptions for Z-drugs has risen steeply since they became available (Ford and Law, 2014). Electronic Prescribing Analysis and Cost data (ePACT) suggest that this increase is driven by increased zopiclone prescribing, which rose by 1.8 million items between 2004 and 2014 (Health and Social Care Information Centre, 2013).

A report by the National Treatment Agency (NTA) for Substance Misuse (2011) notes an overall decrease in the number of prescribed hypnotics and analgesics from 878.7 million items in 1991 to 550.4 million items in 2009, alongside an increase in prescribing of Z-drugs. The authors suggest that these findings could be evidence of local primary care trusts implementing the Committee on Safety of Medicines (CSM, 1988) and NICE (2004) guidelines regarding the prescribing of benzodiazepines and the short-term use of Z-drugs.

The NAC review of the changing use of prescribed benzodiazepines, Z-drugs and over-the-counter codeine-containing products also found a notable decrease in the dispensing of benzodiazepines in England between 1991 and 2009, which they suggest is accounted for by the decrease in benzodiazepine hypnotics specifically. Reed *et al.* note that while an increase in dispensing anxiolytics was observed during this period, this was less distinct than the total decrease of prescribed benzodiazepines. Corresponding with the NTA's report, Reed *et al.*'s analysis of the dispensing data taken from the Prescription Cost Analysis (PCA) system showed an increase in Z-drug dispensing, although more so for 1-4 week prescribing periods than 4-8 week periods (which Reed *et al.* suggested demonstrates a shift towards prescribing Z-drugs for no more than 4 weeks).

3.5.2 Benzodiazepines and Z-drugs: variations in prescription

The NTA report highlights variations in benzodiazepines prescribing by area, GP practice quality indicators and socio-demographic characteristics. This supports a previous study showing a correlation between areas of high deprivation and higher levels of prescribing medicines such as benzodiazepines (Tsimtsiou *et al.* 2009). The data indicated that benzodiazepine prescribing was lowest in London. The North West has the highest level, with similarly high rates in the North East and Yorkshire. The NTA (2011) reports that there is evidence to suggest that high levels of prescribing are more likely in less developed practices (i.e. result from poor practice). However, they also find that demographic factors are stronger indicators of prescribing levels, lending further support to Tsimtsiou *et al.*'s (2009) research (discussed later in this section).

The NTA's report found that the number of people requiring treatment for benzodiazepine addiction, without previous illegal substance abuse issues problems, had fallen over the previous five years. They speculated again that this may be due to increased adherence to the CSM (1988) and NICE guidance (2011). However, the NTA's report cautioned that the recorded numbers of people reporting problems with benzodiazepine addiction may underestimate the actual number of people addicted to these medicines, as many GPs do not report their data to the National Drug Treatment Monitoring System.

Tsimtsiou *et al.*'s (2009) study of Quality Outcomes Framework (QOF) data found that demographic factors are strong indicators of prescribing rates. The study identified large variations in the prescribing of anxiolytics and hypnotics in general practices in England with area level social deprivation being the main determinant of prescribing prevalence. The authors suggest that this may be due to these medicines being prescribed to patients in such areas as a 'coping strategy' for dealing with disadvantage. It may also be that chronic physical illness is more prevalent in areas with higher levels of deprivation.

The study found a positive relationship between higher practice QOF scores and the prescription of fewer anxiolytics and hypnotics, which is not surprising given that GP practices are incentivised to meet QOF requirements. The authors postulate that these higher-scoring practices are better organised and provide a higher level of clinical care. This may affect their prescribing habits and ability to offer a wider range of alternative treatments to anxiolytics and hypnotics, such as access to therapists.

Fewer anxiolytics were also prescribed in practices in areas with higher proportions of ethnic minorities. Tsimtsiou *et al.* note that these findings may reflect cultural differences in help-seeking behaviours and beliefs surrounding the acceptability and management of psychosocial illness.

The study also found that female GPs tended to prescribe fewer anxiolytics. One hypothesis for this has been the 'traditional belief' that female GPs are more psychosocially orientated and more patient-centred than male GPs, placing more importance on the communication dynamics of the GP consultation (Roter, *et al.* 1997). While Tsimtsiou *et al.* claim that higher prescribing levels of anxiolytics and hypnotics are occurring within a wider context of an overall increase of psychotropic prescribing, they caution that this study was only able to link the overall prescribing volume of each

practice with the overall characteristics of the registered population, rather than the individual patients receiving the prescriptions.

3.5.3 Benzodiazepines and Z-drugs: communication and information

The view that more needs to be done to improve communication between clinicians and their patients was echoed by Mungunthan *et al.*'s (2011). The authors praised the Prescribing Skills Assessment developed by the Medical Schools Council and British Pharmacological Society for medical students, claiming that the recording of prescribed medicine as part of continuing professional development for qualified GPs should be encouraged. In 2016, the Royal Pharmaceutical Society published a prescribing competence framework, with the backing of NICE and in collaboration with all the prescribing professions UK wide, for all regulators, professional bodies, prescribing professions.⁵ Mungunthan *et al.* (2011) also promoted improving the use of prescribing indicators and implementing incentive systems to encourage appropriate prescribing. They noted that these should be flexible and take into account diagnostic information, which they suggested can be achieved through enhanced use of IT systems.

Ford and Law's 2014 report on the reduction of benzodiazepine misuse concludes that both patients and prescribers tend to have a poor understanding of benzodiazepines and that doctors need to make their patients aware of the risks of taking these medicines long-term, clearly indicating the length of time the drug will be prescribed for at the onset of the treatment and explaining the risks of overdose when combined with other sedative substances such as alcohol.

To examine GPs' views on benzodiazepine prescribing trends, Sirdifield *et al.* conducted a review of the literature on clinician experiences and perceptions of benzodiazepine prescribing in the UK, the US, Belgium, Canada and Australia (Sirdifield *et al.*, 2013). The study found that benzodiazepine prescribing rates vary between clinicians as well as between practices and can be attributed to specific patient demographics, such as being elderly or suffering from multiple conditions, and differences in the general practice organisation itself (such as norms of practice and their openness to new legal regulatory frameworks).

It was found that the context of benzodiazepine prescribing had changed over time due to changing norms of practice, evidence, guidance, the introduction of new drugs and services, legal regulatory frameworks and an overall shift in attitudes concerning the treatment of anxiety, depression and insomnia. GPs reported that while they were more informed about the risk of benzodiazepines, attitudes towards the benefits of benzodiazepines, which were once optimistic, had been replaced by scepticism. There was also a reported sense of responsibility where GPs felt obliged to continue to help patients while also feeling responsible for minimising benzodiazepine usage. This was seen in the self-imposed 'rules' GPs were reported to have about which conditions they were willing to prescribe benzodiazepines for, to such 'deserving patients' as those who might elicit public sympathy. It was noted, however, that a GP knowing a patient well and/or empathising with their situation increased the likelihood of breaking these 'rules' about what constituted a 'deserving patient' and that particular patient attributes

⁵ <https://www.rpharms.com/resources/frameworks/prescribers-competency-framework>

including old age and suffering from multiple conditions also increased the pressure to prescribe. Sirdifield *et al.* reported that GPs would occasionally wrongly assume that patients wanted drug treatment instead of wanting to be given the opportunity to hear about other treatments, such as cognitive behavioural therapy for insomnia. The authors suggested that this could be addressed by raising GPs' awareness of the impact of empathy, encouraging them to explore their patients' expectations about treatment and to explain the adverse effects of treatments as well as the benefits.

Dell'Oso *et al.* (2015) similarly argued that primary care physicians need further education in the prescribing of benzodiazepines as different medicines can vary in potency, onset and duration of action, which should be taken into account when prescribing. The authors claimed that as a result of an increased focus both within the pharmaceutical industry and among researchers on antidepressants and antipsychotics, there has been a reduced focus on benzodiazepines, despite their widespread use. The authors claimed that as a result of this, mental health professionals, such as psychiatric residents, nurses and medical students, may be receiving less training on these medicines. Dell'Oso *et al.* maintained that clinicians in training must be given in-depth training on the adverse effects of these medicines, international prescribing guidelines and education on the early detection of dependence and potential abuse of benzodiazepines.

3.5 Opioids

3.5.1 Opioids: prevalence and trends

Opioid analgesics are used to help manage both chronic cancer and acute non-cancer-related pain, although there are also risks with these medications in terms of tolerance and addiction (Jamison *et al.* 2011). Opioid medications are also prescribed specifically in the treatment of dependence *per se*, both during management of detoxification and also as opiate maintenance treatment. The UK has the tenth highest rate in the world for opioid consumption per capita (Higginson & Gao, 2012). The NTA's (2011) report addressed the increase in the prescribing of opioid analgesics from 228.3 million items in 1991 to 1,384.6 million items in 2009. As seen with benzodiazepine prescriptions, the report demonstrated wide variations in opiate analgesic prescribing across the country, with highest levels of prescribing in the North East of England (National Treatment Agency for Substance Abuse, 2011).

Stannard (2013) explicitly stated that there is a problem with opioid prescriptions in the UK, claiming that they are prescribed more often, for longer periods and in higher doses than recommended, despite the increase in evidence on the risks associated with prescribing opioids for persistent pain. Stannard claimed that while guidelines have been produced on the prescription of opioids, little is known about the uptake of these guidelines. It was recommended that GP's prescribing decisions should be underpinned by a comprehensive assessment of the patient's problems and their recommended prescribed treatment, together with an overview of current evidence of the risks and benefits.

A qualitative study similarly sought to understand the processes perpetuating the long-term opioid prescribing for chronic, non-cancer pain in primary care (McCrorie *et al.*, 2015). The authors cited Stannard's 2013 paper which found that community

prescribing of opioids in England had more than doubled in the previous 10 years. McCrorie's study claimed that more patients were being prescribed these medicines inappropriately, without considering alternative forms of treatment. They reported that over a third of patients prescribed opioids eventually doubled their originally prescribed dose, with 10% of patients prescribed potentially hazardous high doses. The authors claimed that these figures represent a change in the general approach to prescribing for pain.

Within the study, 37 (23%) out of 158 general practices approached agreed to take part in the research. To ensure diversity and a range of experiences, patients were sampled from practices with both high and low opioid prescribing levels, each practice inviting up to 60 patients to participate in the research. Patients were then purposively sampled by sex, age, ethnicity, opioid strength, presence of coded mental health issues and recent changes in opioid prescription. Their research found that GPs' prescribing decisions are influenced by their expertise in managing chronic pain and the alternative treatments available. Evidence of diagnostic uncertainty was found when GPs' recommended treatment was at odds with the wishes of their patient. Patients and clinicians recognising that they did not agree upon proposed treatments led to failings in managing long-term conditions.

A similar study examined trends in opioid prescribing in primary care and characteristics associated with long-term and stronger opioid prescribing (Foy et al., 2016). The study was a cross-sectional, longitudinal analysis of routinely recorded patient data from 111 primary care practices within Leeds and Bradford, excluding patients with cancer or being treated for substance misuse. The study found that opioid prescribing among adults almost doubled for weaker opioids between 2005 and 2012, and increased over six-fold for stronger opioids during this timeframe. Being prescribed stronger opioids, following a weaker opioid prescription, was most strongly associated with being underweight; increasing polypharmacy; increasing number of primary care appointments; and referrals to specialist pain services. Men under the age of 50 were less likely than women of that age to be prescribed weaker opioids following a stronger opioid prescription. The authors concluded that variations in prescribing may be attributable to clinical behaviour and called for effective strategies targeting clinicians and patients to curb rising prescribing, especially of stronger opioids.

3.5.2 Opioids: communication and information

McCrorie *et al.* identified a clear need for interventions to change GPs' management of chronic pain and prescribing behaviours. They proposed that GPs would be receptive to guidance on pain management of chronic, non-cancer pain and opioid prescribing and that practice-wide reviews of opioid prescribing and alternative non-pharmacological treatment options would be beneficial in reducing inappropriately prescribed opioids. They stressed that this would require clear communication and a shared aim within the general practice as well as maintaining good relationships with individual patients, providing them with consistent levels of information and potentially matching patients with more problematic issues with GPs with more experience in prescribing medicines for pain management.

A small-scale retrospective observational database study was conducted with registered adult patients prescribed an analgesic between the years of 2002 and 2009

12 practices in North Staffordshire (Bedson *et al.*, 2013).⁶ The authors concluded that GPs are subjected to external influences that may affect their prescribing behaviours and decisions, such as research publications, pharmaceutical representatives and local medication formularies. As it would prove challenging to demonstrate the specific impacts of individual interventions and publications, the interventions occurring within three months of each other were grouped together and regarded as a single intervention. Bedson *et al.* reported that significant decrease in co-proxamol and Cox-2 was observed around the time of the publishing of the UK Medicines and Healthcare products Regulatory Agency (MHRA) warnings about prescribing these medicines, which was subsequently followed by an increase in weaker analgesics prescriptions. The study correspondingly concluded that directive guidance on drug safety issues, such as the MHRA sending individualised letters to GPs ensuring that they are made aware of the changes suggested in analgesic use, might potentially be effective in altering GPs' prescribing behaviour. However, the study did not provide direct evidence to support this claim and changes in prescribing may have been attributable to other unobserved factors within this small study. Larger studies using nationally-representative data are required to provide stronger evidence for the association between guidance and prescribing behaviour.

3.5.3 Opioids: cancer patients

A study looking at data from 10,202 lung cancer patients in the UK who died during 2000-2008 found that level 3 analgesics had been increasingly prescribed in this group in primary care during the last 3 months of their lives (Gao *et al.* 2011). Such prescribing would be expected during the terminal stages of people's lives. Patients receiving level 3 analgesic prescriptions increased from 47.2% in 2000, to 62.4% in 2008. The study found, however, that patients over the age of 70 were under-prescribed these medicines, which the authors suggest may be due to older people having atypical manifestations of pain and being less likely to report pain, contradicting Zin *et al.* (2014). They may also be more likely to have co-morbidities that limit their treatment. Gao *et al.* state that this area warrants further investigation.

Further research on prescribed opioid medicines include Higginson and Gao's 2012 study examining opioid-prescribing trends for 29,825 patients suffering from lung, colorectal, breast, prostate and neck cancers who died between 2000 and 2008. The study found that about half of patients with cancer were prescribed opioids by their GP during the last 3 months of their life, as would be expected. Data were collected from 625 general practices registered with the GPRD. This study found trends in opioid prescribing similar to Gao *et al.*'s 2011 study, with prescribing rates lowest for older people. 60% of patients younger than 60 were prescribed at least one type of opioid in the final three months of their life, compared with 30% of patients aged 80 or more. Higginson and Gao suggested that as older people have a lower risk of developing opioid abuse and addiction, this explains the observed low prescribing in this population. It was also found that opioid prescribing by primary care physicians was lowest in London when compared with other regions. In the conclusion of their study, the authors accounted for the potential underestimating of actual levels of opioid prescribing, as the GPRD data included only prescriptions from GPs.

⁶ The database used to acquire this data was the Prescriptions in Primary Care Archive, part of the Consultations in Primary Care Archive. The data was assessed in conjunction with the UK Medicines Regulatory Health Authority and the NICE osteoarthritis management guidelines.

3.6 GABAergic medicines

3.6.1 GABAergic medicines: prevalence and trends

GABAergic medicines, which enhance gamma-aminobutyric acid (GABA) activity, have long been used as hypnotics, sedatives, tranquillizers and anticonvulsants. These drugs include gabapentin, vigabatrin, tiagabine, lamotrigine, pregabalin and others. Although originally developed as anticonvulsants for epilepsy, they appear to have wider applications for use in affective disorders, especially bipolar depression, anxiety disorders and pain conditions. The current information on the properties and therapeutic potential of this new generation of GABAergic drugs continues to be reviewed. It remains to be seen whether long-term use leads to tolerance, dependence and withdrawal or discontinuation reactions.

Most of the published material on trends in GABAergic drug prescribing refers to the medicines in the context of being anticonvulsants, describing how an increase in GABAergic drug prescriptions can be expected if there has been an increase in the number of individuals diagnosed with epilepsy. Studies over the past five years have reported an increase in the number of diagnoses of epilepsy, and subsequently in the number of antiepileptic drugs prescribed. For example, a large cohort study of UK primary care found that the prevalence of people diagnosed with epilepsy and prescribed antiepileptic drugs on one or more occasions increased from 0.9% to 1.2% between 1993 and 2007 (Ridsdale et al. 2011). Another report on prescribing trends in general practice described an 11% increase in the prescribing of medicines used to control epilepsy, including pregabalin and gabapentin, between 2002 and 2012 (Chaplin, 2013).

Nicholas et al. used GPRD data from 1993 to 2008, from 63,586 participants and 434 practices, to investigate changes in the prescribing of anti-epileptic drugs (Nicholas et al. 2012). They found that newer anti-epileptic drugs (AEDs) were prescribed more frequently to younger participants, and particularly to women, aged 15-44 years, whereas older adults were more likely to be prescribed more established AEDs (remaining on the same drugs that they had been prescribed previously). The higher level of prescribing of new AEDs to younger women could also be because of the teratogenic effects of the older drugs. As older AEDs typically have a lower safety profile, newer AEDs have been introduced to increase efficacy and reduce side effects, especially when prescribed to pregnant women. Nicholas *et al.* caution, however, that primary care physicians may lack experience in prescribing and selecting the dosage of these newer drugs.

A more recent review of changes in primary care prescribing highlighted how an increase in the prescribing of “anti-epileptic drugs (gabapentin and pregabalin [was] probably due to their use for pain).” (Chaplin, 2015)) A benefit of the analyses presented in this report is that they are primarily based on people without an epilepsy diagnosis. This report therefore can shed light on whether the upward trend in GABAergic drug prescribing extends to other licensed indications.

3.7 Studies in other populations

The following section briefly outlines studies that have investigated prescribing trends in the devolved countries and Ireland or outside of primary care settings, such as within prisons.

3.7.1 Prison populations

Hassan *et al.* (2014)'s study investigated the prescribing of psychotropic medication in 11 prisons in the East of England. The sample consisted of 6,052 men and 785 women and was compared with data from the CPRD for 30,602 patients prescribed psychotropic medication in the community. It was found that the prescribing rates of hypnotics, anxiolytics, antipsychotics, antimanics and central nervous system stimulants were four times higher among men and six times higher among women in prisons compared with community-based patients, with prescribing taking place for a wider range of diagnoses than was recommended. This may indicate longer-term prescribing of psychotropic medication in prisons, and these medications serving more purposes when prescribed in prisons, including helping to maintain order (Hassan, Edge, Senior, & Shaw, 2013). This study also found evidence of increased prescribing rates of antidepressants within the prisons, which they note appeared to mirror the longer-term upward trend in antidepressants being prescribed in the wider population (Middleton *et al.* 2001). The authors suggested this may result from the pressure GPs feel to reduce benzodiazepine prescribing. Importantly, these findings also reflect the well-established higher prevalence of mental illness in prison populations, which was not controlled for in this cross sectional study. The appropriateness of prescribing trends within the prison setting is uncertain due to the unknown level of need.

Continuing to look at prescribing of GABAergic medicine, another study examined the prescribing of pregabalin and gabapentin in 94 prison and three Immigration Removal Centres (IRCs) in the UK (Farmer, 2013). The audit and survey found that none of the IRCs surveyed, and 8 out of the 97 prisons did not prescribe gabapentin or pregabalin at all. 1,819 prisoners in 86 of the 97 sites were prescribed these drugs. Prescribing of gabapentin and pregabalin occurs in 2.8% of the prison population, which is twice the rate found in the general population. However, a report on commissioning treatment for dependence on prescription and over-the-counter medicines claims that prisoners may be more likely than the general population to suffer from conditions such as insomnia, anxiety and pain that would lead them to seek treatment for these conditions (Public Health England, 2013).

Farmer found that Category A prisons have the highest rates of prescribed pregabalin and gabapentin, with young offenders institutions having the lowest rate of prescriptions. 54% of prisoners receiving the drugs had to take them under supervision and 95% of these prisoners had to attend treatment sessions 2-3 times a day. 47% of prisoners prescribed these drugs were also taking opioid substitution medication. It was also reported that 21% of the sites did not follow prescribing guidelines for gabapentin and pregabalin. This was seen especially where sites prescribed these drugs as a first form of treatment, despite national guidelines recommending that these medicines should only be prescribed once another form of medicine has been tried. Over half of

the prisoners prescribed these medicines also had a history of substance misuse, with 47% of prisoners prescribed opioid substitution medicine.

Farmer claimed that these findings were representative of prisons across the UK and suggested that the NHS should explore the feasibility of implementing an anonymised clinical data collection system in order to monitor, better understand and influence the prescribing in secure environments such as prisons and IRCs.

3.7.2 Devolved countries and Ireland

A report focussing on the extent of benzodiazepine and Z-drug prescribing in Wales found that between 2004-2005 and 2008-2009, benzodiazepine prescribing decreased in many of the Local Health Boards (LHB) in Wales, while Z-drug prescribing increased in eight of the LHBs (Welsh Medicines Partnership, 2010). Cardiff LHB had the lowest hypnotic prescribing rate at 195.86 items per 1000 patients, and Betsi Cadwaladr LHB had the highest rate. It was also found that between these periods, anxiolytic prescribing increased in 13 of the LHBs and that both anxiolytics and hypnotics are prescribed more frequently in Wales than in England. The authors propose several reasons as to why the Welsh general practices may not meet the prescribing indicators for anxiolytics and hypnotics including: high levels of unemployment, causing more anxiety; higher levels of nursing homes and elderly patients; high social deprivation; the prevalence of patients with a history of substance abuse with limited access to withdrawal clinics and of patients with mental health problems.

The 2013 audit for general prescribing in Scotland examined the relationship between deprivation in Greater Glasgow and Clyde and the prescribing of hypnotics and anxiolytics, reporting that the pattern of prescribing of these medicines closely reflects that of the deprivation in these areas with prescribing rates being more than four times higher in the most deprived 10% of areas, compared to the least deprived 10% (Audit Scotland, 2013).

O'Sullivan *et al.* (2015) examined benzodiazepine and Z-drug prescribing in children under the age of 15 on the Irish General Medical Services (GMS) scheme pharmacy claims database⁷ between 2002 and 2011. Of the children who were receiving a benzodiazepine prescription, 6% were prescribed benzodiazepines for over 90 days. Prescription rates were highest for boys under 12 years and were highest for girls in the 12-15 age-group. As the Health Service Executive - Primary Care Reimbursement Service scheme⁸ pharmacy over-represents more socially disadvantaged children in the Irish population, the authors caution that this may result in an overestimation of benzodiazepine prescription rates in children under 15, as they claim that children from lower socioeconomic backgrounds are more likely to be prescribed psychotropic medication and are at greater risk of epilepsy and anxiety-related disorders (O'Sullivan *et al.*, 2015). While benzodiazepine prescribing trends have decreased in recent years, this study shows that a significant proportion of the GMS's child population are being prescribed benzodiazepines in the long term, highlighting the apparent need for guidelines regarding the prescribing of benzodiazepines in children.

⁷ From the Health Service Executive - Primary Care Reimbursement Services (PCRS), reflecting those receiving free medical care in Ireland.

⁸ The Primary Care Reimbursement Service (PCRS) is part of the Health Service Executive, and is responsible for making payments to healthcare professionals, like doctors, dentists and pharmacists, for the free or reduced costs services they provide to the public.

4 Clinical Practice Research Datalink

4.1 CPRD data collection and structure

The Clinical Practice Research Datalink (CPRD) GOLD⁹ is an ongoing primary care database of anonymised medical records. There are 701 contributing GP practices in the UK which includes 15.8 million patients that meet the quality criteria; . From those, 4.4 million patients are active (currently registered and/or alive)(CPRD, July 2016), representing approximately 6.9% of the UK population. Data collection begins when a patient is registered with a contributing practice. Thereafter the information recorded for each patient consultation or contact with the practice is uploaded to the CPRD on a monthly basis.

The CPRD primary care database is a rich source of health data for research. It includes data on:

- Demographics (gender and age)
- Strategic Health Authority
- Medical symptoms and diagnoses
- Tests and vaccinations
- Therapies
- Health-related behaviours
- Referrals to secondary care.
- Drug prescriptions.

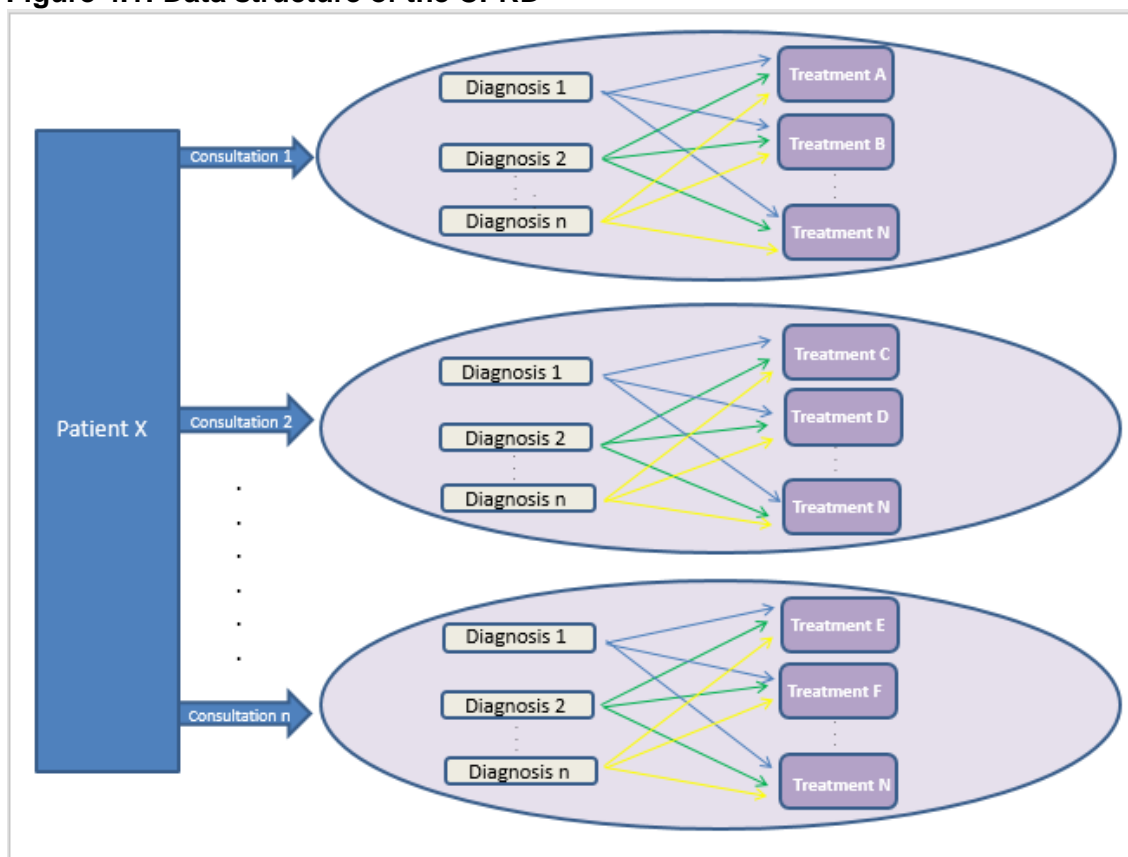
Prescriptions are recorded by the GP using the GEMscript product code system (which includes the generic name of the product) with a therapy record containing the British National Formulary (BNF) code, daily dose, quantity prescribed, numbers of packs, and issue sequence (if it is a repeat prescription). Additionally, the CPRD also allows for the study of geographical differences using the ten former Strategic Health Authorities in England (SHA).

In terms of the data structure, the CPRD is a longitudinal dataset that combines location information for each GP practice with the consultation record for each registered patient. Each consultation in the CPRD is associated with a unique patient identifier and a date. A patient can have several consultations over time, with each consultation containing all the clinical and associated therapies and referrals information connected to it. However, **it was not possible to directly associate diagnoses with treatments**. For example, in a single consultation, a patient may be diagnosed with anxiety and flu and be prescribed paracetamol, ibuprofen, gabapentin and diazepam with no systematic way to link each drug to each diagnosis. This represents a significant challenge to the management of the data within the CPRD.

Appendix 1 includes information about the application process and details that could be relevant for future researchers using the CPRD.

⁹ The main primary care database held by CPRD is known as GOLD (formerly GPRD). GOLD contains the anonymised, longitudinal medical records of patients registered with contributing primary care practices across the UK.

Figure 4.1: Data structure of the CPRD



Arrows indicate that several diagnoses and several treatments may be present for each clinical encounter, but a definitive link between a specific diagnosis and a specific treatment is not available in the dataset.

4.2 CPRD representativeness

For the analysis, it was important to establish how representative the CPRD information was in order to know with what confidence results could be generalised to the wider patient population. In terms of representativeness of patients within the CPRD, a study concluded that patients are broadly representative of the UK general population in terms of age, sex and ethnicity when compared with the 2011 UK Census and are comparable to the Health Survey for England (HSE) for body mass index (BMI) distribution (Herrett et al., 2015).

In terms of representation of practices, historically the CPRD has gathered data from practices using the Vision IT system.¹⁰ Over the last two years there has been a significant fall in the number of practices using Vision, and even a complete drop off in practices in certain geographical areas. This is attributable to some Clinical Commissioning Groups (CCGs) requiring different software to be used. Therefore, the CPRD may not be representative of all practices in the UK based on geography and size.

¹⁰ Vision is an IT package designed to provide NHS patients with joined up services. It makes relevant information available to the whole healthcare team, intended to facilitate collaboration and reduce duplication of effort.

4.3 Profile of the CPRD extract

The CPRD extract contains 49,999 patients who have been prescribed at least one of the four types of DFMs of interest at some point between 2000 and 2015. The extract is a geographically representative random sample of patients in England on the CPRD, with the proportion of patients in each area determined by the proportion of the overall population living there at the 2011 Census. For example, from the total number of patients requested in the extract, 10% are located in the South West, 10% are in Yorkshire and 15% are in London. See Table 4.1.

Table 4.1: Geographical distribution of patients

Region	%	N
North East	5	2,449
North West	13	6,651
Yorkshire	10	4,983
East Midlands	9	4,276
West Midlands	11	5,284
East of England	11	5,515
London	15	7,709
South East	16	8,144
South West	10	4,988
Total	100	49,999

As well as providing a geographically representative sample for national analysis, the number of patients across each of the nine regions listed above is also sufficient for regional analysis. It should be noted that the nature of data collection from a self-selecting sample of GP practices does not allow for the production of probability weights which could account for non-response bias.

The 49,999 patients have an associated 13,868,419 consultations distributed between 2000 and 2015. This is an average of 23 consultations per patient per year. Of those patients, 59.5% are women. The patients span a wide age range, including some children and some adults in their nineties and over. Median age in 2000 was 50 years old, increasing to 52 in 2007, and 56 years in 2015.¹¹ It is important to note that this increase in patients' age over time. Some patients are included in the extract from 2000 and continue to be prescribed over time until 2015, thereby contributing their own ageing effect to the age distribution of the sample. Conversely, patients who were first prescribed in later years contribute fewer years to the age distribution.

The CPRD does not contain individual level information on socioeconomic characteristics. However it does contain area level deprivation based on the location of the GP practice which acts as a proxy measure of socioeconomic circumstances of the patient. Overall, the extract contained roughly similar proportions of patients at each decile of deprivation.

The analyses in this report have been run separately on patients who have not received a cancer or epilepsy diagnosis (48,857) and those who have (1,142).

¹¹ Mean age in 2015 was 56.19 and the standard deviation was 18.71.

5 Methodology

5.1 Overview

A geographically representative random sample of 49,999 individuals prescribed any benzodiazepine, Z-drug, opioid or GABAergic medicine between 2000 and 2015 was extracted from the CPRD GOLD database. Detailed information on each consultation in this time period provided the type of medicine prescribed as well as the length and daily dose for the course of treatment. The overall length of repeat prescriptions was derived through the linking of consultation records to the unique patient identifier number. Linkage between individual demographic information and area level socioeconomic measures permitted a range of sub-group analyses. This data was supplemented by an annual count across the study period of all individuals who had been prescribed any of the four DFMs of interest.

Data from a total of approximately 14 million consultations was used to complete the following research objectives:

Objective 1

Describe the extent to which DFMs are prescribed among the primary care population over time,¹² and outline the main features of prescriptions and individuals receiving these prescriptions. Specifically:

- Estimate the proportion of all primary care patients who were prescribed each selected DFM drug type between 2000 and 2015.
- Derive the average daily dose and length of prescription for the five most widely prescribed specific medicines.
- Present the prescription lengths for each type of drug.
- Describe the most frequent reasons for prescribing any of the four types of DFMs of interest.
- Examine whether medicine types change over time.

Objective 2

Examine whether long-term prescribing¹³ has changed between 2000 and 2015.

Objective 3

Describe the demographic characteristics of individuals prescribed DFMs in the long- and short-term.

Though the CRPRD is a powerful resource in terms of the number of health records it contains, the structure of the dataset presented a number of methodological challenges which limited our ability to assess the link between diagnoses and treatment, as well as

¹² Patients diagnosed with epilepsy or cancers were considered as a separate group due to the long-term nature of these illnesses and their consequent prescribing rates.

¹³ Long-term prescribing was defined as longer than the 30 days recommended for benzodiazepines and Z-drugs. No specific guidance was issued for GABAergic drugs and opioids, but for the purpose of this analysis the 30 day threshold is was applied to all DFMs.

restricting our ability to get an accurate measure of the relationship between dose and length of prescription.

5.2 Diagnoses and treatment

As discussed in Section 4.1, the structure of the CPRD dataset does not provide the direct association of treatment to illness. Since there were approximately 14 million consultation records, an attempt had to be made to identify the most likely diagnosis associated a DFM prescription where two or more diagnoses were present. For this, and for the general diagnosis cleaning process, the research team:

- Clustered similar diagnoses into a unique diagnosis. For example, “back pain” and “back ache” were grouped together.
- When a more likely diagnosis was present, unlikely diagnoses (e.g. flu) were dropped. For this, unlikely or likely diagnoses were classified after consultation with experts and the British National Formulary (BNF) guidelines. A seemingly unlikely diagnosis was always retained if it was the only diagnosis within a consultation which resulted in a prescription of a DFM.

The CPRD extract included more than 9,199 different individual diagnoses which were clustered into around 300 grouped diagnoses,¹⁴ consisting of about 100 likely grouped diagnoses and 200 unlikely grouped diagnoses. See Appendix 2 for details of the list of diagnoses utilised. Common long-term diagnoses were identified.

Patients with a diagnosis of cancer or epilepsy were analysed separately, as they are likely to have distinctive patterns of long-term prescribing.

5.3 Prescription length and dose

Deriving prescription length and dose

Comparing daily doses for different individual medicines (even when they are from the same drug type) is problematic. This is partly because of the large number of medicines there are to convert into a single reference group, each medicine type will have a range of conversion rates (in particular, benzodiazepines) and there are discrepancies in the literature as to the correct conversion rates. It was necessary therefore to focus on presenting descriptive figures for daily doses only for the most widely prescribed medicines for each of the groups of interest (benzodiazepines, Z-drugs, opioid, and GABAergic medicines). In this way, problems of drugs equivalence were avoided.

Lengths of prescriptions are defined within the data as treatment days prescribed by the GP for a specific therapy event. A GP will also enter the total quantity alongside dosage instructions. Hence, for the majority of medicines, it is possible to calculate the prescription duration through a combination of the quantity and the numeric daily dose

¹⁴ Including “others” when the diagnosis was not very common, that is when they had less than 100 patients associated.

associated to each therapy: duration of use = quantity of prescription divided by the numeric daily dose (e.g. 90 tablets / 3 per day = 30 days duration).

Extent of missing data on length and dose

Quantity and dosage information is commonly missing. Two strategies were therefore developed and compared to estimate duration of use:

1. Use the most common/average duration associated with any given product code. Note that this will not match the research aims as “best practice” will be imposed on the data.
2. Use information about pack size to derive the number of tablets prescribed. This was the preferred solution, however, around 20-30% of the missing data regarding length and/or dosage information remained. Table 5.1 shows that opioids have the least completed length and dosage information (around 60%) and Z-drugs have the largest proportion of data availability for these two factors (around 84%).

Table 5.1: Availability of information on DFM prescription length and dose

Information on prescription length	Benzodiazepines	Z-drugs	Opioids	GABAergic medicines
Consultations with length information	295,828	110,824	270,075	87,709
Total consultations	405,031	131,256	438,289	117,579
% with data available	73.0	84.4	61.6	74.6
Information on daily dose	Benzodiazepines	Z-drugs	Opioids	GABAergic medicines
Consultations with daily dose information	290,954	110,248	265,686	87,178
Total consultations	405,031	131,256	438,289	117,579
% with data available	71.8	84.0	60.6	74.1

Impact of missing data

A large amount of missing information could bias the results if it is not missing at random, for example if information about longer term prescriptions was more likely to be missing than information about shorter term prescriptions. Attempts were made to examine bias in the data extract as a result of missing data using the following methods:

- The proportion of men and women with missing information was compared with the proportion of men and women without missing information (Table 5.2). For each type of DFM, women constituted about two-thirds of patients with complete data and about two-thirds of patients with missing data. This suggests that missing data would not bias the results in terms of the gender profile.

Table 5.2: Gender distribution between missing and available groups

%								
	Benzodiazepines		Z-drugs		Opioids		GABAergic medicines	
	Male	Female	Male	Female	Male	Female	Male	Female
Missing	34.1	65.9	38.5	61.5	39.4	60.6	35.8	64.2
Available	35.0	65.0	36.7	63.3	38.0	62.0	39.1	60.9

- The age distribution of patients with and without length and dose information was compared, and no differences between the groups were found.
- The extent of missing length and dose data in different GP practices was also reviewed. This procedure sought to establish whether data was more likely to be missing in some practices than others. The results indicated that a few practices had a very large amount of missing data and some other practices had almost entirely complete information. However, most practices shared a similar level of missing data in the middle of this range.

Overall, variation in the amount of missing data was not pronounced by gender, age or practice. However, bias resulting from missing data could not be ruled out for other characteristics for which we did not have the data. Therefore, missing data needs to be acknowledged as a potential limitation which could have biased the results.

5.4 Continuous prescribing periods

The importance of linking repeated prescriptions (and not just treating individual prescription in isolation) is central when considering long-term prescribing. For this, an initial attempt was made to make use of the prescription issue sequence information available for each prescription registered in the CPRD. However, the information did not provide cover the reason for GPs' repeated prescription.

A repeated prescription sequence allowing the research team to use a cumulative sum of all the prescription lengths for each of the individual prescriptions was constructed. For this, the research team:

- Assumed that all events to happen on the same day were part of the same consultation, even when having different consultation identifiers.
- Clustered prescriptions by drug type (e.g. benzodiazepines, Z-drugs, opioids or GABAergic medicines). In order to identify repeated prescriptions a search was made for the same type of drug within future prescriptions irrespective of the specific drug prescribed.
- Considered if there were two different drugs of the same type prescribed in the same consultation (e.g. diazepam and lorazepam) and the maximum length of the prescription between them.¹⁵
- Defined a repeated prescription as a prescription where the time between consultations is less or equal to 35 days, or where the length of the previous

¹⁵ If two medications are prescribed in the same consultation then the longer of the two prescription lengths was used.

prescription is less or equal to the number of days between consultations (plus 5 days).¹⁶

- Considered the starting date of the repeated prescription as the consultation date of the first time the repeated prescription was given. This is particularly important when comparing prescriptions over time. A prescription that crosses from one year to the next will always be counted from the year when the prescription started.

5.5 Base population

The unit of analysis for the tables presented varied according to the subject being examined. Sometimes it was individual prescriptions, continuous prescribing periods, consultations, or patients. The unit of analysis is referred to in the text and also stated at the bottom of each table in the Appendices.

¹⁶ We assumed the length of each individual prescription is equal to the number of days between consecutive consultations, rather than using the length provided in the CPRD. In this way, we did not consider extra days in the prescription length.

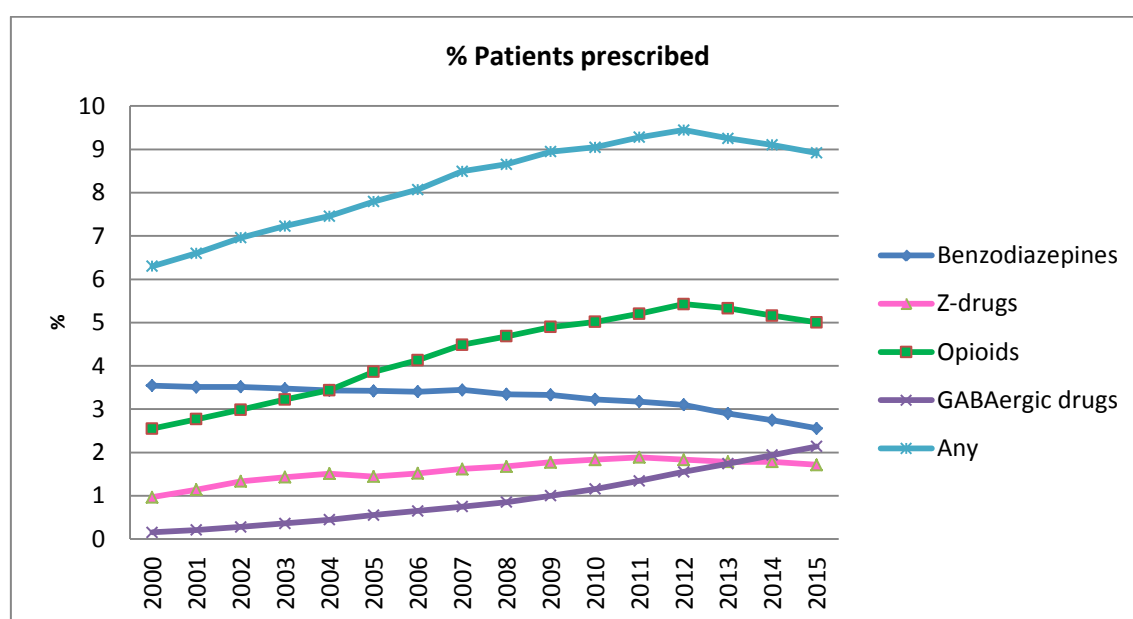
6 Results

6.1 Proportion of patients prescribed DFM

Figure 6.1 shows the proportion of patients in the overall CPRD population who were prescribed benzodiazepines, Z-drugs, opioids, GABAergic medicines, or any combination of these (allowing for co-prescribing) over time.

Medicines with the potential to be dependence forming are widely prescribed. During 2015, one patient in eleven (8.9%) on the CPRD was prescribed at least one of these four types of DFM. Opioids were the most commonly prescribed DFM considered: in 2015 they were issued to one patient in twenty (5.0%). Benzodiazepines, Z-drugs and GABAergic medicines were each prescribed to about one patient in fifty.

Figure 6.1: Proportion of patients prescribed benzodiazepines, Z-drugs, opioids, GABAergic medicines, and any of these drugs, 2000 to 2015



Source: CPRD. Figures presented in Appendix 3. Base: 15.8 million patients.

The proportion of patients prescribed DFMs has increased over time: from 6.3% in 2000 to a peak of 9.5% in 2012. Since 2012, there is evidence of a fall in DFM prescribing (to 8.9% in 2015). It is not yet clear whether this is a temporary dip or the start of a longer-term downward trend.

The trends varied by type of DFM. Opioid, Z-drugs and GABAergic medicines all saw pronounced increases in the proportion of patients they were prescribed to, while benzodiazepines decreased. The proportion of patients prescribed opioids and Z-drugs doubled between 2000 and 2012. The prescribing of GABAergic medicines increased more steeply from 0.2% in 2000 (following approval in October 2000) to 2.1% in 2015.

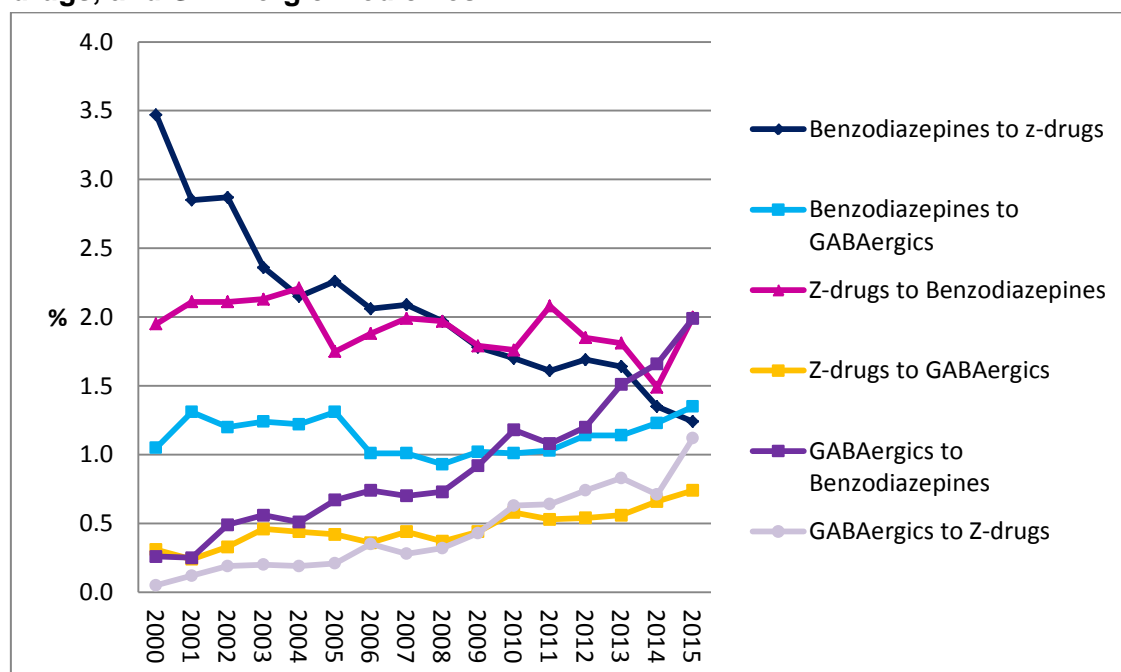
6.2 Transitions between types of DFM

A decline since 2007 in the proportion of patients prescribed benzodiazepines was mirrored by a continuing increase in the proportion prescribed GABAergic medicines. We examined whether there has been a tendency for individual patients to have transitioned from benzodiazepines to GABAergic medicines.

Benzodiazepines, Z-drugs and GABAergic medicines are commonly prescribed to treat the same diagnoses. Trends in Z-drug and benzodiazepine prescribing are negatively correlated with each other (-0.64). This means that the decrease in benzodiazepine prescribing is associated with an increase in Z-drug prescribing, although we are unable to confirm causality. A high negative correlation was also found (-0.96) between benzodiazepines and GABAergic medicines, which suggests that GABAergic medicines may also be replacing benzodiazepines. A factor in the move away from benzodiazepine prescriptions over time could be higher awareness of their side effects. In 2004, the CMO issued advice to GPs on avoiding the long term prescribing of benzodiazepines, with BNF guidance updated alongside this.¹⁷ The novelty of GABAergic medicines, as well as the wider licensed indications, could have also contributed to their own increase.

Figure 6.2 shows the extent to which patients transferred from one type of DFM to another. These calculations allowed for double-counting, for example where a patient transitioned from benzodiazepines to Z-drugs and transitioned back, the patient was counted twice - once for each transition.

Figure 6.2: Proportion of patients to transition between benzodiazepines, Z-drugs, and GABAergic medicines



Source: CPRD (see Appendix 4).

¹⁷ See 'Benzodiazepine warning' (page 4) in <http://www.second-opinions.co.uk/soy-online-service/04070176.pdf>

In 2000, 3.5% of patients prescribed benzodiazepines received a Z-drug in their next prescription. Transitioning became less common over time with 2.0% of benzodiazepines patients moving to Z-drugs in 2008, and 1.2% by 2015. The opposite transition, from Z-drugs to benzodiazepines, has remained relatively stable over time at around 2%. The transition from benzodiazepines to GABAergic medicines also remained relatively stable.

A key trend over time in transitions is the shift away from GABAergic medicines. In 2000, 0.3% of GABAergic prescriptions shifted to benzodiazepines, with this proportion steadily increasing to 2.0% in 2015. A similar trend occurred in the transition from GABAergic drugs to Z-drugs. The increase in transitioning from GABAergic drugs to other DFM, however, needs to be understood in the context of prescribing levels. As GABAergic prescribing increased, so did the opportunity to transition from that drug to another.

6.3 Length of prescriptions

Guidelines recommend a maximum prescription length for benzodiazepines and Z-drugs of 30 days. There is no specific duration guidance for opioids and GABAergic medicines, although in this analysis a 30 day threshold has been applied as a benchmark for consistent analysis.

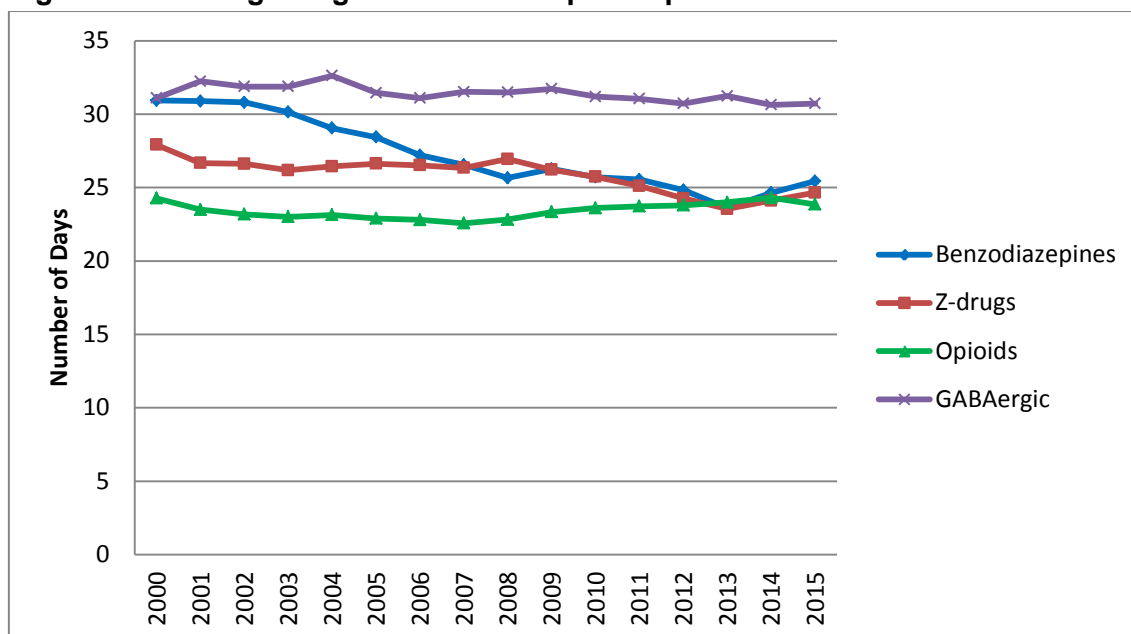
The length of time that DFM were prescribed for in primary care depends on the prescribing behaviour of GPs. Several approaches were taken in this report to examine the length of time that DFMs were prescribed:

- **Individual prescriptions:** the mean average number of days individual prescriptions were issued for.
- **Continuous prescribing periods:** the mean average number of days a patient was continuously prescribed to (the initial individual prescription combined with the individual repeat prescriptions that directly followed)
- **Long-term prescriptions:** the proportion of individual prescriptions to exceed a threshold of 30 days (the recommended maximum prescription length for benzodiazepines and Z-drugs).
- **Long-term prescribing periods:** the proportion of continuous prescribing periods to exceed 30 days.
- **Very long-term prescribing periods:** the proportion of continuous prescribing periods to exceed 110 days.

Individual prescriptions: Figure 6.3 shows the mean average prescription length for each of the four types of DFM. The length of individual benzodiazepine prescriptions decreased from an average of 31 days in 2000 to 25 days in 2015.¹⁸ Z-drug prescription lengths also decreased over time; from 28 days in 2000 to 25 days in 2015. Individual opioid and prescriptions remained stable in length between 2000 and 2015, at around 24 days and 31 days respectively.

¹⁸ GPs received an advisory letter in 2004 reminding them that benzodiazepines should be prescribed short-term; this may have contributed to the continued decline.

Figure 6.3: Average length of individual prescriptions



Source: CPRD (see Appendix 5).

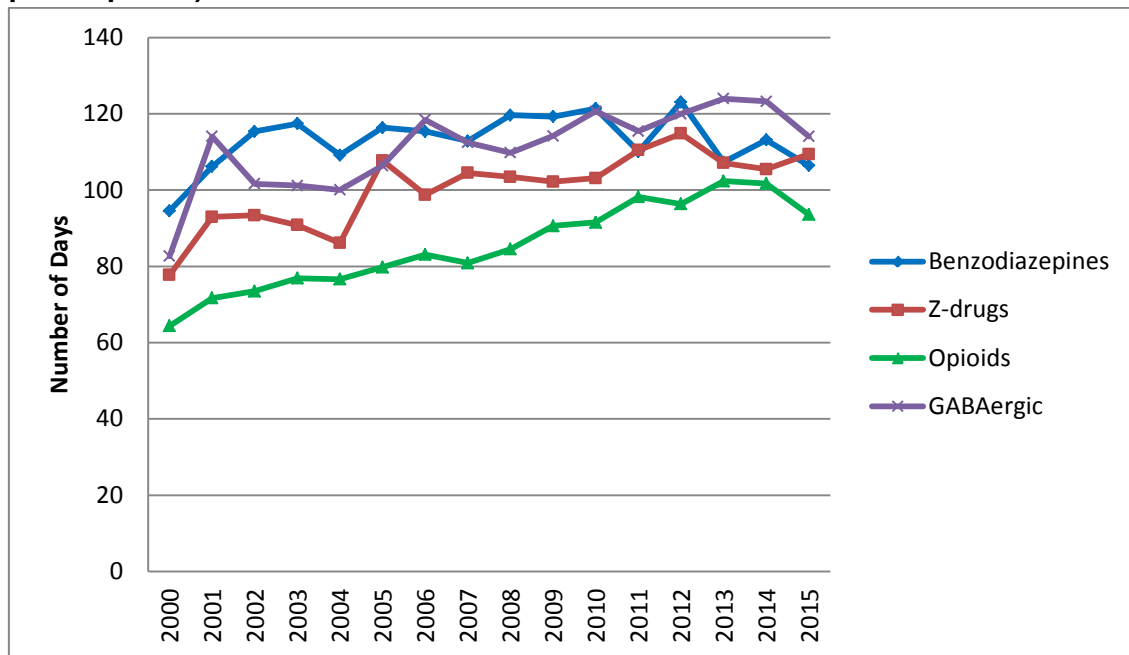
The figures in the chart present the length of individual prescriptions and do not take into account the fact that patients can be continuously prescribed the same type of drug over time.

Continuous prescribing periods: Figure 6.4 shows prescribing periods when repeated prescriptions are also factored in.¹⁹ Including repeat prescriptions, all types of DFM had a mean prescribing period that exceeded 30 days, and all types of DFM had experienced an upward trend in length of prescribing periods. For benzodiazepines, the average prescribing period increased from 95 days in 2000 to a peak of 123 days in 2012, before declining. A similar pattern was observed for Z-drugs, with an average length of 78 days in 2000 increasing to peak at 115 in 2012. The average prescribing period for opioids and GABAergic medicines also increased over time; from 64 days to a peak of 102 in 2013 for opioids and from 83 days to a peak of 124 for GABAergic medicines, also in 2013 (see Appendix 6).

Note that prescribing periods provided for 2015 will underestimate the final length of some prescriptions, because the series of repeat prescriptions had not yet completed.

¹⁹ For example, a repeated prescription of 20 days in May and a prescription of 15 days in June are counted here as a continuous prescription period of 35 days.

Figure 6.4: Average length of continuous prescribing periods (including repeat prescriptions)

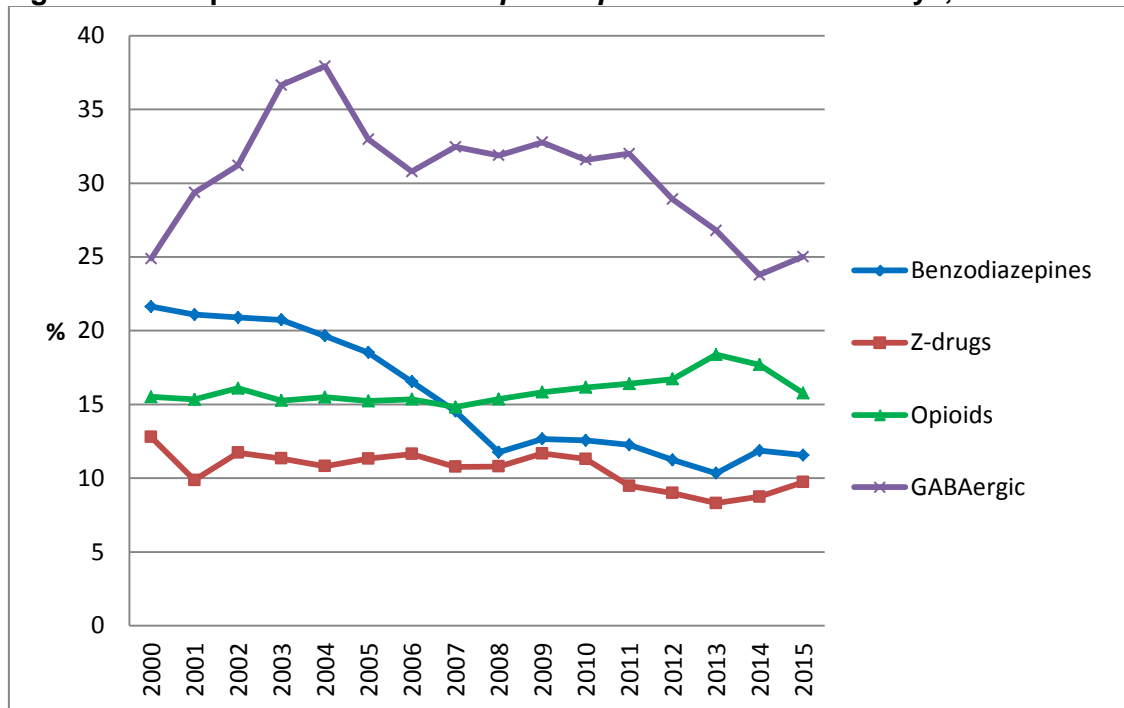


Source: CPRD (see Appendix 6).

6.4 Trends in long-term prescribing

Long-term prescriptions were defined as individual prescriptions issued for a period exceeding 30 days. For benzodiazepines and GABAergic medicines, the proportion of individual prescriptions that were long-term has fluctuated over time but with a general downward trend over the last 12 years. For opioids and Z-drugs, the proportion of individual prescriptions to exceed 30 days has remained largely stable over time, at around 15-18% for opioids and 8-13% for Z-drugs.

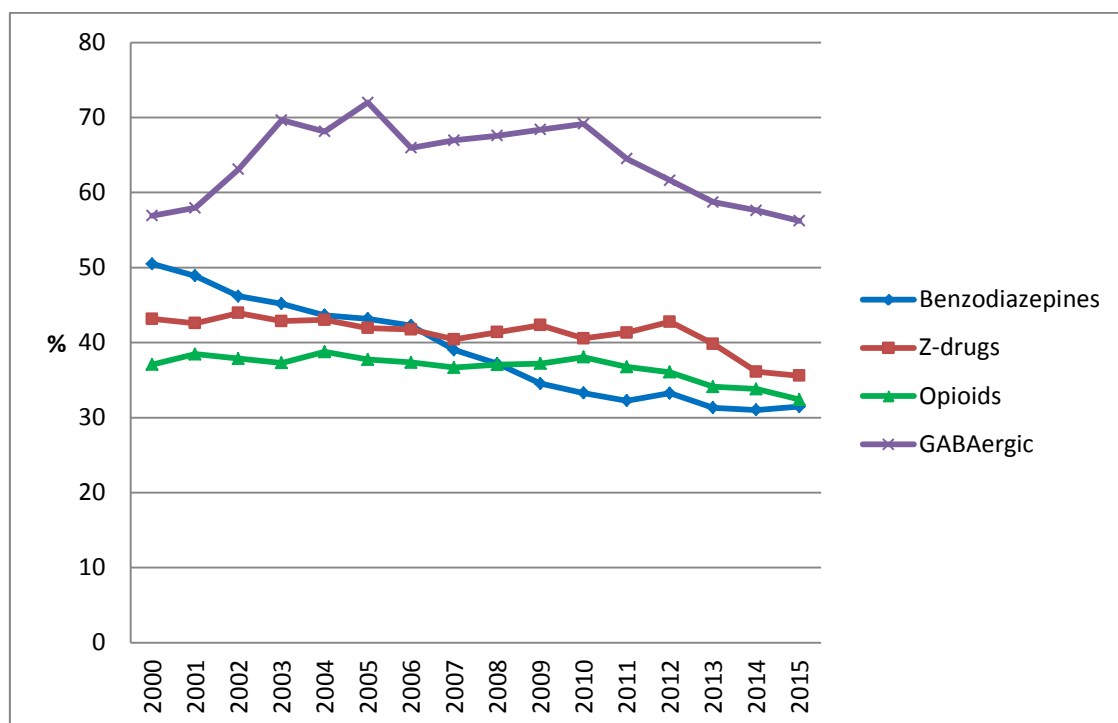
Figure 6.5: Proportion of *individual prescriptions* to exceed 30 days, 2000 to 2015



Source: CPRD (see Appendix 7).

Long-term prescribing periods: A similar pattern was evident when looking at continuous prescribing periods. The proportion of continuous prescribing periods to exceed 30 days remained largely stable over time for opioids and Z-drugs. For benzodiazepines a downward trend in the proportion of prescribing periods to exceed 30 days has been evident since 2000, and for GAs a decline began around 2010 (Figure 6.6).

Figure 6.6: Proportion of *continuous prescribing periods* to exceed 30 days (including repeat prescriptions), 2000 to 2015

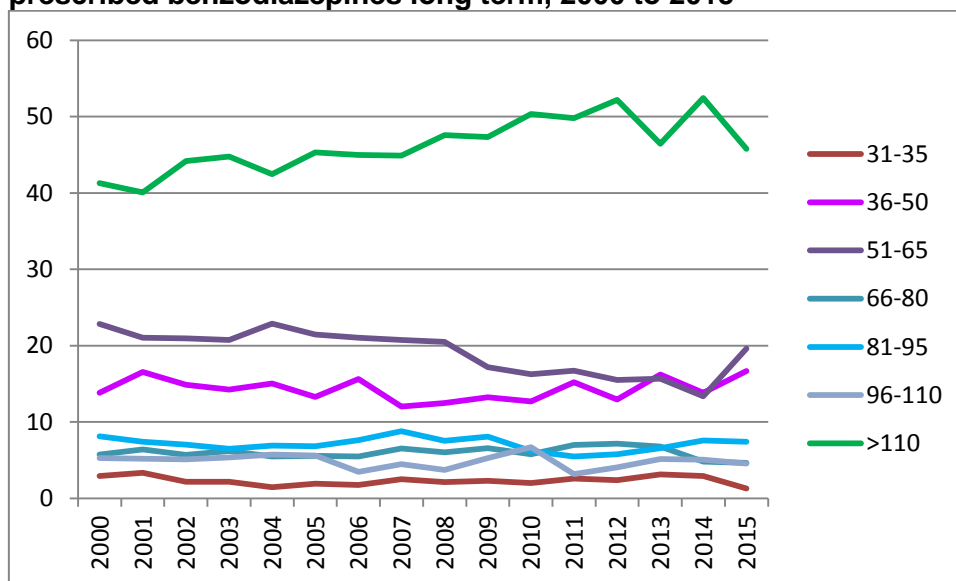


Source: CPRD (see Appendix 8).

It is interesting to note that while the mean average length of benzodiazepine prescribing periods increased in the decade following 2000, the proportion of prescriptions that were long-term declined over the same time period. We have explored this apparent contradiction.

Figure 6.5 shows that the proportion of patients with long term benzodiazepine prescribing periods that were only just above the recommended maximum prescription length (31 to 35 days) remained quite constant. However, the proportion with very long prescribing periods (above 110 days) increased over time. The latter group account for the increased mean average length, without increasing the proportion long-term prescribed. So while there are fewer patients with long term benzodiazepine prescribing periods, those with a very long prescription make up a larger proportion of those with a long-term prescribing period, and drive up the mean average length.

Figure 6.7: Grouped length of average prescription (days) among patients prescribed benzodiazepines long term, 2000 to 2015



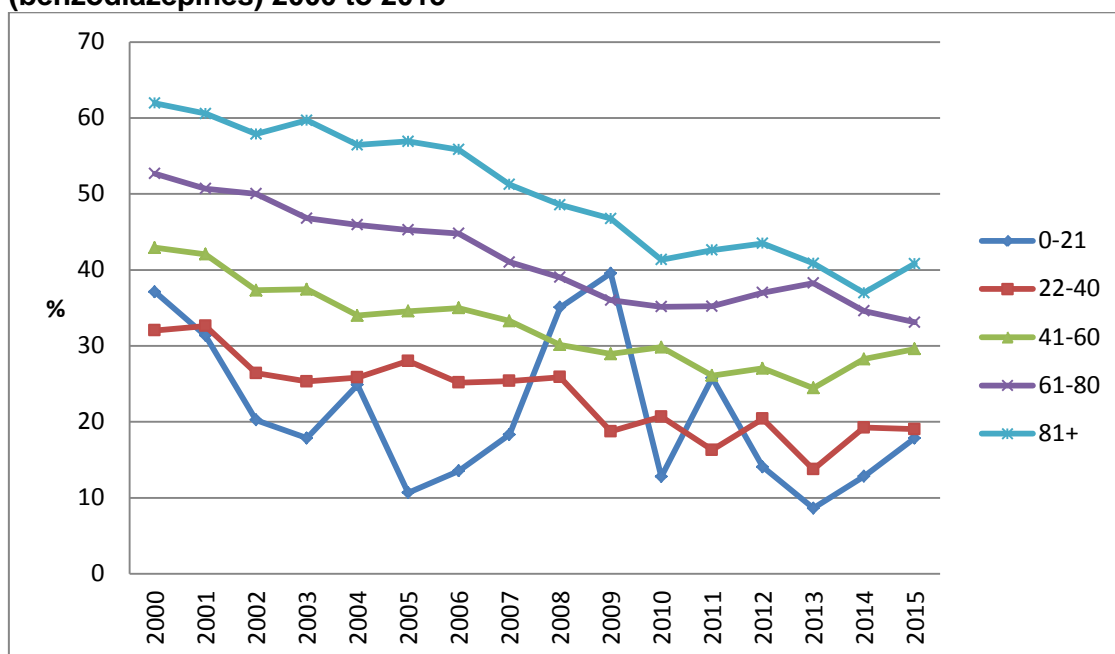
Source: CPRD

Variation in long-term prescribing by age-group

Older patients prescribed benzodiazepines were more likely than younger patients prescribed the drug to receive it long term. In 2015, around four in ten benzodiazepine recipients aged over 80 had been prescribed the drug for more than 30 days, compared with around a fifth of patients in their twenties and thirties. The pattern of association with age-group remained similar over time.

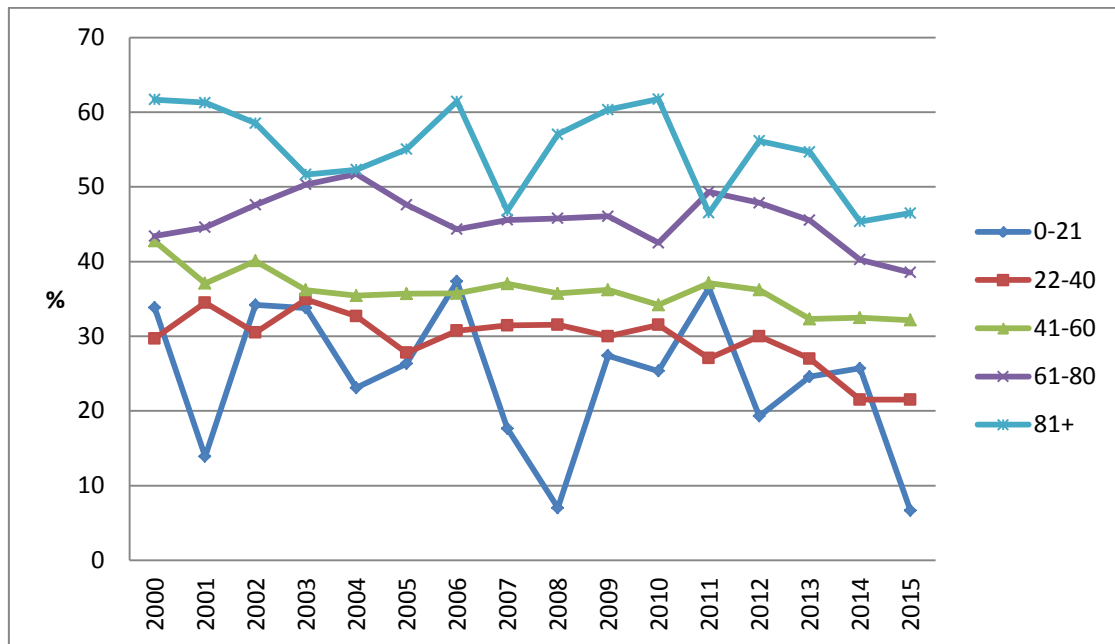
A similar pattern was evident for Z-drugs and opioids, while the results for GABAergic medicines were more mixed (Figures 6.8 to 6.11).

Figure 6.8: Proportion of prescribing periods to exceed 30 days, by age (benzodiazepines) 2000 to 2015



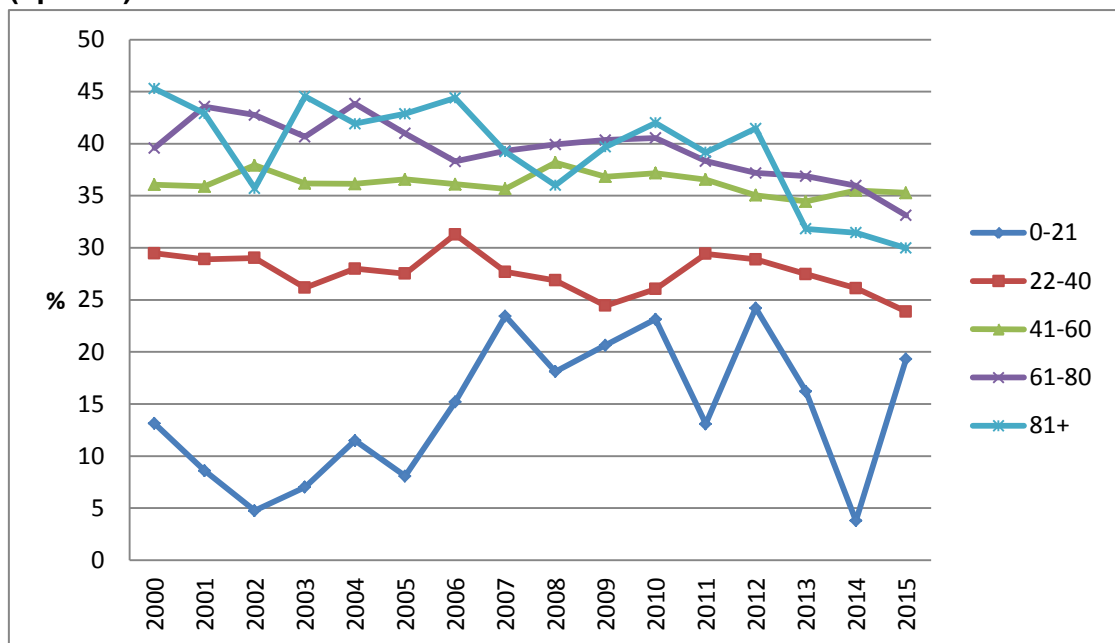
Source CPRD (see Appendix 9)

Figure 6.9: Proportion of prescribing periods to exceed 30 days, by age (Z-drugs) 2000 to 2015



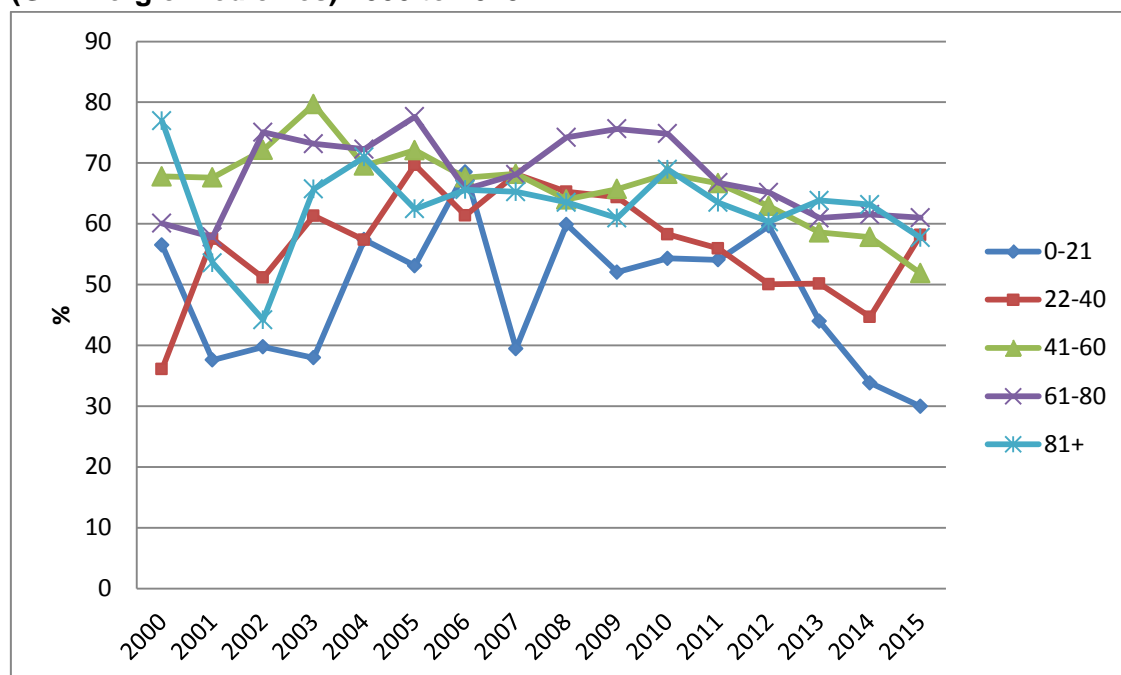
Source CPRD (see Appendix 10)

Figure 6.10: Proportion of prescribing periods to exceed 30 days, by age (opioids) 2000 to 2015



Source CPRD (see Appendix 11).

Figure 6.11: Proportion of prescribing periods to exceed 30 days, by age (GABAergic medicines) 2000 to 2015

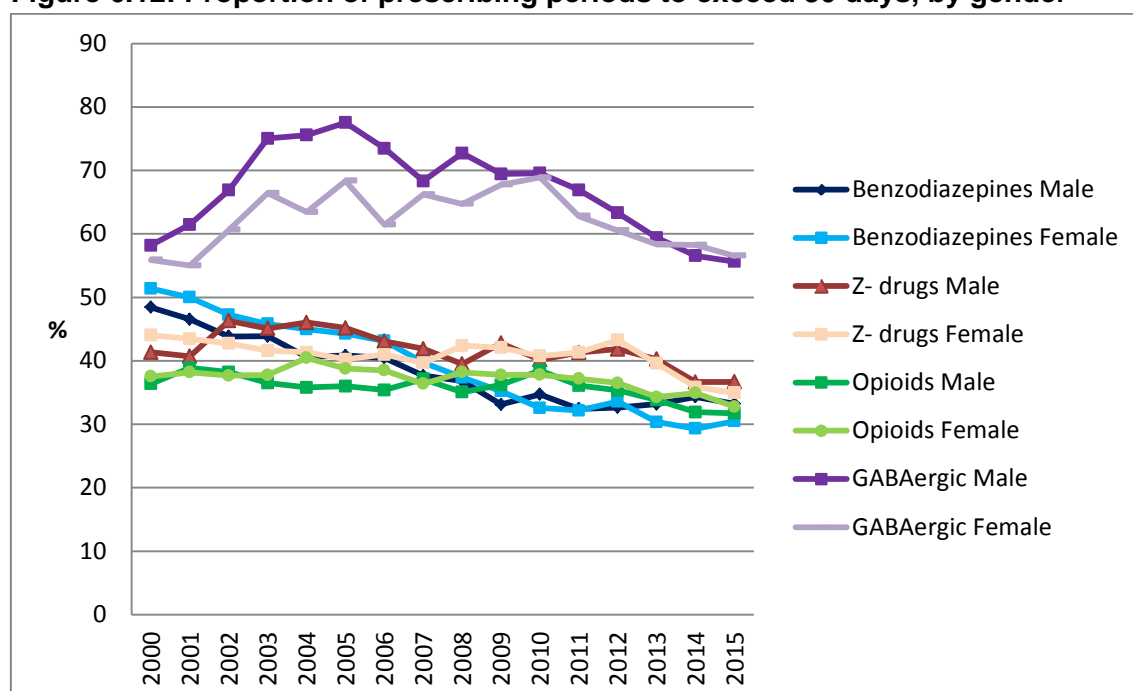


Source CPRD (see Appendix 12).

Variation in long-term prescribing by region, area and gender

No variation in rates of long-term prescribing was evident by region or by area level deprivation. Similarly, no overall differences in likelihood of long-term prescribing were identified between male and female patients (data not shown). The only difference to emerge was for GABAergic medicines between 2001 and 2006, when rates of long-term prescribing were somewhat higher in male recipients of the drug than in female (Figure 6.12).

Figure 6.12: Proportion of prescribing periods to exceed 30 days, by gender



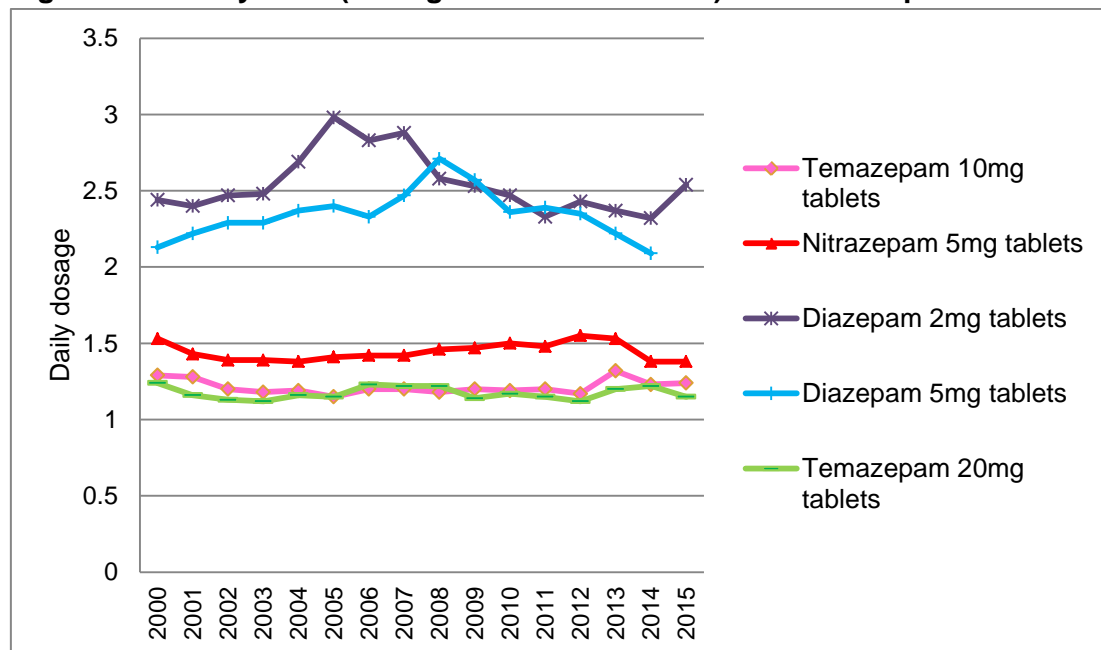
Source: CPRD (see Appendix 13).

6.5 Average dose

It was not feasible to derive an average daily dose drawing on all prescribed DFM product types. Instead the five most commonly prescribed specific products were selected for each type of drug.

For benzodiazepines, the prescribed average daily dose (the number of tablets per day) of Temazepam 10mg, Temazepam 20mg and Nitrazepam 5 mg was around 1 to 1.5. The dosages remained relatively stable at this level over time, except for a temporary increase in diazepam doses in the mid-2000s (Figure 6.13).

Figure 6.13: Daily dose (average number of tablets): Benzodiazepines



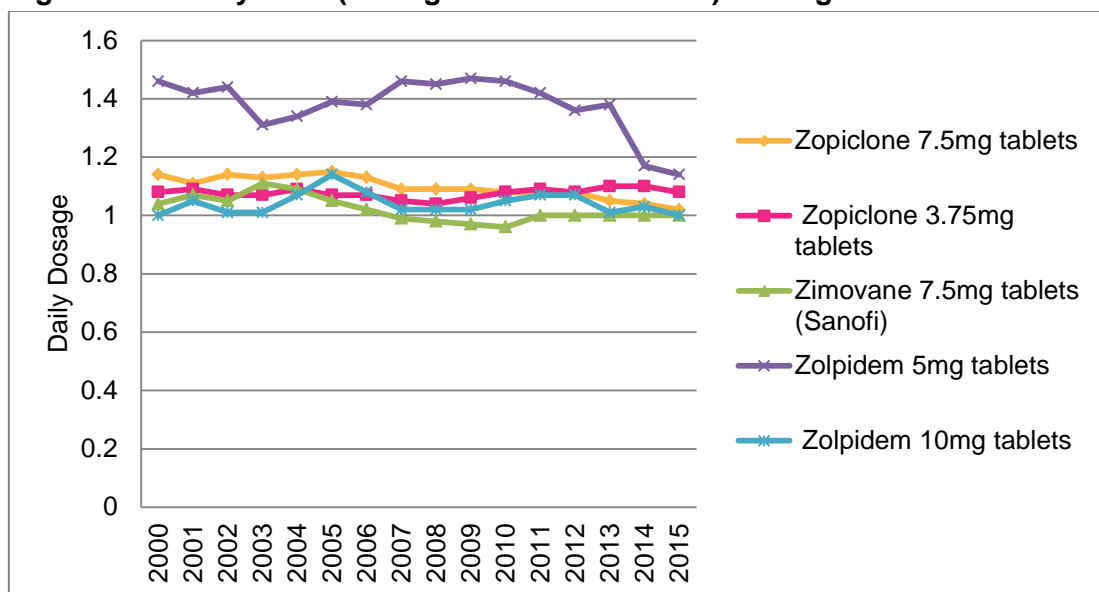
Source: CPRD (see Appendix 14).

For Z-drugs, the average number of tablets prescribed per day has also been relatively constant over time, with daily doses of around 1.0 to 1.1 tablets. The exception is 5mg zolpidem, which averaged around 1.4 tablets per day between 2000 and 2013.

Recently, daily dose for this product has become much more closely aligned with other commonly prescribed Z-drugs (

Figure 6.14).

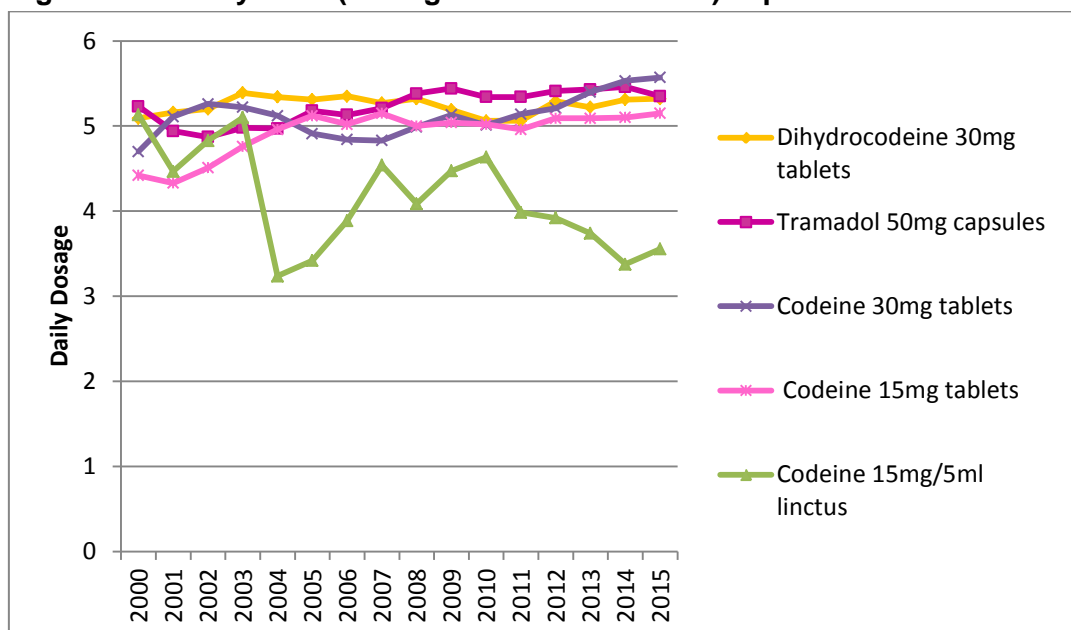
Figure 6.14: Daily dose (average number of tablets): Z-drugs



Source: CPRD (see Appendix 15).

Daily doses of the four most commonly prescribed opioid products have also been stable over time, at around 5 tablets. However, since 2004 codeine linctus has been prescribed at somewhat lower equivalised dosage (Figure 6.15).

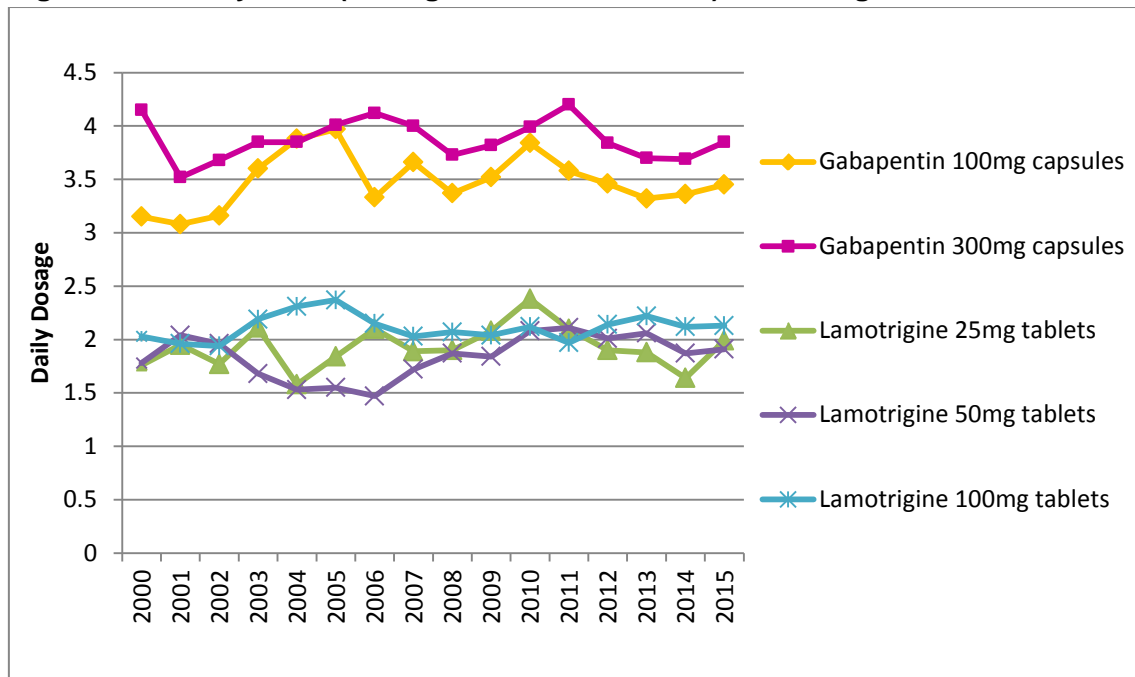
Figure 6.15: Daily dose (average number of tablets): Opioids



Source: CPRD (see Appendix 16).

There is a clear difference in average number of tablets between short-lasting and longer-lasting GABAergic medicines (Figure 6.16). Daily doses for gabapentin were around 3.0 to 4.5 tablets, while lamotrigine were prescribed at between 1.5 to 2.5 tablets a day.

Figure 6.16: Daily dose (average number of tablets): GABAergic medicines



Source: CPRD (see Appendix 17).

6.6 Diagnoses associated with DFM prescribing

The structure of the CPRD dataset (see Section 4.1) meant it was not possible to attribute a specific diagnosis to a specific treatment: several diagnoses and symptoms could be present alongside several treatments. Attempts were made to exclude the most unlikely diagnoses *when two or more were present*. The following diagnoses and symptoms were present in patients when a DFM was prescribed, but these were not necessarily the reason why the GP prescribed the DFM. The five diagnoses or symptoms most commonly present in patients prescribed benzodiazepines are listed in Table 6.1.

Table 6.2 shows the same for those issued a Z-drug prescription; Table 6.3 for opioids; and Table 6.4 for GABAergic medicines.

Firstly, it should be noted that a very wide range of different diagnoses and symptoms were evident in this patient population, and no single diagnosis or symptom was present in more than a fifth of patients being prescribed each type of DFM. This suggests that DFMs are prescribed to patients with a wide variety of conditions, and possibly for a wide variety of reasons.

‘Pain’ was the most commonly present diagnosis or symptom among patients prescribed benzodiazepines, GABAergic medicines and opioids. About one patient in ten was coded with ‘pain’ at consultations where a benzodiazepine prescription was issued. Other diagnoses or symptoms present - such as arthritis, backache and headache - also indicate that pain management may have been the objective for prescribing. The most commonly associated diagnosis for Z-drugs was insomnia. Mental health symptoms and conditions – such as anxiety, depression, phobias, and stress – were evident in patients prescribed all types of DFM.

Table 6.1: Five most common conditions associated with prescribing benzodiazepines in 2015

Benzodiazepines	
Diagnoses/symptoms present	%
Pain	9.6
Anxiety	2.5
Tic disorders	2.2
Depression	2.1
Phobia	1.4

Source: CPRD. Base: patients prescribed benzodiazepines in 2015

Table 6.2: Five most common conditions associated with prescribing Z-drugs, in 2015

Z-drugs	
Diagnoses/symptoms present	%
Insomnia	6.9
Depression	3.8
Pain	3.3
Stress	2.2
Tic disorders	2.2

Source: CPRD. Base: patients prescribed Z-drugs in 2015.

Table 6.3: Five most common conditions associated with prescribing opioids in 2015

Opioids	
Diagnoses/symptoms present	%
Pain	15.6
Tic disorders	1.6
Cough	0.9
Arthritis	0.7
Depression	0.5

Source: CPRD. Base: patients prescribed opioids in 2015.

Table 6.4: Five most common conditions associated with prescribing GABAergic medicines in 2015

GABAergic medicines	
Diagnoses/symptoms present	%
Pain	12.3
Tic disorders	2.4
Depression	0.8
Headache	0.8
Backache	0.6

Source: CPRD. Base: patients prescribed GABAergic medicines 2015.

Many common conditions were retained on the full list of plausible diagnoses for why a DFM was prescribed (see Appendix 2). It is important to note that diagnoses that are common in the general population - such as cough, headache and backache – are likely to also be common among people prescribed DFM, without these conditions necessarily having been the reason that a DFM was prescribed. It is also worth noting that the conditions most likely to be co-morbid with the main reasons for which they were prescribed will also be common in this population.

6.7 Prescription differences across sub-groups

Differences in the profile of patients, prescription length and dose were examined by gender, age, local area deprivation level, and region (dosage only) for each type of DFM.

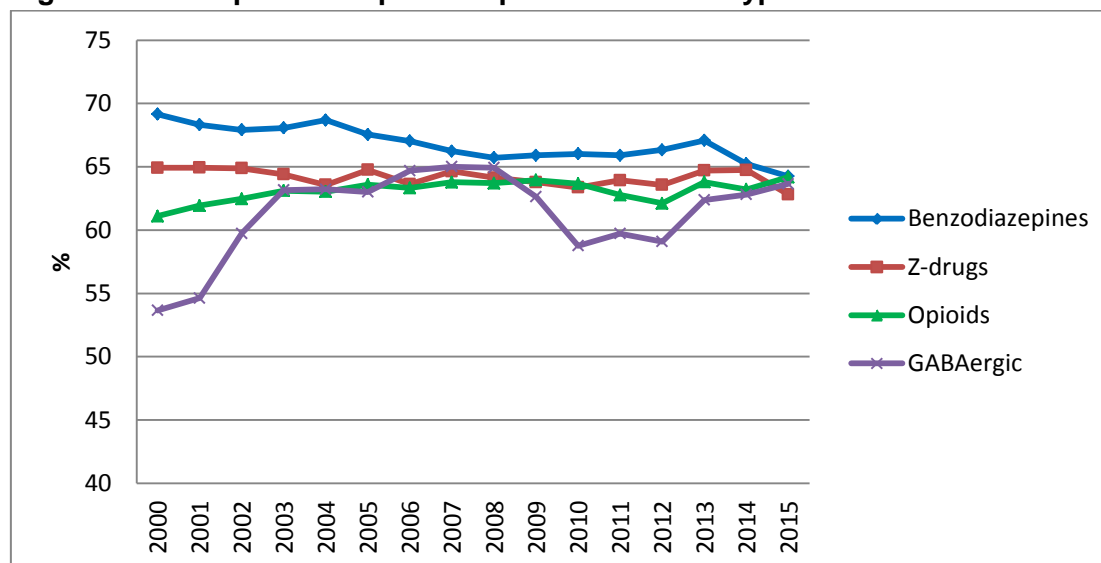
6.7.1 Characteristics of patients prescribed DFM

Many of the analyses of associations with patient age, sex and other characteristics presented in the earlier sections of this report took prescriptions as the unit of analysis, and examined what proportion of prescriptions issued were to patients with particular characteristics. The CPRD data, however, also allows for the patient to be the unit of analysis, enabling each patient to be counted once irrespective of how many prescriptions they received in a year. The following analysis examines patient level variations.

Gender of patients prescribed DFM

Patients prescribed a DFM are more likely to be female than male. Since 2003, women have tended to account for about two thirds of patients prescribed each type of DFM each year (Figure 6.17).

Figure 6.17: Proportion of patients prescribed each type of DFM who are female

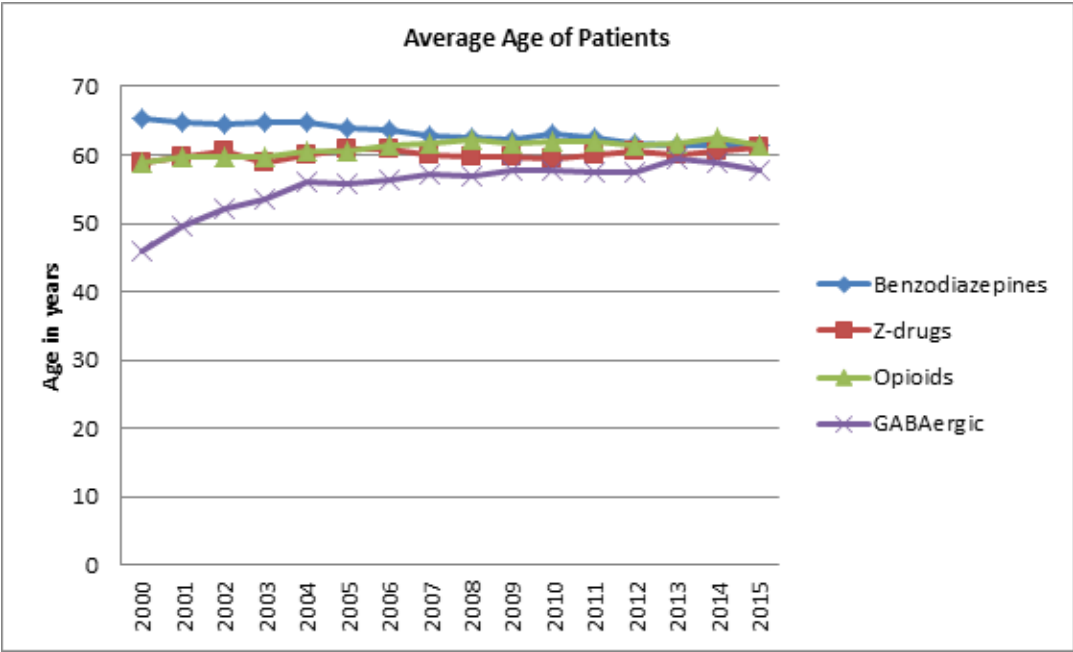


Source: CPRD (see Appendix 19).

Average age of patients prescribed DFM

The average age of patients prescribed each type of DFM was around 60 years (Figure 6.18).

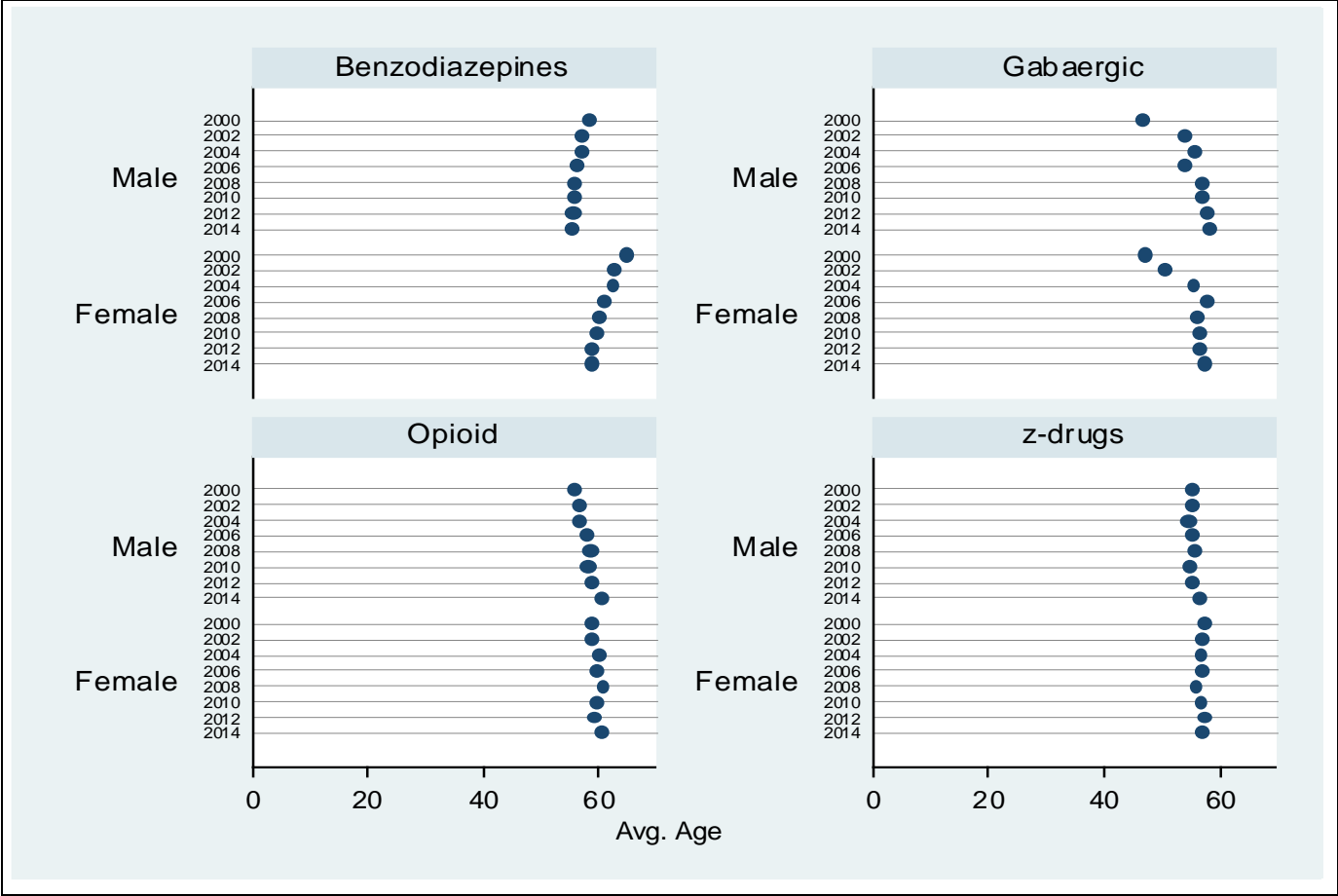
Figure 6.18: Average age of patients prescribed each type of DFM



Source: CPRD (see Appendix 18).

Average age was similar for male patients and female patients prescribed each type of DFM. The only difference identified was for benzodiazepines: in 2000 to 2004 female recipients of the drug tended to be older than male recipients (Figure 6.19).

Figure 6.19: Average age of patients prescribed DFM by gender and type of drug

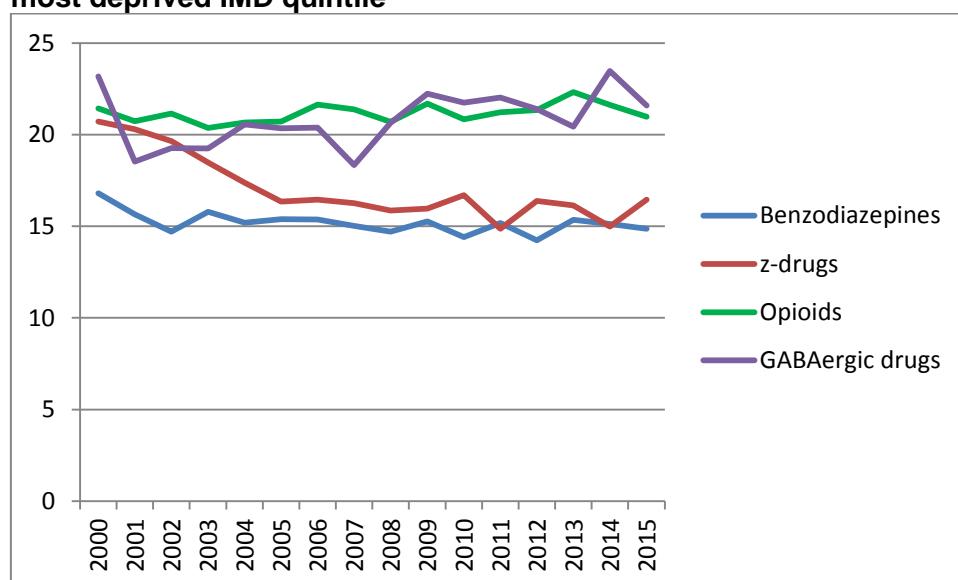


Source: CPRD.

Local area deprivation level of patients prescribed DFM

Over the last decade, patients prescribed Z-drugs and benzodiazepines have tended to be less likely than the rest of the population to live in the most deprived fifth of neighbourhoods. In contrast, patients prescribed opioids and GABAergic medicines have been slightly more likely than the rest of the population to live in such areas. (Figure 6.20)

Figure 6.20: Proportion of patients prescribed each type of DFM who live in the most deprived IMD quintile



Source: CPRD.

6.7.2 Characteristics of patients by average prescribing period length

Gender variations in length of prescribing periods

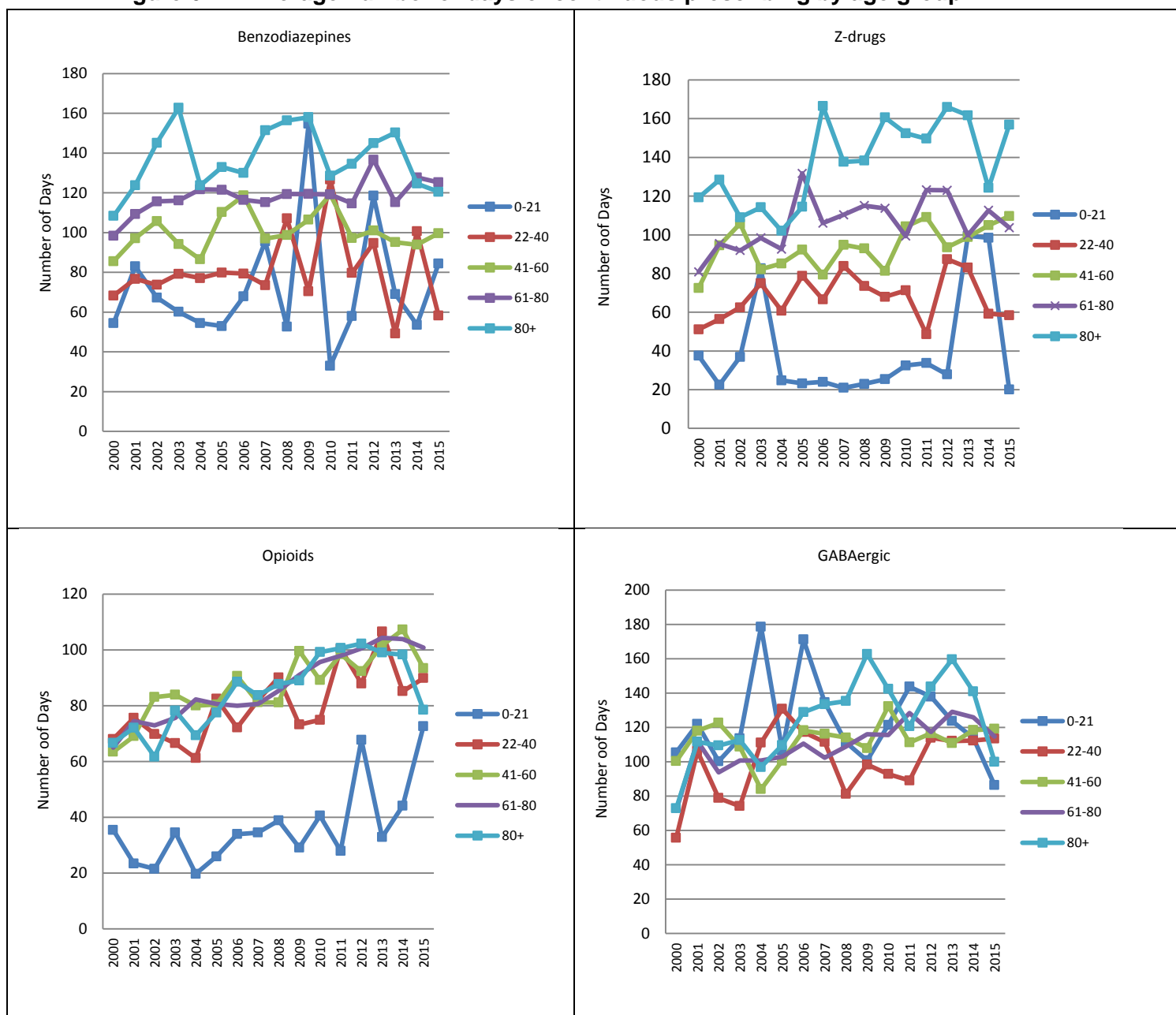
There was little consistent or clear association between gender of patients and the length of time for which DFM were prescribed. The only variations to emerge were indications that between 2000 and 2004 benzodiazepine prescribing periods were longer for women, and from about 2002 to 2006 GABAergic medicines prescribing periods were longer for men (see Appendix 21). There was little difference by gender in the length of Z-drug and opioid prescribing periods.

Age group variations in length of prescribing periods

There was a strong, positive association between increasing age and longer prescribing periods for benzodiazepines and Z-drugs. For both drug types average prescribing periods were generally longest for those aged over 80, and shortest for those aged 0-21.

There were fewer clear associations between age and the duration of prescribing of opioids and GABAergic medicines. Young people (aged 21 and below) had much shorter opioid prescribing periods than older age groups. There was also a decrease in opioid prescribing length in young people between 2012 and 2013, which corresponds with an increase in the length of Z-drug prescribing around the same time, though it should be stressed that this is an association and no link has been tested (Figure 6.21).

Figure 6.21: Average number of days of continuous prescribing by age group



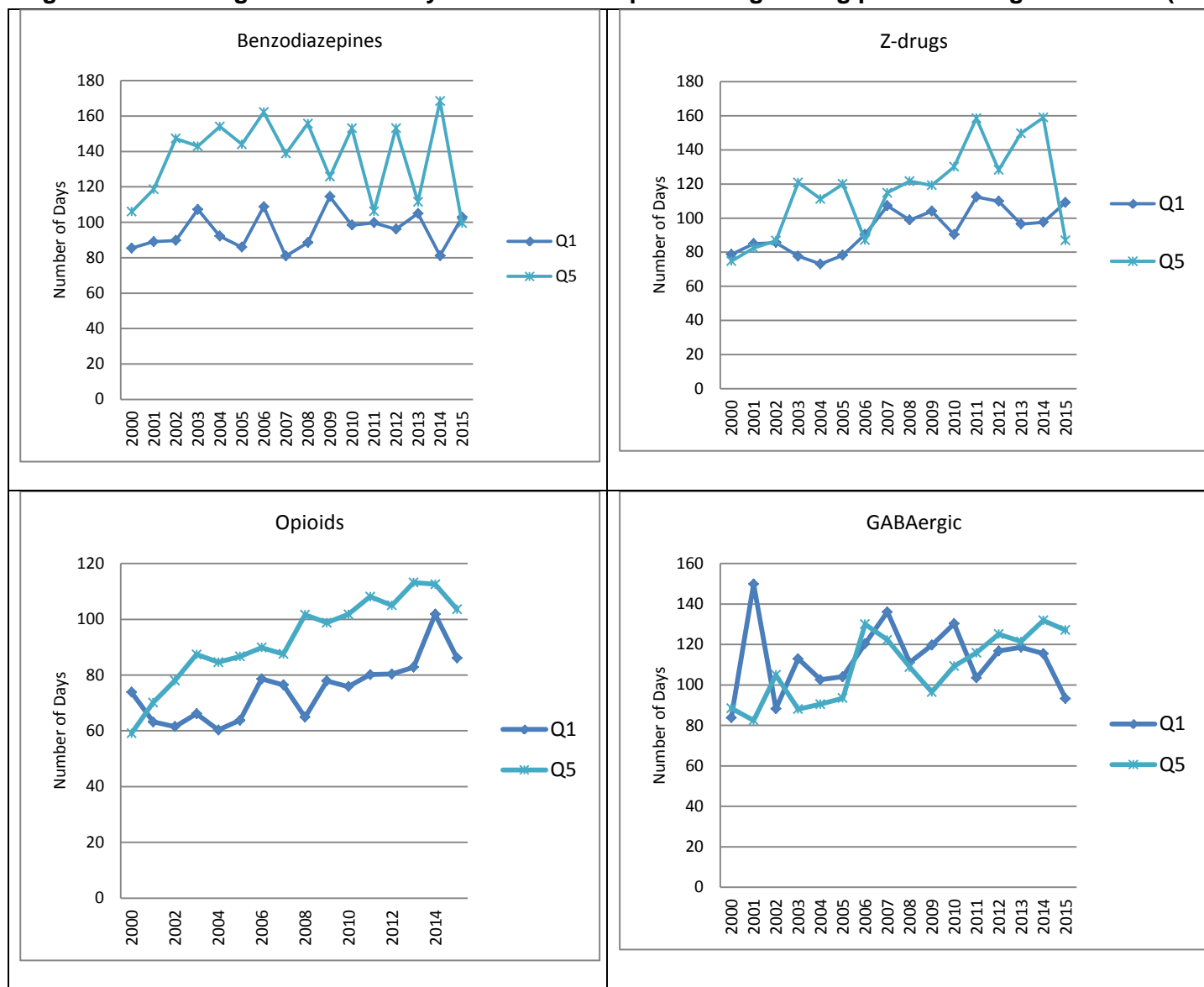
Source: CPRD (see Appendix 22)

Local area deprivation level variations in length of prescribing periods

There was a socioeconomic gradient in prescription lengths at the neighbourhood level
(

Figure 6.22). Benzodiazepines, Z-drugs and opioids were all prescribed for considerably longer periods to patients living in the most socially deprived areas. This is consistent with a social determinants understanding of health inequalities and reflects the greater disease burden in more deprived neighbourhoods. No socio-economic patterning was evident in prescribing lengths for GABAergic medicines.

Figure 6.22: Average number of days of continuous prescribing among patients living in the least (Q1) and most (Q5) deprived areas



Source: CPRD (see Appendix 20). Based on patients living in the fifth of areas with the most deprivation (Q5) and the fifth of areas with the least deprivation (Q1), according to the 2007 Index of Multiple Deprivation (IMD).

6.7.3 Characteristics of patients with DFM prescribing periods exceeding 30 days

CPRD data for 2015 was examined to compare the current circumstances of patients prescribed DFMs short term (that is, for continuous periods of 30 days or less) and long-term (more than 30 days). See Tables 6.5 to 6.8.

Gender variations in long-term prescribing

There were no significant differences between male and female patients in the extent of long-term prescribing.

Age-group variations in long-term prescribing

Long-term prescribing was more common (for each type of DFM) in older patients than younger patients. For example, the average age of patients prescribed benzodiazepines short-term was 60 years, while 66 was the average age for patients prescribed benzodiazepines long-term.

Area level deprivation variations in long-term prescribing

Variations by area level deprivation in whether patients were prescribed long-term were generally not significant.

Regional variations in long-term prescribing

Patients living in the North East were consistently less likely to be prescribed DFM long-term than patients living in other regions of England, this held true for all types of DFM and is more evident in more recent years. Patients living in the West Midlands and in Yorkshire and the Humber had a generally higher likelihood of being prescribed DFM long-term.

The pattern in the East Midlands was especially mixed. Patients in that region had particularly high rates of long-term prescribing for GABAergic drugs and benzodiazepines, but the lowest rates of long-term prescribing for opioids.

Conditions associated with short- and long-term prescribing

Pain was the most common diagnosis or symptom linked both to long and short-term prescribing of benzodiazepines, opioids and GABAergic medicines. For patients prescribed Z-drugs, tic disorders was a common diagnosis linked with long-term prescribing, and insomnia was common in short-term prescribing

Table 6.5: Characteristics of patients issued benzodiazepine prescriptions, by whether prescribed short or long term

Benzodiazepines			
	2015		
	Short-term	Long-term	p-value
Mean age (years)	59.9	65.9	0.000
IMD quintile (%)			
I (least deprived)	68.4	31.6	.
II	69.8	30.2	0.514
III	69.7	30.3	0.591
IV	68.3	31.7	0.959
V (most deprived)	65.7	34.3	0.273
Gender (%)			
Male	66.8	33.2	.
Female	69.5	30.5	0.068
Region (%)			
North East	78.6	21.4	.
North West	64.9	35.1	0.006
Yorkshire and the Humber	61.9	38.1	0.002
East Midlands	50.0	50.0	0.001
West Midlands	61.1	38.9	0.001
East of England	76.2	23.8	0.583
South West	74.9	25.1	0.418
London	77.3	22.7	0.759
South East Coast	64.3	35.8	0.004
South Central	73.3	26.7	0.262

Source: CPRD

Table 6.6: Characteristics of patients issued Z-drugs prescriptions, by whether prescribed short or long term

Z-drugs			
	2015		
	Short-term	Long-term	p-value
Mean age (years)	59.6	65.6	0.000
IMD quintile (%)			
I (least deprived)	61.9	38.1	.
II	61.2	38.8	0.792
III	65.9	34.1	0.124
IV	66.7	33.3	0.050
V (most deprived)	68.5	31.5	0.013
Gender (%)			
Male	63.3	36.7	.
Female	65.1	35.0	0.312
Region (%)			
North East	75.0	25.0	.
North West	59.4	40.7	0.001
Yorkshire and the Humber	60.6	39.4	0.015
East Midlands	68.4	31.6	0.542
West Midlands	61.1	38.9	0.004
East of England	63.3	36.7	0.018
South West	77.7	22.3	0.517
London	62.4	37.6	0.010
South East Coast	65.5	34.5	0.033
South Central	56.4	43.6	0.000

Source: CPRD

Table 6.7: Characteristics of patients issued opioid prescriptions, by whether prescribed short or long term

Opioids			
	2015		
	Short-term	Long-term	p-value
Mean age (years)	61.5	62.4	0.005
IMD quintile (%)			
I (least deprived)	66.2	33.8	.
II	65.0	35.0	0.432
III	71.2	28.8	0.001
IV	66.7	33.3	0.701
V (most deprived)	68.6	31.4	0.098
Gender (%)			
Male	68.3	31.7	.
Female	67.2	32.8	0.247
Region (%)			
North East	76.0	24.0	.
North West	61.3	38.7	0.000
Yorkshire and the Humber	63.6	36.4	0.000
East Midlands	84.3	15.7	0.024
West Midlands	61.2	38.9	0.000
East of England	65.3	34.7	0.000
South West	67.4	32.6	0.000
London	68.3	31.7	0.000
South East Coast	67.3	32.8	0.000
South Central	70.8	29.2	0.004

Source: CPRD

Table 6.8: Characteristics of patients issued prescriptions for GABAergic medicines, by whether prescribed short or long term

GABAergic medicines			
	2015		
	Short-term	Long-term	p-value
Mean age (years)	56.1	58.6	0.000
IMD quintile (%)			
I (least deprived)	45.9	54.1	.
II	42.6	57.4	0.112
III	44.4	55.6	0.463
IV	42.8	57.2	0.104
V (most deprived)	43.5	56.5	0.224
Gender (%)			
Male	44.4	55.6	.
Female	43.5	56.5	0.481
Region (%)			
North East	75.1	24.9	.
North West	42.3	57.7	0.000
Yorkshire and the Humber	25.8	74.2	0.000
East Midlands	18.2	81.8	0.001
West Midlands	33.2	66.8	0.000
East of England	47.6	52.4	0.000
South West	46.2	53.9	0.000
London	44.2	55.8	0.000
South East Coast	40.6	59.4	0.000
South Central	45.9	54.1	0.000

Source: CPRD.

6.7.4 Characteristics of patients by prescribed dose

Individual prescriptions for the most common medicine products for each type of DFM were examined and the prescribed daily dose for each product was estimated. Using this prescription level data, the characteristics of patients prescribed to were examined in relation to dose.

Gender variations in prescribed dose

For three of the medicines examined, the dose prescribed to men and women was very similar. However, for Z-drugs (represented by zopiclone 7.5 mg) male patients were prescribed about twice the dose (around 1 tablet a day) of female patients (prescribed around 0.5 tablets a day on average). (Figure 6.23).

Age variations in prescribed does

Prescribed DFM dose did not vary systematically by patient age group for any of the four medicine products examined (see Appendix 23).

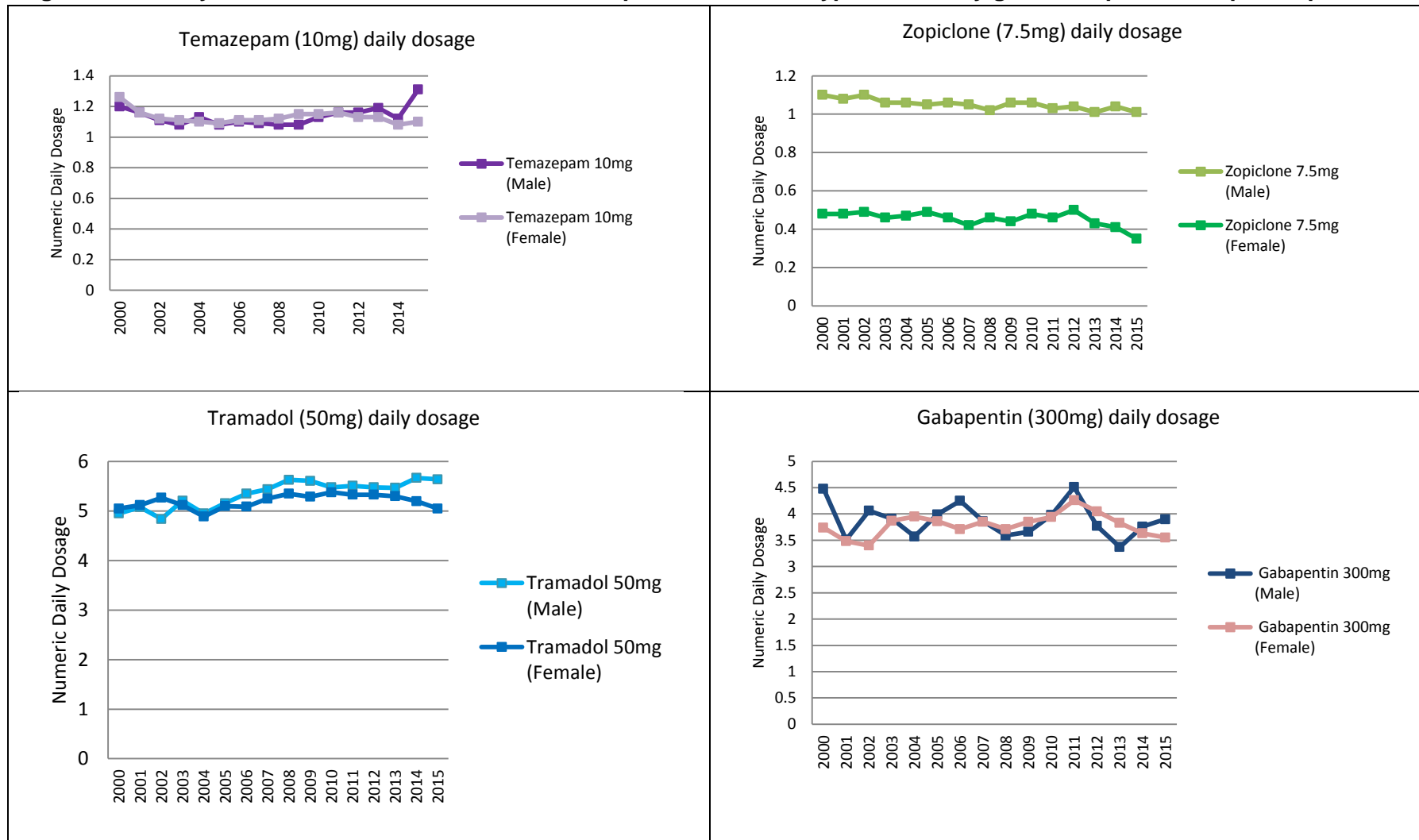
Regional variations in prescribed dose

No regional differences were evident in daily dose for benzodiazepines (temazepam 10mg), Z-drugs (zopiclone 7.5mg), or GABAergic medicines (gabapentin 300mg) (data not shown). Over the last ten years, however, opioid doses (as represented by tramadol 50mg) have tended to be largest in the South West (see Appendix 26).

Area level deprivation variations in prescribed dose

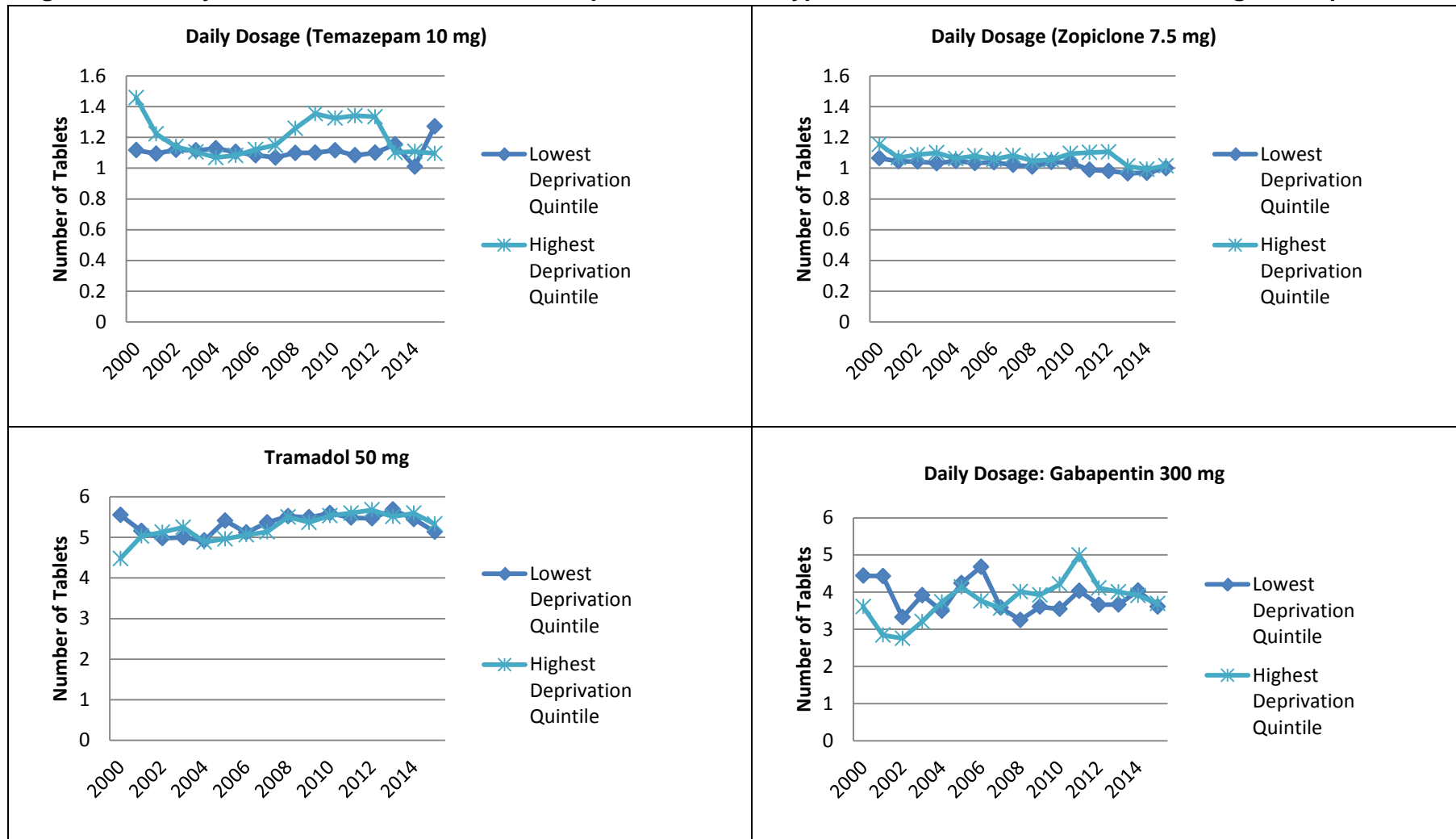
With the exception of benzodiazepines (specifically temazepam 10mg), daily doses of Z-drugs, opioids, and GABAergic medicines did not vary in size between areas of the highest and lowest deprivation. However there were indications that between 2008 and 2012, the benzodiazepine, temazepam 10mg was prescribed in larger doses to patients living in the most deprived areas (see Figure 6.24).

Figure 6.23: Daily dose of the most common medicine product for each type of DFM, by gender of patient the prescription was issued to



Source: CPRD (see Appendix 24).

Figure 6.24: Daily dose of most common medicine product for each type of DFM, in areas with lowest and highest deprivation levels



Source CPRD (see Appendix 26)

6.7.5 Within-patient changes in dosage

The dose of any long-term prescription is not fixed and could vary for a range of reasons. It is possible that the dose will be increased after a period time due to worsening of the symptoms or an increase in tolerance. Alternatively the dose may decrease as symptoms lessen.

Dose transitions within a single continuous prescribing period were calculated for the most common products among benzodiazepines, Z-drugs, opioids and GABAergic medicines, namely temazepam 10 mg, zopiclone 7.5 mg, tramadol 50 mg and gabapentin 300 mg. An increase reflected a higher dose for final prescription than the first prescription, whereas a decrease was indicative of a lower dose at the end than the start of the course of treatment. This has the limitation of missing fluctuations within the course of treatment. This approach only picks up on changes in number of tablets prescribed per day of a specific product, for example temazepam 10 mg. Further analysis, beyond the scope of this study, would be needed to pick up on changes to a higher or lower strength product.

Table 6.9 shows the proportion of prescriptions which increased, decreased or stayed the same for each medicine product. The vast majority of prescribing periods involved the same dose at the start and end of the course of treatment. For the minority of prescriptions that did change dose, it was more likely for the dose to increase than decrease. This may be because patients may be started on a lower dose to see if they respond to treatment and what side effects they get. If they tolerate the medicine but pain or other symptoms are not controlled on the low dose, then their dosage may increase. The extent of changes to the number of tablets of temazepam 10mg, zopiclone 7.5mg and tramadol 50mg were broadly similar however, gabapentin 300mg doses were much more likely to increase than the other drug types.

Table 6.9: Proportion of patients with repeat prescriptions, by change in dosage

%	Temazepam 10mg tablets	Zopiclone 7.5mg tablets	Tramadol 50mg tablets	Gabapentin 300mg capsules
Increase	2.6	1.9	3.0	7.5
Maintain	95.9	97.0	95.0	91.0
Decrease	1.6	1.2	1.9	1.5

As well as being the most likely to increase in dose, Table 6.10 shows how tramadol and gabapentin also had the largest average increases, with around 2.5 additional tablets from the first prescription to the last.²⁰ Temazepam and zopiclone increased by only 0.8 of a tablet over the repeat prescription.

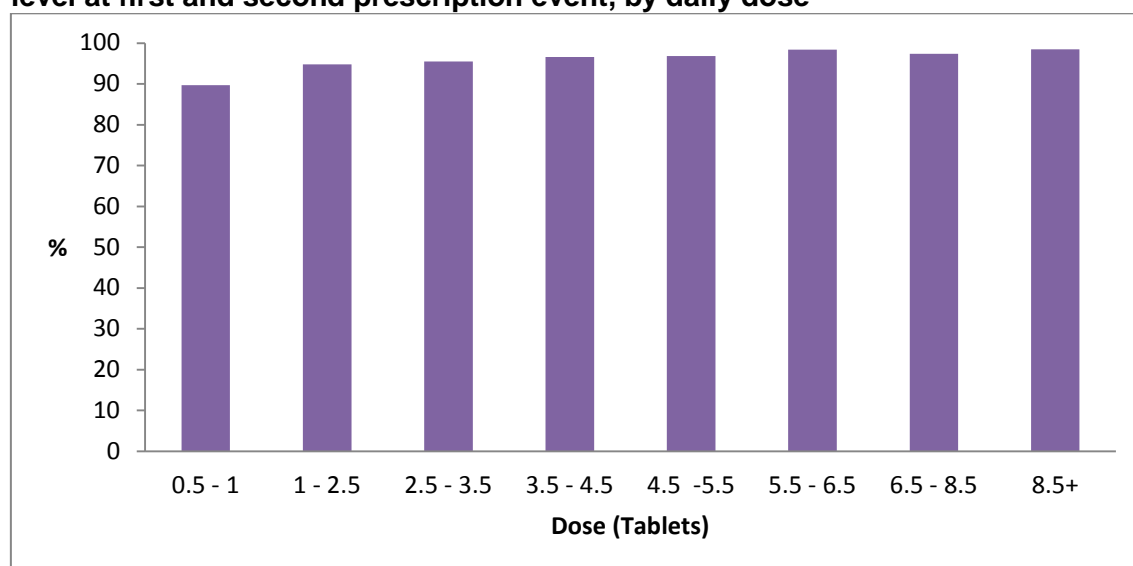
²⁰ Similar figures, but in the reverse, are seen analysing prescriptions that decreased over time. Extent of change in number of tablets should be understood in relation to initial number of tablets prescribed.

Table 6.10: Average change in dosage of repeat prescriptions

Avg/SD	Temazepam 10mg tablets	Zopiclone 7.5mg tablets	Tramadol 50mg tablets	Gabapentin 300mg capsules
Mean	+0.8	+0.8	+2.5	+2.7
SD	0.3	0.4	1.2	1.5
Min	0.3	0.1	0.1	1.0
Max	2.0	3.0	7.0	9.0

As mentioned above, this analysis does not track fluctuations in dosages within the repeat prescription, as only the initial and final dose of each repeat prescription is recorded here. The proportion of doses which increase may be underestimated as doses are increased over the course of treatment but are then subsequently reduced at the final prescription to facilitate the withdrawal of treatment. To address this limitation, the full range of dosages was observed between the first time a prescription is given and the last dosage received (in a continuous repeat prescription).

Figure 6.25 shows how repeat prescriptions for tramadol 50 mg stayed at the same dosage level when comparing the first prescription to the second in 90-98% of cases. The largest change was seen among the lowest prescription dosage (0.5 to 1 tablets) where 10% increased their dosage. The same pattern was presented when other consecutive prescription dosages were compared (e.g. the third prescription dosage compared with the fourth prescription dosage) and/or when benzodiazepines, Z-drugs and GABAergic medicines patterns were analysed.

Figure 6.25: Proportion of repeat tramadol prescriptions remaining at the same level at first and second prescription event, by daily dose

Source: CPRD. Figures relate to tramadol 50mg.

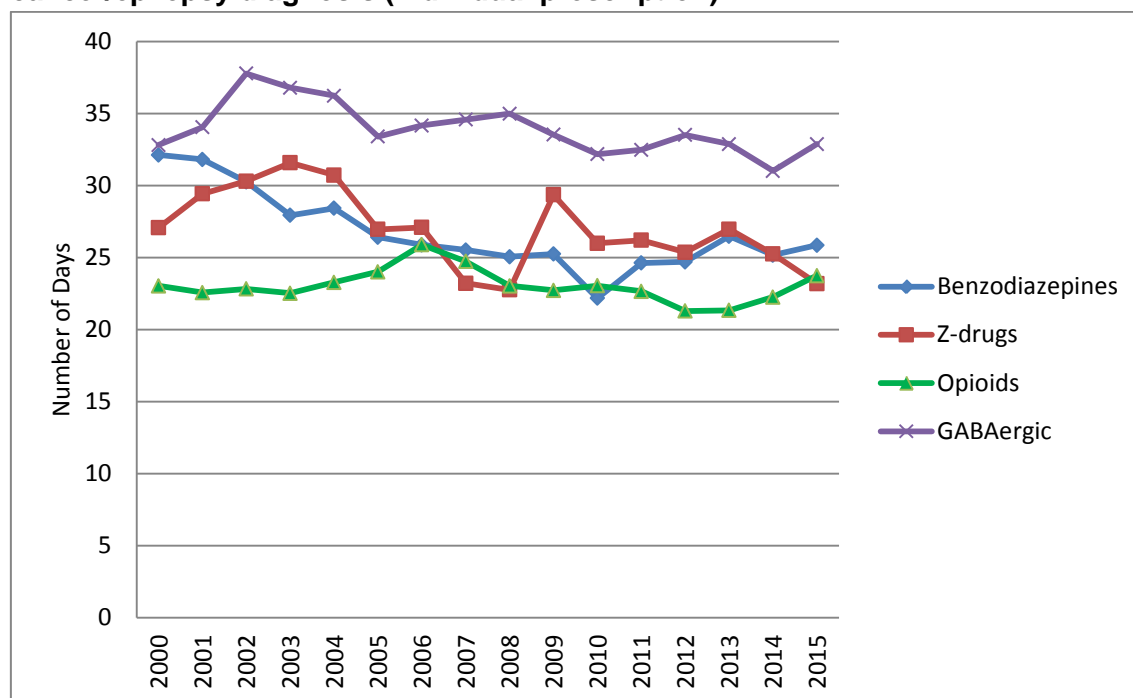
6.8 Cancer and epilepsy patients

All the results discussed above excluded patients that were diagnosed with cancer or epilepsy during any of the years analysed. These patients were analysed separately as it was expected that their prescription patterns would differ due to the long term nature of these illnesses.

Length of individual prescription to cancer/epilepsy patients

Figure 6.26 shows how the length of prescriptions for these patients has been relatively constant over time for all of the drugs of interest, apart from benzodiazepines for which a clearer downward trend has been evident. Similar to figures presented for patients without epilepsy or cancer (in Section 6.5.2), GABAergic medicines have the largest average individual prescription length (around 35 days), where the other types of DFM currently average individual prescription lengths of about 25 days.

Figure 6.26: Average length of prescriptions issued to patients with a cancer/epilepsy diagnosis (individual prescription)

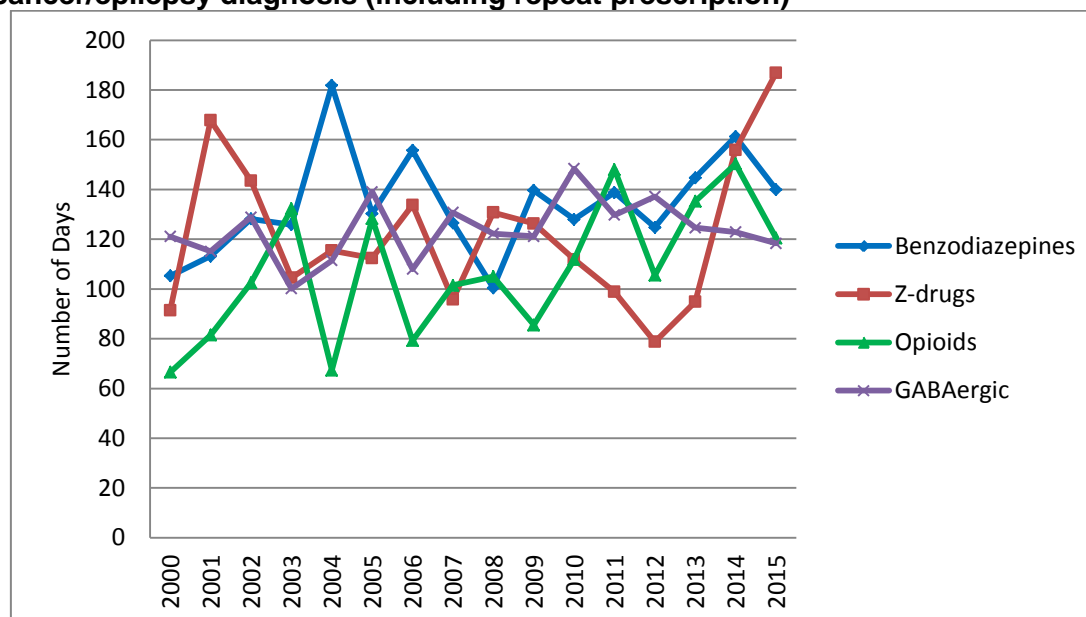


Source: CPRD (see Appendix 27).

Length of continuous prescribing periods to cancer/epilepsy patients

When continuous prescribing periods were considered, no clear patterns were observed (as they were with patients without either cancer or epilepsy, where the average prescribing period had increased over time (see Section 6.4 for results including these patients)). This said, the average length of opioid prescribing broadly increased over time, consistent with trends for the rest of the population.

Figure 6.27: Average length of prescribing periods to patients with a cancer/epilepsy diagnosis (including repeat prescription)

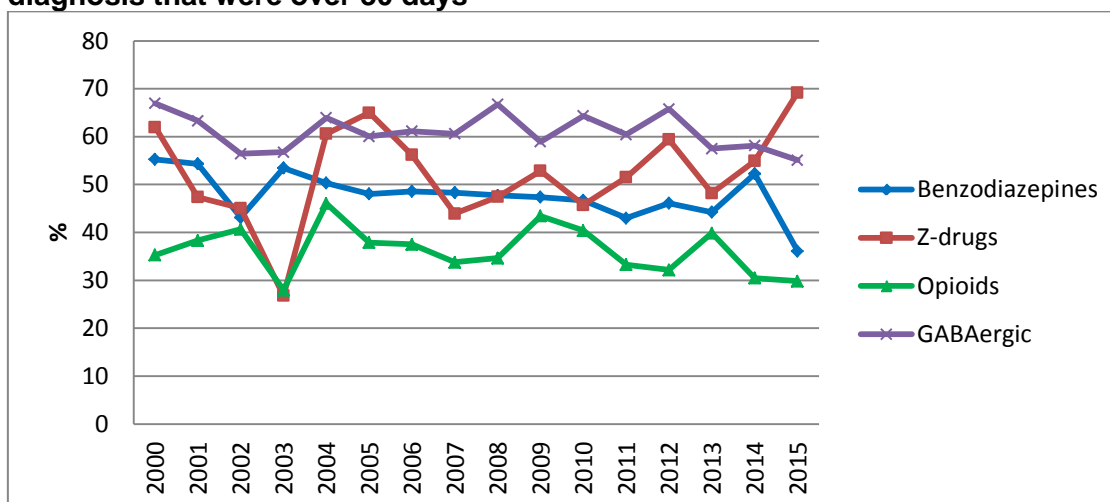


Source: CPRD (see Appendix 28).

Proportion of prescribing periods to cancer/epilepsy patients exceeding 30 days

Patients with cancer or epilepsy were more likely than those without such a diagnosis to be continuously prescribed DFM for more than 30 days (Figure 6.28).

Figure 6.28: Proportion of prescribing periods to patients with a cancer/epilepsy diagnosis that were over 30 days



Source: CPRD (see Appendix 29).

Most commonly prescribed medicine products

The most commonly prescribed drugs issued to these two patient groups were compared. For patients without a cancer or epilepsy diagnosis, the most common benzodiazepines prescribed were temazepam, nitrazepam and diazepam. For patients diagnosed with cancer or epilepsy, the most commonly prescribed benzodiazepines were temazepam and diazepam, but also clonazepam and clobazam.

Table 6.11: Most common DFM medicine products prescribed to patients with and without a cancer/epilepsy diagnosis

Patients with a cancer/epilepsy diagnosis			
Benzodiazepines	Z-drugs	Opioids	GABAergic medicines
Temazepam 10mg tablets	Zopiclone 7.5mg tablets	Dihydrocodeine 30mg tablets	Gabapentin 300mg capsules
Diazepam 2mg tablets	Zopiclone 3.75mg tablets	Tramadol 50mg capsules	Lamotrigine 25mg tablets
Diazepam 5mg tablets	Zolpidem 5mg tablets	Codeine 30mg tablets	Lamotrigine 50mg tablets
Clonazepam 500 microgram tablets	Zolpidem 10mg tablets		Lamotrigine 100mg tablets
Clobazam 10mg tablets			Lamictal 100mg tablets (GlaxoSmithKline)
Patients without a cancer/epilepsy diagnosis			
Temazepam 10mg tablets	Zopiclone 7.5mg tablets	Dihydrocodeine 30mg tablets	Gabapentin 100mg capsules
Nitrazepam 5mg tablets	Zopiclone 3.75mg tablets	Tramadol 50mg capsules	Gabapentin 300mg capsules
Diazepam 2mg tablets	Zimovane 7.5mg tablets (Sanofi)	Codeine 15mg/5ml linctus	Lamotrigine 25mg tablets
Diazepam 5mg tablets	Zolpidem 5mg tablets	Codeine 30mg tablets	Lamotrigine 50mg tablets
Temazepam 20mg tablets	Zolpidem 10mg tablets	Codeine 15mg tablets	Lamotrigine 100mg tablets

7 Limitations

- This study only covers prescribing by GPs in primary care settings.
- This analysis of the CPRD may over-estimate the number of individuals prescribed. Individuals could have been counted more than once in a year if they have changed GP surgery and were registered with a new identifier, while continuing to be prescribed DFMs.
- The CPRD provides information on prescribing, but not on the dispensing or actual consumption of medicines.
- Therapies obtained over the counter without a prescription are not included in the CPRD.
- The CPRD does not include a direct link between treatment and the condition the treatment was prescribed for.
- The average number of days that patients were prescribed to in 2015 may be an under-estimate. This is because for some patients, their latest prescribing period may not have finished when the data was extracted.
- Associations with area level deprivation may be confounded by socio-economic differences in patients' health and treatment seeking behaviour.
- Some specific patient subgroups – such as children and patients with a cancer or epilepsy diagnosis– were sampled proportionate to their rate in the population. To examine their circumstances in more detail, a larger cohort would need to be examined.

8 Conclusions and future research

Key findings

Proportion of patients prescribed DFM

Drugs with the potential to be dependence forming are widely prescribed.

- During 2015, one patient in eleven (8.9%) on the CPRD was prescribed at least one of the four types of DFM examined.
- Opioids were the most commonly prescribed DFM considered; in 2015 they were issued to one patient in twenty (5.0%). Benzodiazepines, Z-drugs and GABAergic medicines were each prescribed to about one patient in fifty.

Trends in the proportion of patients prescribed DFM (2000-2015)

- The proportion of patients prescribed DFM increased from 6.3% in 2000 to a peak of 9.5% in 2012. Since 2012, there is evidence of a slight decline in DFM prescribing (to 8.9% in 2015).
- The pattern varied by type of DFM. Opioids, Z-drugs and GABAergic medicines saw pronounced increases in the proportion of patients for whom they were prescribed. The proportion prescribed opioids and Z-drugs doubled between 2000 and 2012. The prescribing of GABAergic medicines increased even more steeply, from 0.2% of patients in 2000 (following approval in October 2000) to 2.1% in 2015.
- This increase in the proportion of patients prescribed GABAergic medicines mirrored a decline in the proportion prescribed benzodiazepines over the same period (from 3.5% in 2000 to 2.6% in 2015). However, it does not appear that benzodiazepine prescribing was being substituted with GABAergic prescribing. Analysis of patient-level transitions found that few patients transitioned directly from the one medicine type to the other. This was not unexpected given the different licensed indications for benzodiazepines and GABAergic medicines.

How long are DFM prescribed for?

The length of time that DFM were prescribed for depends on GP prescribing behaviour. Three approaches were taken in this report to examining this:

- **Individual prescriptions:** the average number of days each individual prescription was issued for
- **Continuous prescribing periods:** the average number of days a patient was continuously prescribed to (initial prescription combined with repeat prescriptions)
- **Long-term prescribing periods:** the proportion of continuous prescribing periods to exceed 30 days (the recommended maximum prescription length for benzodiazepines and Z-drugs).

Average length of individual prescriptions

Firstly, all individual prescriptions for DFM were analysed separately (without being linked at the patient level). The length of individual prescriptions issued by GPs remained stable over time, except for benzodiazepines where the average length fell between 2000 and 2015.

- Individual GABAergic medicine prescriptions tended to be issued for longer than the other DFM. Individual benzodiazepines, Z-drug and opioid prescriptions averaged a mean length of 25 days, compared with 31 days for GABAergic medicines.
- The average length of individual prescriptions remained stable over time, except for benzodiazepines which declined from 31 days in 2000 to 25 days in 2015.

Average length of continuous prescribing periods

Because it is key to link repeated prescriptions (and not just treat individual prescriptions in isolation) when considering long-term prescribing, continuous prescribing periods were also calculated. The length of continuous prescribing periods remained broadly stable over time, except for opioids for which continuous periods of prescribing increased steeply.

- Prescribing periods refer to the length of time a patient was continuously prescribed a particular type of DFM. Sometimes this involved a single prescription and sometimes it involved a series of repeat prescriptions.
- Continuous periods of DFM prescribing in 2015 averaged between 94 and 114 days.
- The average prescribing period for opioids increased from 64 days in 2000, to a peak of 102 days in 2014.
- The prescribing periods for other DFMs remained fairly stable over time. In 2015, benzodiazepines, opioids and GABAergic medicines saw a slight decline in the average prescribing period. More data points are needed to know whether or not this is the start of downward trend.

Continuous prescribing periods exceeding 30 days ('long-term prescribing')

The proportion of benzodiazepine prescribing periods to exceed 30 days fell steadily between 2000 and 2008, and plateaued thereafter. Z-drugs, opioids, and GABAergic medicines experienced more recent falls.

- While the average number of days over which benzodiazepines were continuously prescribed remained stable over time, the proportion of prescribing periods to exceed 30 days fell from about half in 2000 to about a third in 2015.
- Over this period, there has been an increase in very long-term (over 110 days) benzodiazepine prescribing periods but no change (or a slight decline) in the proportion of benzodiazepine prescribing periods that were just over 30 days.
- Long-term prescribing periods were more likely to be issued to older patients (except for GABAergic medicines). The likelihood of long-term (compared with short-term) prescribing did not generally vary by gender, area level deprivation or region.

Daily dosage

Daily dosages for specific DFM (in terms of number of tablets prescribed) products remained mostly stable over time.

- For most of the specific DFM products examined, the dose (in terms of number of tablets prescribed per day) remained broadly stable over time. Further

investigation is warranted to test whether an increase or decrease in dose was brought about by a switch between products of different strength.

- However, a few individual medicines showed evidence of change in daily dose prescribed. For example, the average prescribed dose of zolpidem 5mg declined from 1.5 in 2010 to 1.1 in 2015.

Symptoms and diagnoses present in patients prescribed DFM

The CPRD does not allow a prescription to be linked to a specific diagnosis or reason for prescribing. Associations between DFM prescriptions and presence of diagnoses should be treated with caution. A range of symptoms and diagnoses were present in patients prescribed DFM. Pain and insomnia were the most common, followed by various mental health disorders and symptoms.

- The dataset did not allow DFM prescriptions to be directly linked to a particular diagnosis or symptom. However, pain was the symptom most commonly present in patients when a benzodiazepine, opioid or GABAergic medicine prescription was issued.
- Insomnia was the diagnosis or symptom most commonly present in patients when Z-drugs were prescribed, especially short term prescribing.
- DFMs were also prescribed to patients with anxiety, depression, phobias or stress.

Characteristics of patients prescribed DFM

Two-thirds of patients prescribed DFM were female. Patients prescribed benzodiazepines have tended to be slightly older than patients prescribed other DFMs, and opioid and GABAergic drug prescribing is slightly more likely to patients living in deprived areas.

- Many of the figures presented so far relate to the proportion of prescribing periods. A strength of the CPRD is that it also allows the proportion of patients to be examined.
- Patient level analysis confirmed that women were more likely than men to be prescribed DFM. Around two-thirds of patients prescribed DFM were female. This rate is now consistent across the DFM types studied.
- In 2015, patients' mean average age was similar for all types of DFM examined: at - or just below - 60 years. In data from 2000 to 2015, patients prescribed benzodiazepines had a slightly older average age and patients prescribed GABAergic medicines had a slightly younger average age.
- Associations with area-level deprivation were mixed. Opioids (21.6%) and GABAergic medicines (21.6%) were slightly more likely to be prescribed to people living in the fifth of areas with the highest deprivation, while benzodiazepines (14.9%) and Z-drugs (16.4%) were slightly less likely to be prescribed to people living in the most deprived fifth of areas.

Characteristics of patients prescribed DFM long-term

Older patients, and those living in the West Midlands and Yorkshire and the Humber, were more likely to be prescribed DFM long term (for more than 30 days). North East was the region least likely to prescribe DFM long term.

- Long-term prescribing was more common (for each type of DFM) in older patients than younger patients. For example, the average age of patients

prescribed benzodiazepines short-term was 60 years, while 66 was the average age for patients prescribed benzodiazepines long term.

- Prescribing periods over 30 days tended to be least common in the North East and most common in West Midlands and Yorkshire and the Humber. Rates of long-term prescribing, however, did not vary by sex or by whether patients live in areas of high or low deprivation.

Characteristics of patients by average prescribing period

Some types of DFM tend to be prescribed on average for longer periods in more deprived neighbourhoods.

- While area-level deprivation was not significantly associated with whether or not DFM prescribing periods exceeded 30 days, it was associated with the mean average length of prescriptions. Mean average length is affected by the overall distribution in prescribing periods.
- On average, benzodiazepines, Z-drugs, and opioids were prescribed for a longer mean number of days to patients living in the most deprived fifth of areas than to patients living in the least deprived fifth.

Characteristics of patients by daily dosage

Opioids tended to be prescribed in slightly larger daily dosages to men than to women and to patients in particular regions.

- Generally, prescribed dose did not vary by sex, age, region or area-level deprivation, although specific examples of variation did emerge in the data.
- Opioids tended to be issued in slightly higher daily dosage to male than female patients, and one type of Z-drug (Zopiclone 7.5mg) was issued at a notably larger dose to male patients.
- Larger average opioid daily dosages were also evident in some regions; in particular in the South West.

Within-patient change in dose

The daily dose prescribed to an individual tended to remain stable within each continuous period of prescribing.

- For the great majority of periods of continuous prescribing, the number of tablets issued of a specific medicine product was the same at the beginning and the end of the prescribing period. This was the case irrespective of the length of prescribing and does not suggest that tapering off or escalation in dose is common practice within a medication product. Further and closer examination of the data is required before this can be concluded however, as a change in dose could be brought about through a switch between medication products.
- Gabapentin was the medicine product examined most likely to change in level of dose: 7.5% of prescribing periods ended with a higher daily dose than was issued at the start.

Patients with a diagnosis of cancer or epilepsy

Long-term DFM prescribing is more common in patients with a cancer or epilepsy diagnosis than in patients without such a diagnosis.

- The results presented thus far were based on patients without any diagnosis of cancer or epilepsy between 2000 and 2015.

- Patients with such a diagnosis have been analysed separately. This analysis confirmed the expected profile: that long-term prescribing was more common among patients with such a diagnosis than in patients without a diagnosis.

Recommendations

- Our descriptive study of prescribing data cannot determine the appropriateness of prescribing for individuals or for groups of patients. It also cannot determine what additional interventions were delivered prior to or during DFM prescribing, or evaluate the outcomes of DFM prescribing. Nevertheless, average episode length of DFM appears to be too long and suggests there is some suboptimal treatment.
- The caution with regard to long-term prescribing of benzodiazepines, z-drugs and other DFM needs to be maintained so as to minimise this risk of inappropriate or suboptimal prescribing.
- A balance needs to be struck between, on the one hand, ensuring proper access to medicines to relieve suffering and to treat disorders while, on the other hand, avoiding prescribing that might cause harms such as dependence.
- The large increase in opioid prescribing needs careful tracking to ensure appropriate prescribing is preserved while, at the same time, caution is exercised to avoid ill-considered long-term prescribing without continuing benefit.
- Clinical guidance may well have been effective. The fall in the benzodiazepine prescribing and reduction in the length of benzodiazepine prescribing provide ecological evidence in support of previous and ongoing clinical guidance recommending more cautious and time limited prescribing of benzodiazepines. It is too early to tell whether guidance warning of risks of dependence and diversion of GABAergic medicine prescriptions have translated into similar reductions.
- Attention will need to be paid to the different findings with opioids, with increased extent and duration of prescribing, this needs special attention and monitoring. The findings from this study can be used to raise awareness in primary care of trends in prescribing. Additional interventions may be required both to raise awareness and to support changing practice in response to guidance on prescribing DFM.

Further examination of DFM prescribing patterns

- **This is an initial descriptive analysis.** There are techniques that could be applied to make these analyses more sophisticated. For example, within-patient changes in dosage compared first and last prescription, but more sophisticated methods could explore fluctuations between these periods of transitions between DFM products of different strengths.
- General population surveys like the Adult Psychiatric Morbidity Survey (APMS) and Health Survey for England (HSE) provide an alternative source of information on the proportion of the general population prescribed different medicines. Sample size restrictions would be a limitation and require survey waves to be combined.

- These analyses should be revisited as new data becomes available to examine whether the apparent downturn since 2012 in the proportion of patients being prescribed DFM is temporary or the start of a longer-term decline.²¹
- The CPRD could also be used to examine prescribing trends in subgroups whose prevalence was too low in the current extract for robust analysis, such as children, and to look separately at patients with cancer and with epilepsy.

Improvements to the CPRD

- If the structure of the CPRD could be developed to enable specific treatment to be directly linked to specific diagnoses, this would improve the utility of the data collected enormously.
- In addition, the inclusion of more characteristics (such as patient ethnicity and practice size) would enable different potential explanatory factors for variation in prescribing practice to be examined.
More exploration of potential biases in the sample coverage is also needed, especially given the recent changes in the number of practices participating.

²¹ For example, Tramadol became a schedule 3 controlled drug in June 2014.

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Appendices

Appendix 1: CPRD additional information

CPRD Access and Linkage

One of the aims of this report is to develop a methodological approach for analysing CPRD data and identify its limitations and advantages. This section therefore includes an assessment of data quality and coverage and the possibility of following patients over time.

Access to patient level data is provided by the CPRD for health research purposes and is dependent on approval of a study protocol by the MHRA Independent Scientific Advisory Committee (ISAC).

In practical terms, gaining access to a patient-level extract for individual studies requires one to specify the treatments (prescription drugs in this case), diagnoses or types of patients to be included in the study. Additionally, it is necessary to specify the required sample size (in terms of patients) and the statistical decisions behind it. The CPRD provides a tool where terms can be searched and identified. After approval is granted, the CPRD will then provide each patient history with an incredibly rich source of longitudinal information.

In terms of data linkage, the CPRD provides lower super output area deprivation data (based on practice or patient postcode) based on the Indices of Multiple Deprivation (IMD), (2004, 2007, 2010, 2015), or the Townsend score (2001). This could be used as a proxy to socio-demographic and socio-economic data which are generally poorly recorded in the primary care data as they do not directly relate to a patient's care. For this study we used the IMD 2007 as it corresponds to the middle point of the period of time the data covered (2000 to 2015). IMD was based on the lower level super output area (LSOA) of the patient's home address.

IMD scores are available as quintiles, deciles or twentiles rather than actual score. This minimises the risk of deductive disclosure of a practice's location or a patient's area of residence. Patient level linkage is only available for a subset of English practices in the CPRD that have consented to participate in the linkage scheme, which is currently about 75% of English practices. To be eligible, patients must also have had a valid postcode with a valid format at the last time their identifiers were sent to the trusted third party for linkage. The deprivation data will be missing if the postcode could not be mapped to an LSOA.

ISAC protocol

In terms of data access approval, the decision from ISAC can normally be expected within 4 weeks from protocol submission and full study approval follows in approximately one to two months. Researchers without online access²² to CPRD GOLD will be provided with a data extract of the database. This can take up to three months or occasionally longer, based on a number of factors including the CPRD ability to schedule the study for processing, the complexity of cohort identification, and the number of linkages.

There are two main ways of accessing CPRD data:

1) Patient level datasets for individual studies

²² If you have online access, you will have 2 fob-holders which can have access to the data, once they have attended the training and upon approval of an ISAC protocol. More fob-holders can be added to the account for a fee. If you are receiving a dataset then only those on the protocol will be able to have access to the data.

The cost for this type of access depends on the size of the GOLD data set and the number and type of linked data sets accessed. The standard rates for accessing GOLD are based on the number of patients, and at the time this study was conducted ranged between £15,000 (for less than 1,000 subjects) to around £45,000 for up to 300,000 subjects. It is CPRD policy to not supply datasets of over 300,000 subjects unless there is a clear scientific need for such a large dataset.

It is important to note that the fees relate to the funding source, not the institution carrying out the research. If the source of funding for the purchase of the data is academic, NIHR grant or charitable, the discounted rates will apply, i.e. 50% of the standard rates. The applicability of the discounted rates would specifically exclude work carried out by an academic group on behalf of a commercial client.

In addition, the standard CPRD rates also incurs a cost to cover the time taken for researchers to specify, extract and quality assure the data and associated documentation (normally between £3,000 and £5,000 depending upon the complexity of the study population identification). The total cost of the data set is the data cost plus the extraction costs.

2) Online access

If the research institution will conduct a large number of studies using CPRD data, an annual licence for online access to the entire GOLD database is available. Online data can then be downloaded for any number of individual ISAC-approved studies. If an annual licence is purchased, nominated users must attend a training course run by CPRD. The price of online access to the database and training for two users is covered by the annual licence fee (currently at £255,000 per annum standard fee/£127,500 per annum discounted fee).

Access to patient level data via either method is possible only after signing a License Agreement between the institution conducting the research and the CPRD.

Other aspects of the CPRD to consider are²³

- **Missing data** indicates lower quality of key data. Therefore each practice is given an Up To Standard (UTS) date, indicating when a practice is considered to have continuous and complete recording of high quality patient data. The practice UTS date in CPRD GOLD data is determined by the presence of gaps in the data stream and whether there is an appropriate level of recording of death at the practice.

Events recorded after the UTS date are considered high quality data and are especially useful when looking for reliable recording of outcomes and healthcare events (such as referrals or prescriptions) and calculating incidence rates. Nevertheless, the use of data prior to the UTS date is important when trying to identify risk factors for disease, exposure prior to an outcome or calculation of the prevalence rates of disease in the population.

- **Patients moving GP practices:** Data only appears in CPRD GOLD after a patient has attended a contributing GP practice. In some cases, it is possible that their records have been transferred across from a previously non-contributing practice. The quality of this data is dependent upon the incoming GP practice transferring the medical records.
- **Differences in how different GP practices submit information:** A lack of standardised definitions for diagnoses commonly results in GPs recoding the same illness with different names (eg. back pain/backache). This poses a challenge when

²³ This information was provided by the CPRD team in May and December 2015.

managing the data for different types of diagnoses. Further data issues arise when data is transferred or migrated from one information system to another in which the original code in the source data is not recognised. This leads to the random loss of information from the patient record within the database.

- **Data dictionary:** The CPRD provides data and coding dictionaries, as well as searching tools for drugs and diagnoses. Online training is available to request data extract, but data management and cleaning remains a complex process.
- **Simple counts:** Requesting simple counts of the number of patients affected by a specific illness or being treated with specific drugs is possible. They are free of charge if the information is needed in order to calculate the sample size to be requested, but they have a cost if the patient counts are more complex (e.g. count per year and/or per gender).
- **Opt-out consent:** A GP practice that contributes data to CPRD includes all patients enrolled at that GP, except where individual patients have dissented from participation. However, few patients (around 1,000) have formally opted out of sharing their data with CPRD.
- **Secondary care data linkage:** The Hospital Period Statistics (HES) data can be also linked (at an additional cost) to the CPRD information. There are several types of HES data available:
 - Integrated HES data (provided as a default with CPRD GOLD at no additional charge) contains the date of discharge and all ICD10 codes across the hospitalisation.
 - Basic HES data consists of hospital admission and discharge dates, primary diagnosis for the admission (using the ICD10 coding system), all clinically recorded data (ICD-10) and all procedures performed (using the OPCS coding system).
 - Full HES data includes all Basic HES data as well as Maternity, Critical and Augmented Care Data.

However, it is important to note that the HES data do not contain information on prescriptions issued in secondary care.

- **Personal identifiers:** Name, date of birth, post code and NHS number are separated from the clinical data before it enters the CPRD. These personal identifiers are separately handled by a trusted third party, NHS Digital (formerly HSCIC), in order to protect patient confidentiality. NHS Digital undertakes the linkage on behalf of CPRD by matching identifiers from the external data custodian with identifiers submitted by other sources. Once linked patients are established, NHS Digital sends CPRD the relevant pseudonym IDs to link the records. If you request HES data as a linkage for your study, the CPRD uses the pseudonym ID to link CPRD data with the HES data. In the CPRD GOLD database, patient identifiers other than the practice-specific patient ID are not held. There is therefore no way to trace patients if they move between practices. Patients who register at a new CPRD practice will be allocated a new patient ID for that practice and there is therefore a risk of replication in this respect.
- **Chronic conditions:** The CPRD only includes prescriptions written by GPs in primary care. Therefore, any prescription written by a specialist in secondary care will be missing.

Appendix 2: Grouped associated diagnoses

	Grouped diagnoses/symptoms, with 'unlikely' categories shaded blue
1	Tetanus
2	Dystonic reactions
3	Dyspnoea
4	Confusion/ restlessness
5	Migraine prophylaxis
6	Focal seizures
7	Assisted ventilation
8	Acute diarrhoea
9	Cough
10	Pulmonary oedema
11	Premedication
12	Pain
13	Sedative/ sedation
14	Anaesthesia
15	Analgesia
16	Muscle spasm/Spasm of muscle/Myoclonus
17	Convulsions
18	Accidental fall/ unspecified fall/geriatric fall/Fall on stairs
19	Bronchiolitis
20	Converted code
21	Weight/obese/diet/Weight management plan started/obesity
22	Infection/viral
23	Advice/aware/benefits/support/counselling
24	Abscess
25	Abrasions/Friction
26	Sinusitis
27	Family history (FH)
28	Anticoagulant
29	Antenatal
30	Personality disorder
31	Dependence syndrome
32	Dermatitis
33	Gastric
34	Cellulitis
35	Cholesterol
36	Sore
37	Eczema
38	Seen by/Seen in
39	Contraception/contraceptive
40	Referral
41	Constipation/constipated
42	X-Ray

43	Ulcer
44	Diabetes
45	Anorexia
46	Contusion/bruise
47	Arthritis
48	Hernia
49	Asthma
50	Blood disorder
51	Herpes
52	Anaemia
53	Alzheimer
54	Sprain/ankle stiff/ cramps/fracture/contracture of joint
55	Postmenopausal/menopausal/menopause
56	Allergic/allergy
57	Coronary/coronary/cardio/heart/angina/myocardial infarction/cardiac surgery/heart murmur/ tachycardia/ heart disease
58	Tic
59	Ingrowing
60	Acne
61	Itching
62	Seborrhoea
63	Inflammation/swelling
64	Sample/test/pressure/screen/examination/laboratory
65	Tonsillitis
66	Vacc/vaccination
67	Adverse reaction/effects
68	Poisoning/intoxication
69	Amenorrhoea/ Absence of menstruation
70	Alcohol abuse
71	Neurotic
72	Mood
73	Anger Management
74	Stress
75	Mania
76	Psych problems
77	Schizophrenia/chronic schizophrenic/schizophrenic
78	Panic disorders/panic attacks
79	Insomnia
80	Withdrawal
81	Anxiety
82	Depression/depressive disorder
83	Cancer
84	Epilepsy/Status epilepticus
85	Drug dependence excluding opioids/ dependence syndrome
86	Opioid addiction/opiate dependence/opiate
87	Phobia/fear
88	Self-harm/ Cutting own wrists

89	Skin irritation
90	Laryngitis
91	Learning disability
92	Glandular fever
93	Hypertension
94	High risk drug monitoring
95	Renal stone
96	Intermenstrual bleeding
97	Tenosynovitis
98	Attention-deficit/hyperactivity
99	Rhinitis
100	Catheter complications
101	Cysts
102	Dislocation/subluxation
103	Sleep terrors
104	Appetite loss
105	Manipulative personality
106	Heat stroke
107	Lithium, blood level abnormal
108	Cardiovascular disease 10 year risk score
109	Neuralgia
110	Otitis
111	Folic acid deficiency/Iron deficiency/vitamin deficiencies/nutritional deficiencies
112	Visual hallucinations
113	Lack of libido
114	Alopecia
115	Cirrhosis
116	Glaucoma
117	Travel sickness
118	Joint stiffness
119	Drug therapy
120	Fibromyalgia
121	Irregular menstrual
122	Bronchitis
123	Multiple sclerosis
124	Tendinitis
125	Cerebrovascular disease
126	Obstructive airways disease
127	Smoking
128	Incontinence of urine
129	Pregnant
130	Osteoporosis assessment
131	Prolapsed lumbar intervertebral disc
132	Wax in auditory canal
133	Superficial burn
134	Varicose veins of the legs

135	Conjunctivitis
136	Night sweats
137	Notifications
138	Poor memory
139	Dental caries
140	Urinary calculus
141	Heartburn
142	Bipolar disorder
143	Open wound
144	Depressive period
145	Gingivitis
146	Headache
147	Postnatal
148	Abortion
149	Schizoaffective disorders
150	Crohn's disease
151	Message given to patient
152	Neoplasm
153	Lump
154	Lifestyle
155	Back injuries
156	Obsessive-compulsive disorders
157	Skin care
158	Miscarriage
159	Care planning
160	Divorce
161	Tendon rupture
162	Digestive system diseases
163	New patient consultation
164	Gout
165	Astigmatism
166	Depressive neurosis
167	Gangrene
168	Lumbago
169	Over 75 health check
170	Full consent for immunisation
171	Haemorrhoids NOS
172	Infertility problem
173	Suspected condition
174	Morning sickness
175	Body Mass Index
176	Administration/[v]administrative encounters
177	Report received from social services
178	Non-organic sleep disorders/disorders of initiating and maintaining sleep/sleep disorders/[d]sleep disturbance, unspecified
179	Multidisciplinary review
180	Patient asked to come in

181	Hormone replacement therapy
182	Flu like illness
183	Patient reviewed
184	Follow-up consultation
185	Irritable bowel syndrome
186	Backache
187	Repeat prescription monitoring / issue of repeat prescription
188	Mental health review
189	Medication review
190	Med3
191	Telephone encounter
192	[v]issue of repeat prescription
193	Discussion
194	Misuse of drugs nos
195	Clinical management plan agreed
196	[v]issue of medical certificate
197	Dyspepsia
198	Patient health questionnaire (phq-9) score
199	chr.dis.-drug compliance check
200	Angina pectoris
201	Shingles
202	Thrush
203	Hypertensive disease
204	Skin lesion
205	Alcohol problem drinking
206	[d]rash and other nonspecific skin eruption nos
207	[x]heroin addiction
208	Chads2 risk score
209	Frozen shoulder
210	Hay fever - pollens
211	Osteoporosis
212	Wax in ear
213	Drug addiction
214	[d]shortness of breath
215	Menorrhagia
216	[x]assault
217	Whiplash injury
218	Tennis elbow
219	Arthralgia
220	[v]explanation of medication
221	[d]dizziness
222	Triage
223	Discussion about disorder
224	Memory issue
225	Tinnitus
226	[d]paraesthesia

227	[d]renal colic
228	[d]uncertain diagnosis
229	[d]vertigo nos/benign paroxysmal positional vertigo or nystagmus
230	[v]problem knee
231	[v]palliative care
232	Acute pharyngitis
233	Acute tracheitis
234	Adjustment reaction
235	Angular stomatitis and cheilitis
236	Athlete's foot
237	Atrial fibrillation
238	Back disorders nos
239	Batch prescription issued
240	Blepharitis
241	Brachial (cervical) neuritis
242	Burns
243	Candidiasis
244	Carpal tunnel syndrome
245	Cervical spondylosis
246	Coccygodynia
247	Deep vein thrombosis
248	Dermatophytosis of nail
249	Did not attend - no reason
250	Dysmenorrhoea
251	Encounter by computer link
252	Erectile dysfunction
253	Eustachian tube dysfunction
254	Folliculitis
255	Furuncle - boil
256	Grief reaction
257	Hearing loss
258	Home visit
259	Hyperlipidaemia nos
260	Hypothyroidism
261	Impetigo
262	Implementation of planned interventions
263	Injection given
264	Intermittent claudication
265	Intertrigo
266	Itch
267	Lipoma
268	Medication requested
269	Mole of skin
270	Myalgia unspecified
271	Olecranon bursitis
272	Ongoing review

273	Osteoarthritis
274	Otalgia
275	Plantar fasciitis
276	Pleurisy
277	Premenstrual
278	Pruritus
279	Psoriasis
280	Rectal bleeding
281	Rosacea
282	Skin tag
283	Tendon injury - hand
284	Thyroid disease monitoring
285	Treatment dose changed
286	Trochanteric bursitis
287	Warfarin monitoring
288	Wry neck
289	Misuse of prescription only drugs
290	Letter sent consultant
291	Paranoia
292	Dementia
293	Abnormal loss weight
294	Overdose drug
295	Restless legs syndrome
296	Others

Appendix 3: Proportion of patients prescribed benzodiazepines, Z-drugs, opioids, GABAergic medicines and/or any of these drugs, each year (2000 to 2015)

Year	N Benzodiazepines	% Benzodiazepines	N Z-drugs	% Z-drugs	N Opioids	% Opioids	N GABA-ergic	% GABA-ergic	N Any of these	% Any of these
2000	84,791	3.5	23,193	1.0	60,965	2.6	3,733	0.2	150,718	6.3
2001	93,675	3.5	30,516	1.1	73,873	2.8	5,634	0.2	176,169	6.6
2002	101,275	3.5	38,452	1.3	86,049	3.0	8,110	0.3	200,404	7.0
2003	102,827	3.5	42,314	1.4	95,342	3.2	10,767	0.4	213,814	7.2
2004	105,521	3.4	46,461	1.5	105,650	3.4	13,763	0.5	229,074	7.5
2005	107,506	3.4	45,423	1.5	121,263	3.9	17,354	0.6	244,666	7.8
2006	109,654	3.4	48,872	1.5	133,093	4.1	20,898	0.7	259,934	8.1
2007	113,484	3.4	53,335	1.6	147,872	4.5	24,777	0.8	279,908	8.5
2008	111,871	3.4	56,095	1.7	156,595	4.7	28,553	0.9	289,407	8.7
2009	111,707	3.3	59,471	1.8	164,295	4.9	33,555	1.0	300,053	9.0
2010	109,269	3.2	62,070	1.8	169,852	5.0	39,143	1.2	306,479	9.1
2011	104,389	3.2	62,179	1.9	171,168	5.2	44,301	1.4	305,200	9.3
2012	98,462	3.1	58,236	1.8	172,207	5.4	49,321	1.6	299,837	9.5
2013	89,012	2.9	54,821	1.8	163,557	5.3	53,464	1.7	284,029	9.3
2014	74,495	2.7	48,442	1.8	140,080	5.2	52,647	1.9	247,119	9.1
2015	55,836	2.6	37,421	1.7	109,216	5.0	46,706	2.1	194,595	8.9

Base: All 5.8 million patients in the CPRD dataset with research quality data, including patients with a cancer/epilepsy diagnosis.

Appendix 4: Proportion of patients to transition from one type of DFM to another

Year	% of patients to transition					
	Benzodiazepines to Z-drugs	Benzodiazepines to GABAergic medicines	Z-drugs to Benzodiazepines	Z-drugs to GABAergic medicines	GABAergic medicines to Benzodiazepines	GABAergic medicines to Z-drugs
2000	3.5	1.1	2.0	0.3	0.3	0.1
2001	2.9	1.3	2.1	0.2	0.3	0.1
2002	2.9	1.2	2.1	0.3	0.5	0.2
2003	2.4	1.2	2.1	0.5	0.6	0.2
2004	2.2	1.2	2.2	0.4	0.5	0.2
2005	2.3	1.3	1.8	0.4	0.7	0.2
2006	2.1	1.0	1.9	0.4	0.7	0.4
2007	2.1	1.0	2.0	0.4	0.7	0.3
2008	2.0	0.9	2.0	0.4	0.7	0.3
2009	1.8	1.0	1.8	0.4	0.9	0.4
2010	1.7	1.0	1.8	0.6	1.2	0.6
2011	1.6	1.0	2.1	0.5	1.1	0.6
2012	1.7	1.1	1.9	0.5	1.2	0.7
2013	1.6	1.1	1.8	0.6	1.5	0.8
2014	1.4	1.2	1.5	0.7	1.7	0.7
2015	1.2	1.4	2.0	0.7	2.0	1.1

Base: All patients prescribed a DFM in the CPRD extract (48,857 patients), excluding patients with a cancer/epilepsy diagnosis.

Appendix 5: Average number of days of individual prescriptions, by DFM type

Mean length (days) of individual prescriptions				
Year	Benzodiazepines	Z-drugs	Opioids	GABAergic medicines
2000	30.9	27.9	24.3	31.1
2001	30.9	26.7	23.5	32.2
2002	30.8	26.6	23.2	31.9
2003	30.1	26.2	23.0	31.9
2004	29.0	26.4	23.1	32.6
2005	28.4	26.6	22.9	31.5
2006	27.2	26.5	22.8	31.1
2007	26.6	26.3	22.6	31.5
2008	25.7	26.9	22.8	31.5
2009	26.3	26.2	23.3	31.7
2010	25.7	25.7	23.6	31.2
2011	25.5	25.1	23.7	31.1
2012	24.8	24.3	23.8	30.7
2013	23.6	23.5	24.0	31.2
2014	24.6	24.1	24.3	30.6
2015	25.4	24.7	23.9	30.7

Base: all individual prescriptions in the CPRD extract, excluding prescriptions issued to patients with a cancer or epilepsy diagnosis.

Appendix 6: Average number of days of continuous prescribing, by DFM type

Mean length (days) of continuous prescribing periods				
Year	Benzodiazepines	Z-drugs	Opioids	GABAergic medicines
2000	94.5	77.7	64.4	82.7
2001	106.2	92.9	71.7	114.1
2002	115.4	93.4	73.5	101.7
2003	117.4	90.8	76.9	101.2
2004	109.2	86.1	76.6	100.0
2005	116.4	107.7	79.8	106.4
2006	115.4	98.8	83.1	118.4
2007	112.8	104.5	80.9	112.5
2008	119.6	103.5	84.5	109.8
2009	119.3	102.2	90.6	114.2
2010	121.4	103.1	91.5	120.6
2011	110.1	110.4	98.2	115.5
2012	123.1	114.8	96.3	120.0
2013	107.3	107.1	102.3	124.0
2014	113.1	105.5	101.7	123.3
2015	106.4	109.4	93.6	114.1

Base: all periods of continuous prescribing in the CPRD extract, excluding prescribing to patients with a cancer or epilepsy diagnosis.

Descriptive statistics for average prescription length

Prescription length (individual prescriptions)				Continuous prescribing period (including repeat prescriptions)		
Benzodiazepines						
Year	SD	Mean	Median	SD	Mean	Median
2000	18.7	30.9	28.0	161.3	94.5	42
2007	32.5	26.6	28.0	267.8	112.8	31
2015	13.9	25.4	28.0	222.0	106.4	32
Z-drugs						
Year	SD	Mean	Median	SD	Mean	Median
2000	12.7	27.9	28.0	140.1	77.7	28
2007	12.2	26.3	28.0	230.8	104.5	28
2015	11.8	24.7	28.0	223.6	109.4	28
Opioids						
Year	SD	Mean	Median	SD	Mean	Median
2000	12.9	24.3	25.0	120.9	64.4	30
2007	12.2	22.6	23.3	185.3	80.9	30
2015	11.7	23.9	28.0	182.0	93.6	36
GABAergic medicines						
Year	SD	Mean	Median	SD	Mean	Median
2000	23.4	31.1	28.0	92.8	82.7	52
2007	15.6	31.5	28.0	173.4	112.5	56
2015	14.7	30.7	28.0	156.7	114.1	61

Base: all individual prescriptions and all periods of continuous prescribing (including repeated prescriptions) in the CPRD extract, excluding prescribing to patients with a cancer or epilepsy diagnosis.

Appendix 7: Proportion of individual prescriptions to cover more than 30 days, by DFM type

% Long-term prescribing (over 30 days)				
Year	Benzodiazepines	Z-drugs	Opioids	GABAergic medicines
2000	21.6	12.8	15.5	24.9
2001	21.1	9.9	15.3	29.4
2002	20.9	11.7	16.1	31.2
2003	20.7	11.3	15.3	36.6
2004	19.7	10.8	15.5	37.9
2005	18.5	11.3	15.2	33.0
2006	16.6	11.6	15.4	30.8
2007	14.6	10.8	14.8	32.5
2008	11.8	10.8	15.4	31.9
2009	12.7	11.7	15.8	32.8
2010	12.6	11.3	16.2	31.6
2011	12.3	9.5	16.4	32.0
2012	11.2	9.0	16.7	28.9
2013	10.3	8.3	18.4	26.8
2014	11.9	8.8	17.7	23.8
2015	11.6	9.7	15.8	25.0

Base: all individual prescriptions in the CPRD extract, excluding prescriptions issued to patients with a cancer or epilepsy diagnosis.

Appendix 8: Proportion of continuous prescribing periods to cover more than 30 days, by DFM type

% Long-term prescribing (over 30 days)				
Year	Benzodiazepines	Z-drugs	Opioids	GABAergic medicines
2000	50.5	43.2	37.1	56.9
2001	48.9	42.6	38.5	58.0
2002	46.2	43.9	37.9	63.1
2003	45.2	42.9	37.3	69.6
2004	43.6	43.0	38.8	68.1
2005	43.2	41.9	37.7	72.0
2006	42.3	41.7	37.4	66.0
2007	39.0	40.4	36.7	67.0
2008	37.2	41.4	37.1	67.6
2009	34.5	42.3	37.2	68.4
2010	33.3	40.6	38.1	69.2
2011	32.3	41.3	36.8	64.5
2012	33.3	42.8	36.1	61.6
2013	31.3	39.8	34.1	58.7
2014	31.0	36.1	33.8	57.6
2015	31.5	35.6	32.4	56.2

Base: all periods of continuous prescribing in the CPRD extract, excluding prescribing to patients with a cancer or epilepsy diagnosis.

Appendix 9: Proportion of continuous benzodiazepine prescribing periods to cover more than 30 days, by age

Year	0-15	16-21	22-30	31-40	41-50	51-60	61-70	71-80	81-90	90+
2000	19.2	43.7	33.6	31.3	39.8	44.8	49.6	55.0	61.6	63.7
2001	68.2	25.9	28.5	34.5	36.0	46.1	47.1	53.3	59.3	66.6
2002	44.4	11.7	29.5	25.1	34.3	39.4	47.0	52.2	56.9	62.9
2003	0.0	24.8	28.5	24.0	34.5	39.3	42.6	49.8	59.2	62.2
2004	11.9	28.5	20.5	28.2	24.7	40.7	42.1	48.7	55.5	60.8
2005	0.0	17.8	28.0	28.0	30.5	37.3	40.3	48.8	55.6	61.8
2006	9.1	16.4	30.9	22.8	29.5	38.8	37.9	50.0	54.1	62.2
2007	28.9	12.2	27.6	24.4	29.8	36.0	36.9	44.5	50.0	56.0
2008	55.3	27.1	26.2	25.7	27.8	32.2	37.7	40.2	47.9	50.9
2009	41.7	38.2	18.6	18.8	24.3	33.3	36.3	35.8	45.8	50.7
2010	54.6	7.2	16.7	23.4	26.6	33.1	36.0	34.4	41.7	39.6
2011	62.5	7.7	14.1	17.2	18.1	34.3	31.7	38.6	41.7	46.7
2012	43.6	0.0	16.6	22.0	21.6	32.0	34.9	38.8	44.3	40.5
2013	0.0	11.6	15.5	12.9	19.3	29.7	34.0	42.6	38.9	50.7
2014	0.0	13.2	12.8	21.8	21.1	34.9	33.2	36.0	34.7	47.2
2015	0.0	18.5	21.9	17.1	26.2	33.1	31.3	34.8	39.1	47.8

Base: all periods of continuous benzodiazepine prescribing in the CPRD extract, excluding prescribing to patients with a cancer or epilepsy diagnosis.

Appendix 10: Proportion of continuous Z-drug prescribing periods to cover more than 30 days, by age

Year	0-15	16-21	22-30	31-40	41-50	51-60	61-70	71-80	81-90	90+
2000	0	34.9	28.2	30.4	34.4	50.3	42.7	43.9	62.0	59.3
2001	.	13.9	18.9	41.0	28.1	44.9	44.1	44.9	60.6	64.0
2002	.	34.2	18.1	35.2	35.2	43.2	47.7	47.5	54.8	69.5
2003	0	35.2	36.8	34.0	34.8	37.3	52.3	48.7	49.7	63.1
2004	0	24.0	32.9	32.6	32.5	37.7	55.1	48.3	51.2	57.8
2005	0	30.3	23.5	30.3	33.7	37.4	49.2	45.9	54.0	59.3
2006	0	38.4	29.9	31.2	34.4	36.7	49.2	39.7	58.7	71.1
2007	.	17.7	24.7	35.1	36.9	37.1	45.0	46.3	45.2	52.8
2008	.	7.0	25.1	34.3	34.9	36.5	46.8	44.6	56.9	57.5
2009	0	27.8	19.6	34.4	39.3	33.0	42.6	50.3	59.8	63.3
2010	.	25.3	26.9	33.7	33.2	35.1	42.2	42.9	61.6	62.8
2011	.	36.5	25.0	28.0	38.2	36.4	43.6	56.5	45.8	49.1
2012	.	19.3	20.8	34.4	31.6	40.3	43.2	54.4	53.6	64.2
2013	.	24.6	18.7	31.1	29.0	35.1	40.7	51.5	53.9	57.2
2014	.	25.7	13.7	24.8	28.6	35.2	33.8	46.8	43.4	54.0
2015	.	6.7	16.5	23.6	28.9	34.8	38.0	39.2	46.9	44.8

Base: all periods of continuous Z-drug prescribing in the CPRD extract, excluding prescribing to patients with a cancer or epilepsy diagnosis.

Appendix 11: Proportion of continuous opioid prescribing periods to cover more than 30 days, by age

Year	0-15	16-21	22-30	31-40	41-50	51-60	61-70	71-80	81-90	90+
2000	15.2	11.7	14.1	34.1	32.6	38.4	38.6	40.5	45.9	42.1
2001	6.7	9.9	15.3	34.1	33.3	37.6	43.3	43.8	42.0	48.7
2002	2.0	8.6	22.3	31.6	32.3	41.6	43.3	42.2	33.1	52.5
2003	0.0	12.8	23.0	27.6	27.1	42.1	37.7	43.7	44.4	45.5
2004	3.5	16.7	29.5	27.3	30.4	40.5	45.3	42.2	41.5	45.5
2005	5.8	9.3	25.1	28.4	34.3	38.0	42.3	39.3	42.4	45.4
2006	10.3	18.8	27.1	32.8	32.8	38.4	36.8	40.2	45.1	41.0
2007	8.0	29.3	16.2	32.3	31.7	38.6	37.1	41.6	37.3	50.2
2008	1.4	24.7	23.8	28.3	34.3	41.3	36.9	43.3	36.4	34.3
2009	9.6	24.6	24.1	24.6	36.5	37.1	39.6	41.1	39.3	41.7
2010	23.2	23.1	17.9	29.1	36.5	37.8	40.1	41.0	41.9	42.4
2011	21.8	7.1	21.0	33.0	34.3	38.3	38.2	38.5	39.4	38.3
2012	16.3	28.7	23.2	31.1	33.9	36.0	38.1	36.2	40.9	44.1
2013	6.5	18.9	22.6	29.4	34.7	34.3	39.3	34.4	31.8	31.8
2014	3.0	4.6	27.2	25.6	34.2	36.5	37.7	34.0	32.2	29.2
2015	31.3	16.7	24.8	23.4	34.8	35.6	32.8	33.5	31.0	26.1

Base: all periods of continuous opioid prescribing in the CPRD extract, excluding prescribing to patients with a cancer or epilepsy diagnosis.

Appendix 12: Proportion of continuous GABAergic prescribing periods to cover more than 30 days, by age

Year	0-15	16-21	22-30	31-40	41-50	51-60	61-70	71-80	81-90	90+
2000	58.1	16.7	72.2	8.7	78.0	60.4	62.7	58.9	83.3	75.0
2001	31.3	56.8	58.9	56.9	73.8	64.2	66.5	48.2	73.2	0.0
2002	26.1	70.6	56.5	49.1	60.9	79.1	78.1	70.4	59.2	0.0
2003	25.4	75.0	68.0	58.1	79.5	79.8	68.2	78.1	73.2	23.1
2004	33.9	81.7	59.7	56.0	70.6	69.0	71.5	73.1	70.5	73.2
2005	44.6	71.4	66.2	72.1	76.2	68.3	76.9	78.7	61.7	67.7
2006	63.5	86.1	57.0	64.3	69.2	66.1	61.1	70.9	64.8	71.1
2007	33.3	50.0	59.9	72.9	66.7	70.1	62.1	77.1	68.9	49.3
2008	47.9	73.3	62.4	66.8	62.4	65.8	73.7	74.9	64.2	55.6
2009	34.8	80.7	68.8	62.6	66.3	65.1	75.2	76.1	63.2	47.1
2010	47.9	70.2	66.7	55.7	66.9	69.6	77.1	71.4	71.9	50.0
2011	48.8	61.8	49.7	58.4	66.3	67.1	68.6	64.3	66.5	47.2
2012	55.6	64.5	49.2	50.3	65.3	60.9	66.8	62.8	62.1	50.0
2013	41.0	46.8	56.1	47.3	57.1	60.0	63.9	57.1	60.5	76.9
2014	35.6	32.4	45.5	44.3	55.8	59.8	64.8	57.2	64.8	58.5
2015	21.2	34.3	56.4	59.4	47.1	55.8	59.7	63.1	53.7	71.1

Base: all periods of continuous GABAergic prescribing in the CPRD extract, excluding prescribing to patients with a cancer or epilepsy diagnosis.

Appendix 13: Proportion of continuous prescribing periods to cover more than 30 days, by gender

Year	Benzodiazepines		Z-drugs		Opioids		GABAergic medicines	
	Male	Female	Male	Female	Male	Female	Male	Female
2000	48.4	51.4	41.4	44.1	36.4	37.5	58.2	55.9
2001	46.5	50.0	40.7	43.5	38.9	38.2	61.5	55.0
2002	43.8	47.3	46.3	42.7	38.2	37.7	66.9	60.6
2003	43.9	45.8	45.1	41.6	36.5	37.8	75.0	66.4
2004	40.6	45.0	46.0	41.3	35.8	40.5	75.6	63.4
2005	40.8	44.3	45.2	40.2	36.0	38.8	77.5	68.3
2006	40.5	43.1	43.1	41.0	35.4	38.5	73.5	61.5
2007	37.7	39.7	41.9	39.7	37.1	36.4	68.3	66.2
2008	36.8	37.4	39.5	42.4	35.1	38.2	72.7	64.7
2009	33.1	35.2	42.8	42.1	36.2	37.8	69.4	67.8
2010	34.7	32.6	40.2	40.8	38.5	37.8	69.6	68.9
2011	32.4	32.2	41.3	41.3	36.1	37.2	66.9	62.8
2012	32.6	33.6	41.9	43.3	35.4	36.5	63.3	60.5
2013	33.2	30.3	40.3	39.6	33.8	34.3	59.4	58.3
2014	34.3	29.3	36.7	35.9	31.9	34.9	56.6	58.2
2015	33.2	30.5	36.7	35.0	31.7	32.8	55.6	56.5

Base: all periods of continuous prescribing in the CPRD extract, excluding prescribing to patients with a cancer or epilepsy diagnosis.

Appendix 14: Daily dose (number of tablets): benzodiazepines

Year	Temazepam 10mg tablets		Nitrazepam 5mg tablets		Diazepam 2mg tablets		Diazepam 5mg tablets		Temazepam 20mg tablets	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
2000	1.3	0.9	1.5	2.0	2.4	1.2	2.1	1.1	1.2	0.5
2001	1.3	0.9	1.4	1.2	2.4	1.2	2.2	1.2	1.2	0.4
2002	1.2	0.5	1.4	0.9	2.5	1.3	2.3	1.3	1.1	0.4
2003	1.2	0.4	1.4	0.9	2.5	1.2	2.3	1.3	1.1	0.4
2004	1.2	0.4	1.4	0.7	2.7	2.7	2.4	1.3	1.2	0.4
2005	1.2	0.4	1.4	0.6	3.0	1.9	2.4	1.3	1.2	0.4
2006	1.2	0.5	1.4	0.7	2.8	1.4	2.3	1.1	1.2	0.4
2007	1.2	0.4	1.4	0.7	2.9	1.5	2.5	1.3	1.2	0.5
2008	1.2	0.4	1.5	0.7	2.6	1.3	2.7	1.5	1.2	0.4
2009	1.2	0.4	1.5	0.7	2.5	1.3	2.6	1.3	1.1	0.4
2010	1.2	0.4	1.5	0.7	2.5	1.2	2.4	1.0	1.2	0.4
2011	1.2	0.4	1.5	0.7	2.3	1.3	2.4	1.0	1.2	0.4
2012	1.2	0.4	1.6	0.8	2.4	1.3	2.4	1.1	1.1	0.3
2013	1.3	1.4	1.5	0.8	2.4	1.2	2.2	1.1	1.2	0.6
2014	1.2	0.6	1.4	0.6	2.3	1.2	2.1	0.9	1.2	0.5
2015	1.2	0.5	1.4	0.6	2.5	1.1	2.0	1.0	1.2	0.3

Base: individual prescriptions for these benzodiazepine products in the CPRD extract excluding prescribing to patients with a cancer or epilepsy diagnosis.

Appendix 15: Daily dose (number of tablets): Z-drugs

Year	Zopiclone 7.5mg tablets		Zopiclone 3.75mg tablets		Zimovane 7.5mg tablets (Sanofi)		Zolpidem 5mg tablets		Zolpidem 10mg tablets	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
2000	1.1	0.4	1.1	0.2	1.0	0.2	1.5	0.4	1.0	0.0
2001	1.1	0.3	1.1	0.2	1.1	0.4	1.4	0.6	1.1	0.2
2002	1.1	0.3	1.1	0.2	1.1	0.2	1.4	0.5	1.0	0.1
2003	1.1	0.3	1.1	0.2	1.1	0.3	1.3	0.4	1.0	0.1
2004	1.2	0.4	1.1	0.6	1.1	0.3	1.3	0.4	1.1	0.3
2005	1.1	0.4	1.1	0.2	1.1	0.3	1.4	0.5	1.1	0.4
2006	1.1	0.4	1.1	0.2	1.0	0.2	1.4	0.5	1.1	0.3
2007	1.1	0.3	1.1	0.2	1.0	0.1	1.5	0.6	1.0	0.1
2008	1.1	0.3	1.0	0.2	1.0	0.1	1.5	0.6	1.0	0.1
2009	1.1	0.3	1.1	0.2	1.0	0.1	1.5	0.5	1.0	0.1
2010	1.1	0.3	1.1	0.2	1.0	0.1	1.5	0.5	1.1	0.2
2011	1.1	0.3	1.1	0.3	1.0	0.0	1.4	0.5	1.1	0.3
2012	1.1	0.3	1.1	0.2	1.0	0.0	1.4	0.5	1.1	0.2
2013	1.1	0.3	1.1	0.3	1.0	0.0	1.4	0.5	1.0	0.1
2014	1.0	0.2	1.1	0.3	1.0	0.0	1.2	0.3	1.0	0.1
2015	1.0	0.2	1.1	0.3	1.0	.	1.1	0.2	1.0	0.0

Base: individual prescriptions for these Z-drug products in the CPRD extract, excluding prescribing to patients with a cancer or epilepsy diagnosis.

Appendix 16: Daily dose (number of tablets): opioids

	Dihydrocodeine 30mg tablets		Tramadol 50mg capsules		Codeine 15mg/5ml linctus		Codeine 30mg tablets		Codeine 15mg tablets	
Year	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
2000	5.1	1.8	5.2	2.0	5.1	2.3	4.7	2.0	4.4	1.9
2001	5.2	1.6	4.9	1.9	4.5	2.3	5.1	2.0	4.3	1.9
2002	5.2	1.8	4.9	1.9	4.8	2.3	5.3	1.9	4.5	2.0
2003	5.4	1.8	5.0	1.8	5.1	2.3	5.2	1.7	4.8	1.7
2004	5.3	1.8	5.0	1.8	3.2	1.7	5.1	1.8	5.0	1.7
2005	5.3	1.8	5.2	1.9	3.4	2.2	4.9	1.7	5.1	1.8
2006	5.4	1.8	5.1	1.8	3.9	2.1	4.8	1.8	5.0	1.7
2007	5.3	1.6	5.2	1.7	4.5	2.8	4.8	1.8	5.2	1.7
2008	5.3	1.5	5.4	1.7	4.1	1.9	5.0	1.6	5.0	1.7
2009	5.2	1.5	5.4	1.7	4.5	1.7	5.1	1.6	5.0	1.7
2010	5.1	1.5	5.3	1.7	4.6	1.8	5.0	1.6	5.0	1.7
2011	5.1	1.5	5.3	1.5	4.0	1.7	5.1	1.6	5.0	1.8
2012	5.3	1.8	5.4	1.5	3.9	1.5	5.2	1.6	5.1	1.7
2013	5.2	1.8	5.4	1.5	3.7	1.4	5.4	1.6	5.1	2.0
2014	5.3	1.7	5.5	1.6	3.4	1.4	5.5	1.6	5.1	2.0
2015	5.3	1.7	5.4	1.7	3.6	1.2	5.6	1.6	5.2	2.4

Base: all individual prescriptions for these opioid products in the CPRD extract, excluding prescribing to patients with a cancer or epilepsy diagnosis.

Appendix 17: Daily dose (number of tablets): GABAergic medicines

Year	Gabapentin 100mg capsules		Gabapentin 300mg capsules		Lamotrigine 25mg tablets		Lamotrigine 50mg tablets		Lamotrigine 100mg tablets	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
2000	3.2	1.1	4.2	1.8	1.8	1.0	1.8	0.6	2.0	0.8
2001	3.1	1.1	3.5	1.7	2.0	1.0	2.0	0.7	2.0	0.8
2002	3.2	1.3	3.7	1.9	1.8	1.1	2.0	0.6	1.9	0.6
2003	3.6	2.2	3.9	1.7	2.1	2.1	1.7	0.6	2.2	0.8
2004	3.9	2.5	3.9	1.6	1.6	0.5	1.5	0.5	2.3	1.0
2005	4.0	2.1	4.0	1.8	1.8	0.8	1.6	0.5	2.4	1.0
2006	3.3	1.6	4.1	1.9	2.1	0.8	1.5	0.5	2.2	0.8
2007	3.7	1.8	4.0	2.0	1.9	0.6	1.7	0.5	2.0	0.8
2008	3.4	1.5	3.7	1.9	1.9	0.7	1.9	0.7	2.1	0.9
2009	3.5	1.8	3.8	1.9	2.1	0.7	1.8	0.8	2.0	0.9
2010	3.8	1.9	4.0	2.0	2.4	1.2	2.1	1.2	2.1	0.9
2011	3.6	1.7	4.2	2.2	2.1	1.3	2.1	1.2	2.0	0.9
2012	3.5	1.7	3.8	2.1	1.9	1.0	2.0	1.3	2.1	0.9
2013	3.3	1.8	3.7	1.9	1.9	0.5	2.1	1.3	2.2	0.9
2014	3.4	1.7	3.7	2.1	1.6	0.6	1.9	1.1	2.1	0.7
2015	3.5	1.4	3.9	2.1	2.0	1.0	1.9	1.1	2.1	0.8

Base: all individual prescriptions for these GABAergic products in the CPRD, extract excluding prescribing to patients with a cancer or epilepsy diagnosis.

Appendix 18: Mean average age (years) of patients

Year	Average age (years)			
	Benzodiazepines	Z-drugs	Opioids	GABAergic medicines
2000	65.5	58.9	59.0	45.8
2001	64.8	59.6	59.8	49.5
2002	64.6	60.5	59.8	52.0
2003	64.6	58.9	59.8	53.6
2004	64.7	59.9	60.5	56.0
2005	64.0	60.9	60.5	55.6
2006	63.5	60.8	61.3	56.4
2007	62.9	59.9	61.6	57.0
2008	62.6	59.7	62.2	56.9
2009	62.4	59.7	61.7	57.6
2010	63.0	59.4	61.8	57.7
2011	62.6	60.0	62.1	57.4
2012	61.7	60.4	61.3	57.5
2013	61.4	59.9	61.7	59.3
2014	61.5	60.6	62.4	58.8
2015	61.5	61.1	61.4	57.7

Base: all patients prescribed a DFM in the CPRD extract excluding prescribing to patients with a cancer or epilepsy diagnosis.

Appendix 19: Proportion of patients prescribed DFM who are female

% of patients who are female				
Year	Benzodiazepines	Z-drugs	Opioids	GABAergic medicines
2000	69.2	64.9	61.1	53.7
2001	68.3	64.9	61.9	54.6
2002	67.9	64.9	62.5	59.7
2003	68.1	64.4	63.1	63.2
2004	68.7	63.6	63.0	63.2
2005	67.6	64.8	63.6	63.0
2006	67.0	63.6	63.3	64.7
2007	66.2	64.6	63.8	65.0
2008	65.7	64.1	63.7	64.9
2009	65.9	63.8	63.9	62.6
2010	66.0	63.4	63.7	58.8
2011	65.9	63.9	62.8	59.7
2012	66.3	63.6	62.1	59.1
2013	67.1	64.7	63.8	62.4
2014	65.2	64.7	63.2	62.8
2015	64.3	62.8	64.2	63.7

Base: all patients prescribed a DFM in the CPRD extract, excluding prescribing to patients with a cancer or epilepsy diagnosis.

Appendix 20: Average number of days of continuous DFM prescribing, by IMD

Mean number of days of benzodiazepine prescribing					
	Index of Multiple Deprivation (IMD) quintiles				
Year	Q1 (least deprived)	Q2	Q3	Q4	Q5 (most deprived)
2000	85.4	87.0	96.7	100.3	106.0
2001	89.0	95.1	107.1	123.5	118.7
2002	89.8	109.0	128.2	111.0	147.3
2003	107.3	101.6	114.2	126.7	143.0
2004	92.2	97.7	109.9	103.5	154.0
2005	86.0	91.8	131.1	138.7	144.0
2006	108.8	90.5	106.7	125.4	162.2
2007	80.9	96.0	127.8	129.8	138.8
2008	88.5	111.4	121.6	129.7	155.7
2009	114.5	106.6	132.0	124.2	125.7
2010	98.4	95.2	130.9	143.0	153.0
2011	99.8	114.4	88.0	132.9	106.2
2012	96.1	126.8	126.4	117.3	153.1
2013	105.0	94.2	116.0	113.2	111.6
2014	81.1	95.5	99.9	126.1	168.4
2015	102.8	97.7	107.7	126.7	99.5

Base: all continuous periods of benzodiazepine prescribing in the CPRD extract, excluding prescribing to patients with a cancer or epilepsy diagnosis.

Mean number of days of Z-drugs prescribing					
	Index of Multiple Deprivation (IMD) quintiles				
Year	Q1 (least deprived)	Q2	Q3	Q4	Q5 (most deprived)
2000	78.7	90.9	65.7	77.6	74.7
2001	85.0	113.7	106.1	78.5	82.4
2002	85.6	104.7	94.6	94.3	86.7
2003	77.6	79.9	91.2	87.7	120.9
2004	73.1	87.7	75.8	88.7	111.3
2005	78.2	114.1	101.2	128.6	120.0
2006	90.4	94.3	121.2	100.1	87.0
2007	107.3	109.2	91.8	99.7	114.9
2008	98.9	84.5	118.6	101.8	121.6
2009	104.1	99.0	94.5	98.1	119.2
2010	90.3	88.3	84.3	136.1	130.1
2011	112.4	97.9	93.9	107.9	158.6
2012	109.9	97.7	120.1	127.4	128.2
2013	96.5	104.4	104.9	89.3	149.7
2014	97.6	78.1	125.3	89.9	159.0
2015	109.2	91.0	132.9	127.8	86.9

Base: all continuous periods of Z-drug prescribing in the CPRD extract, excluding prescribing to patients with a cancer or epilepsy diagnosis...

Mean number of days of opioid prescribing					
	Index of Multiple Deprivation (IMD) quintiles				
Year	Q1 (least deprived)	Q2	Q3	Q4	Q5 (most deprived)
2000	73.8	66.2	70.9	56.0	59.1
2001	63.2	74.3	80.6	68.2	70.2
2002	61.5	76.0	67.3	78.5	78.1
2003	66.1	67.9	78.8	80.8	87.4
2004	60.3	79.0	77.0	76.1	84.6
2005	63.8	83.4	80.8	79.0	86.7
2006	78.6	75.7	84.3	85.2	89.9
2007	76.5	73.2	81.0	84.9	87.6
2008	64.9	85.1	84.3	80.5	101.6
2009	77.9	93.9	99.1	82.0	98.8
2010	75.9	93.3	95.6	87.9	101.8
2011	80.2	94.3	90.2	111.7	108.1
2012	80.4	100.1	92.5	97.1	105.0
2013	82.9	106.0	100.6	100.4	113.2
2014	101.8	108.7	81.8	102.4	112.6
2015	86.2	100.9	85.2	90.7	103.6

Base: all continuous periods opioid prescribing in the CPRD extract excluding prescribing to patients with a cancer or epilepsy diagnosis.

Mean number of days of GABAergic medicine prescribing					
	Index of Multiple Deprivation (IMD) quintiles				
Year	Q1 (least deprived)	Q2	Q3	Q4	Q5 (most deprived)
2000	83.8	68.4	75.1	99.7	88.5
2001	149.9	86.5	99.9	158.5	82.5
2002	88.3	112.1	115.0	89.8	104.9
2003	112.9	111.2	103.7	90.9	88.0
2004	102.6	96.2	98.8	111.5	90.5
2005	104.1	92.5	114.9	125.6	93.5
2006	120.4	108.9	119.6	114.0	130.0
2007	136.1	91.0	100.9	110.8	122.2
2008	111.1	98.6	127.4	106.7	108.8
2009	119.7	123.2	114.3	118.8	96.5
2010	130.3	125.0	109.6	130.6	109.3
2011	103.4	127.9	121.0	110.4	115.9
2012	116.8	119.9	115.7	121.8	125.1
2013	118.6	126.2	127.1	124.9	121.5
2014	115.5	114.4	130.4	122.0	131.9
2015	93.3	125.1	108.7	115.3	127.1

Base: all continuous periods of GABAergic drug prescribing in the CPRD extract, excluding prescribing to patients with a cancer or epilepsy diagnosis.

Appendix 21: Length of DFM prescribing periods, by gender

Average number of days of continuous prescribing: male patients				
Year	Benzodiazepines	Z-drugs	Opioids	GABAergic medicines
2000	91.3	71.9	65.2	82.4
2001	98.3	91.4	70.8	103.4
2002	106.4	103.0	71.4	124.1
2003	104.0	91.4	81.7	112.9
2004	93.7	88.0	73.6	123.4
2005	114.0	101.9	86.0	113.8
2006	115.1	95.2	77.8	140.5
2007	108.1	113.4	81.1	111.3
2008	107.4	90.7	84.6	116.1
2009	127.1	101.9	92.0	117.0
2010	122.9	96.8	89.6	115.0
2011	103.3	122.3	99.6	113.9
2012	109.9	110.4	99.2	117.2
2013	111.0	110.6	106.7	122.8
2014	129.5	117.0	97.1	127.3
2015	99.4	97.6	95.2	113.3

Base: all periods of continuous prescribing linked to male patients in the CPRD extract, excluding prescribing to patients with a cancer or epilepsy diagnosis.

Average number of days of continuous prescribing: female patients				
Year	Benzodiazepines	Z-drugs	Opioids	GABAergic medicines
2000	95.9	80.6	63.8	82.9
2001	109.9	93.7	72.3	123.0
2002	119.5	88.6	74.8	87.0
2003	123.7	90.5	74.0	94.1
2004	115.8	85.1	78.4	85.1
2005	117.4	110.8	76.2	101.5
2006	115.5	100.8	86.2	105.2
2007	115.2	99.8	80.7	113.1
2008	126.1	110.3	84.5	106.3
2009	115.4	102.3	89.8	112.5
2010	120.6	106.5	92.6	124.4
2011	113.2	104.1	97.3	116.5
2012	130.0	117.2	94.5	121.9
2013	105.4	105.4	99.8	124.6
2014	104.7	99.7	104.4	120.9
2015	110.4	115.9	92.7	114.5

Base: all periods of continuous prescribing linked to female patients in the CPRD extract, excluding prescribing to patients with a cancer or epilepsy diagnosis.

Appendix 22: Length of DFM prescribing periods, by age

Average number of days of benzodiazepine prescribing, by age										
Year	0-15	16-21	22-30	31-40	41-50	51-60	61-70	71-80	81-90	90+
2000	54.7	54.4	71.6	66.7	85.3	85.7	92.9	102.5	106.7	116.0
2001	243.5	59.0	83.7	73.5	71.9	113.9	112.4	107.0	120.9	137.2
2002	124.5	47.2	58.6	80.0	93.1	114.6	112.5	117.9	142.0	161.9
2003	38.1	68.6	69.8	83.0	88.6	98.0	111.6	119.3	155.6	196.9
2004	67.4	50.9	57.0	86.0	72.3	96.9	110.3	130.2	116.0	158.0
2005	48.3	56.0	84.5	77.6	110.6	110.2	110.8	129.2	129.4	146.5
2006	128.7	29.3	86.9	76.2	114.4	121.6	98.7	129.8	122.9	155.0
2007	128.9	76.3	77.1	72.0	95.3	98.2	104.6	124.0	158.4	125.9
2008	107.0	31.2	127.1	95.9	85.7	110.0	126.1	113.8	158.8	148.0
2009	335.9	36.2	47.4	80.8	114.3	99.1	117.3	121.3	159.8	151.4
2010	138.7	19.0	102.0	143.8	103.6	135.1	108.0	129.7	134.0	103.4
2011	146.3	14.5	46.1	94.1	72.7	122.6	117.7	111.7	145.8	86.1
2012	302.9	30.8	38.9	118.9	96.4	105.3	112.6	157.1	138.4	170.2
2013	195.0	25.1	34.7	56.4	84.4	106.1	104.0	126.7	140.0	202.0
2014	5.0	54.8	70.0	112.9	65.2	120.2	147.6	107.6	117.9	155.3
2015	2.0	87.5	67.7	51.8	98.8	100.6	133.7	117.7	115.4	141.7

Base: all periods of continuous benzodiazepine prescribing in the CPRD extract, excluding prescribing to patients with a cancer or epilepsy diagnosis.

Average number of days of Z-drug prescribing, by age										
Year	0-15	16-21	22-30	31-40	41-50	51-60	61-70	71-80	81-90	90+
2000	12.0	38.3	45.8	53.7	56.8	86.8	74.8	85.7	119.7	116.6
2001	.	22.5	31.2	67.0	71.2	114.8	94.3	96.3	117.7	174.1
2002	.	37.0	40.1	71.0	119.3	97.2	97.7	87.2	107.4	114.0
2003	8.7	85.8	45.9	88.5	88.8	76.8	84.9	109.5	110.6	135.9
2004	11.7	25.3	53.6	64.0	87.1	83.7	95.5	89.7	99.6	113.8
2005	14.0	24.7	65.1	86.9	90.8	93.5	129.4	134.2	114.9	112.9
2006	19.5	24.2	56.6	71.7	76.5	81.6	119.2	93.7	167.8	161.7
2007	.	20.9	69.1	91.9	99.4	90.4	120.2	98.9	145.8	107.2
2008	.	23.0	49.8	83.8	76.5	108.5	97.6	136.2	140.8	127.1
2009	5.0	25.7	33.3	82.5	87.3	75.2	113.8	113.4	164.8	137.1
2010	.	32.5	53.7	79.7	93.8	113.5	103.7	93.4	145.7	188.9
2011	.	33.8	40.7	52.5	117.3	103.0	95.8	157.7	159.3	114.1
2012	.	27.8	37.7	111.2	76.7	108.7	111.7	138.8	142.1	243.5
2013	.	99.4	26.6	111.1	92.3	104.2	89.7	112.2	158.4	172.3
2014	.	98.5	37.2	68.5	91.1	114.6	104.4	120.9	127.4	109.8
2015	.	20.1	46.8	63.3	115.3	104.9	115.0	88.3	163.2	126.2

Base: all periods of continuous Z-drug prescribing in the CPRD extract, excluding prescribing to patients with a cancer or epilepsy diagnosis.

Average number of days of opioid prescribing, by age										
Year	0-15	16-21	22-30	31-40	41-50	51-60	61-70	71-80	81-90	90+
2000	48.6	26.3	39.3	76.7	64.7	62.7	74.8	66.1	67.9	60.1
2001	11.1	31.7	43.3	87.9	68.0	69.8	94.3	72.6	68.3	95.8
2002	17.2	27.6	85.0	64.0	76.6	87.5	97.7	71.8	56.5	94.8
2003	11.4	53.6	52.8	72.6	63.4	97.2	84.9	72.4	79.0	73.8
2004	12.4	24.4	46.0	67.8	68.2	89.1	95.5	82.7	69.2	70.9
2005	12.9	32.9	92.9	78.8	89.4	74.7	129.4	76.2	79.9	63.8
2006	22.3	42.8	74.9	71.2	94.1	88.3	119.2	83.6	86.9	96.6
2007	18.0	40.8	62.4	89.6	73.5	86.9	120.2	82.4	83.3	86.2
2008	14.5	48.5	81.9	93.9	76.0	85.3	97.6	84.7	85.0	100.8
2009	27.9	29.6	55.4	80.0	97.6	101.2	113.8	87.7	86.0	104.1
2010	23.9	45.9	48.6	84.7	88.1	90.1	103.7	99.4	93.6	128.2
2011	38.3	20.7	76.3	110.5	94.8	101.3	95.8	86.3	103.3	89.8
2012	32.4	87.6	63.3	97.3	94.1	90.9	111.7	83.9	99.7	114.5
2013	22.8	35.7	79.3	117.5	106.3	97.8	89.7	98.3	95.5	117.5
2014	20.4	68.7	66.6	94.2	107.4	107.2	104.4	103.9	89.0	126.6
2015	128.4	60.3	81.8	93.6	92.0	94.6	115.0	89.1	77.6	82.4

Base: all periods of continuous opioid prescribing in the CPRD extract excluding prescribing to patients with a cancer or epilepsy diagnosis.

Average number of days of GABAergic medicine prescribing, by age										
Year	0-15	16-21	22-30	31-40	41-50	51-60	61-70	71-80	81-90	90+
2000	105.5	106.0	90.2	29.4	111.6	92.2	72.7	71.1	70.7	73.5
2001	109.2	160.9	137.5	92.0	156.8	96.8	135.2	86.5	97.6	150.3
2002	62.0	186.6	78.8	79.0	128.9	118.9	87.9	102.8	123.8	67.4
2003	115.6	107.9	77.4	72.7	122.8	97.8	83.0	118.5	122.8	54.2
2004	86.4	274.0	118.0	107.2	80.6	85.9	116.3	83.7	90.1	127.3
2005	99.2	122.7	74.5	168.6	87.4	112.9	108.2	94.9	95.8	209.0
2006	172.6	166.7	132.5	107.3	97.4	138.6	100.8	121.8	121.1	179.7
2007	112.2	173.5	67.3	136.7	99.5	136.6	94.6	114.1	119.9	193.5
2008	116.3	105.5	77.7	83.1	113.8	114.5	115.2	100.6	132.8	164.9
2009	85.5	127.9	96.4	99.1	104.9	111.1	103.1	131.5	164.1	155.1
2010	128.7	104.3	120.9	84.2	124.7	140.7	109.8	124.5	149.5	97.5
2011	142.5	145.7	87.8	89.7	110.2	112.4	111.6	151.2	119.2	129.1
2012	149.1	124.8	133.8	107.7	105.3	126.3	111.1	126.5	141.6	156.2
2013	112.1	135.2	106.7	114.7	101.7	119.1	124.1	136.0	165.7	136.1
2014	117.3	111.2	131.9	104.6	118.0	118.9	122.8	130.2	136.4	153.9
2015	91.5	83.9	91.7	128.5	100.8	134.3	111.6	119.6	106.9	77.1

Base: all periods of continuous GABAergic medicine prescribing in the CPRD extract, excluding prescribing to patients with a cancer or epilepsy diagnosis.

Appendix 23: Daily dose (number of tablets), by age

Number of benzodiazepine tablets prescribed per day, by age										
Year	0-15	16-21	22-30	31-40	41-50	51-60	61-70	71-80	81-90	90+
2000	1.0	1.1	1.0	1.2	1.1	1.1	1.2	1.3	1.4	1.1
2001	1.0	1.0	1.1	1.1	1.1	1.1	1.2	1.2	1.2	1.1
2002	1.0	1.0	1.2	1.1	1.0	1.1	1.1	1.1	1.1	1.3
2003	1.3	1.4	1.0	1.1	1.1	1.1	1.1	1.1	1.1	1.1
2004	1.0	1.0	1.1	1.2	1.2	1.1	1.0	1.1	1.1	1.2
2005	0.0	1.2	1.1	1.1	1.1	1.1	1.1	1.1	1.0	1.1
2006	0.0	1.1	1.2	1.0	1.1	1.2	1.1	1.1	1.1	1.1
2007	1.0	1.0	1.2	1.1	1.2	1.1	1.1	1.1	1.1	1.1
2008	0.0	1.1	1.1	1.1	1.1	1.1	1.1	1.2	1.1	1.1
2009	1.0	1.1	1.1	1.1	1.3	1.1	1.1	1.3	1.0	1.1
2010	1.0	1.4	1.2	1.1	1.2	1.2	1.1	1.2	1.1	1.2
2011	0.0	1.0	1.1	1.0	1.2	1.1	1.1	1.3	1.1	1.1
2012	0.0	1.0	1.0	1.1	1.2	1.0	1.2	1.2	1.1	1.2
2013	0.0	1.0	1.0	1.2	1.2	1.0	1.2	1.1	1.1	1.3
2014	0.0	1.0	1.0	1.0	1.2	1.0	1.0	1.2	1.1	1.5
2015	0.0	-	1.8	1.0	1.2	1.2	1.0	1.3	1.2	1.0

Base: individual prescriptions for temazepam 10mg in the CPRD extract, excluding prescribing to patients with a cancer or epilepsy diagnosis.

Number of Z-drug tablets prescribed per day, by age										
Year	0-15	16-21	22-30	31-40	41-50	51-60	61-70	71-80	81-90	90+
2000	1.0	1.1	1.1	1.1	1.0	1.2	1.1	1.1	1.0	1.0
2001	0.0	1.0	1.1	1.0	1.0	1.0	1.1	1.1	1.0	1.1
2002	0.0	1.1	1.2	1.1	1.1	1.1	1.1	1.0	1.0	1.0
2003	1.0	1.1	1.0	1.1	1.1	1.1	1.1	1.0	1.1	1.1
2004	0.0	1.0	1.0	1.0	1.0	1.1	1.1	1.1	1.0	1.2
2005	0.0	1.0	1.0	1.0	1.1	1.0	1.1	1.0	1.0	1.0
2006	0.7	1.0	1.0	1.0	1.1	1.0	1.1	1.1	1.0	1.0
2007	0.0	1.0	1.1	1.0	1.1	1.0	1.0	1.1	1.0	1.0
2008	0.0	1.0	1.0	1.0	1.1	1.1	1.0	1.0	1.0	1.0
2009	0.0	1.1	1.0	1.0	1.1	1.0	1.1	1.0	1.0	1.0
2010	0.0	1.0	1.0	1.0	1.0	1.0	1.1	1.0	1.0	1.0
2011	0.0	1.0	1.0	1.0	1.0	1.0	1.1	1.0	1.0	1.0
2012	0.0	1.1	1.0	1.0	1.0	1.1	1.1	1.1	1.0	1.0
2013	0.0	1.1	1.0	1.0	1.0	1.1	1.0	1.0	1.0	0.0
2014	0.0	1.0	1.0	1.0	1.0	1.1	1.0	1.0	1.0	1.0
2015	0.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0

Base: individual prescriptions for zopiclone 7.5mg the CPRD extract, excluding prescribing to patients with a cancer or epilepsy diagnosis.

Number of opioid tablets prescribed per day, by age										
Year	0-15	16-21	22-30	31-40	41-50	51-60	61-70	71-80	81-90	90+
2000	-	4.0	5.8	4.9	5.4	5.8	4.4	5.0	4.7	3.6
2001	-	2.0	5.1	5.1	6.1	5.3	5.0	4.7	4.2	3.9
2002	-	6.0	4.3	5.0	5.5	5.6	4.9	5.1	4.6	3.7
2003	-	6.6	5.2	5.2	5.7	5.5	5.2	5.1	4.3	3.7
2004	-	5.2	4.6	5.0	5.3	4.8	5.3	4.9	4.3	3.4
2005	-	5.4	5.7	5.3	5.3	4.8	5.4	4.9	4.8	5.7
2006	3.0	5.4	5.4	5.1	5.6	5.2	5.2	5.0	5.1	4.2
2007	5.1	5.3	5.7	5.3	5.4	5.4	5.4	5.3	5.0	4.8
2008	6.0	5.8	5.2	5.5	5.7	5.5	5.4	5.4	5.5	4.4
2009	4.0	4.7	5.2	5.4	5.7	5.5	5.4	5.4	5.5	4.2
2010	-	6.0	5.4	5.8	5.6	5.5	5.3	5.3	5.2	4.5
2011	-	5.1	5.1	5.2	5.4	5.5	5.6	5.5	5.1	4.2
2012	5.0	5.0	5.6	5.3	5.7	5.4	5.4	5.3	5.1	5.1
2013	4.0	5.2	5.5	5.5	5.6	5.2	5.2	5.3	5.5	4.7
2014	3.7	5.4	5.5	5.4	5.6	5.4	5.6	5.4	4.9	5.1
2015	-	3.9	5.2	4.9	5.2	5.5	5.5	5.3	4.9	4.4

Base: individual prescriptions for tramadol 50mg the CPRD extract, excluding prescribing to patients with a cancer or epilepsy diagnosis.

Number of GABAergic medicine tablets prescribed per day, by age										
Year	0-15	16-21	22-30	31-40	41-50	51-60	61-70	71-80	81-90	90+
2000	4.0	-	9.5	4.6	5.2	4.8	4.7	3.3	-	2.0
2001	-	4.0	3.0	4.2	2.6	3.4	4.0	2.2	4.7	-
2002	-	4.0	3.9	4.3	2.8	3.9	3.9	3.0	3.7	3.0
2003	-	4.0	5.7	4.9	3.0	4.8	3.5	3.7	2.9	1.0
2004	-	4.0	5.8	3.6	3.1	4.6	3.6	3.6	2.8	3.0
2005	3.0	-	5.4	3.6	4.3	4.5	3.6	3.4	4.3	2.0
2006	-	5.0	5.8	3.7	4.2	4.4	3.5	3.9	3.8	1.0
2007	-	3.0	4.7	4.3	4.7	3.7	3.6	3.7	3.3	3.5
2008	-	3.0	5.6	3.9	4.8	3.3	3.4	3.5	3.4	1.8
2009	-	-	4.3	3.8	4.2	4.1	3.6	3.5	3.2	1.0
2010	-	9.0	4.8	3.8	4.4	4.3	3.9	3.3	3.6	1.0
2011	2.0	3.0	5.2	4.3	4.6	4.3	4.5	4.2	4.0	-
2012	2.2	3.0	2.9	4.0	4.1	4.1	4.0	3.5	3.9	1.5
2013	1.0	3.0	3.2	4.3	3.6	3.6	3.8	3.6	3.0	3.0
2014	3.0	3.0	4.0	3.7	3.6	4.2	3.6	3.9	2.5	2.7
2015	-	3.9	5.1	5.0	3.6	3.9	3.4	3.6	2.7	2.7

Base: individual prescriptions for gabapentin 300mg in the CPRD extract, excluding prescribing to patients with a cancer or epilepsy diagnosis.

Appendix 24: Daily dose (number of tablets), by gender

Number of tablets prescribed per day for most common medicine products, by gender								
	Benzodiazepines		Z-drugs		Opioids		GABAergic medicines	
	Temazepam 10mg tablets		Zopiclone 7.5mg tablets		Dihydrocodeine 30mg tablets		Gabapentin 300mg capsules	
Year	Male	Female	Male	Female	Male	Female	Male	Female
2000	1.2	1.3	1.1	0.5	5.0	5.1	4.5	3.7
2001	1.2	1.2	1.1	0.5	5.1	5.1	3.5	3.5
2002	1.1	1.1	1.1	0.5	4.8	5.3	4.1	3.4
2003	1.1	1.1	1.1	0.5	5.2	5.1	3.9	3.9
2004	1.1	1.1	1.1	0.5	5.0	4.9	3.6	4.0
2005	1.1	1.1	1.1	0.5	5.2	5.1	4.0	3.9
2006	1.1	1.1	1.1	0.5	5.4	5.1	4.3	3.7
2007	1.1	1.1	1.1	0.4	5.4	5.3	3.9	3.9
2008	1.1	1.1	1.0	0.5	5.6	5.4	3.6	3.7
2009	1.1	1.2	1.1	0.4	5.6	5.3	3.7	3.9
2010	1.1	1.2	1.1	0.5	5.5	5.4	4.0	3.9
2011	1.2	1.2	1.0	0.5	5.5	5.3	4.5	4.3
2012	1.2	1.1	1.0	0.5	5.5	5.3	3.8	4.1
2013	1.2	1.1	1.0	0.4	5.5	5.3	3.4	3.8
2014	1.1	1.1	1.0	0.4	5.7	5.2	3.8	3.6
2015	1.3	1.1	1.0	0.4	5.6	5.1	3.9	3.6

Base: individual prescriptions for the most common DFM products in the CPRD extract excluding prescribing to patients with a cancer or epilepsy diagnosis.

Appendix 25: Daily dose (number of tablets) of most common medicines, by local area deprivation level

Benzodiazepines: Temazepam 10mg daily dose, by IMD					
	Index of Multiple Deprivation (IMD) quintiles				
Year	Q1 (least deprived)	Q2	Q3	Q4	Q5 (most deprived)
2000	1.1	1.2	1.2	1.4	1.5
2001	1.1	1.2	1.2	1.2	1.2
2002	1.1	1.1	1.1	1.1	1.1
2003	1.1	1.1	1.1	1.1	1.1
2004	1.1	1.1	1.1	1.1	1.1
2005	1.1	1.1	1.1	1.1	1.1
2006	1.1	1.1	1.1	1.1	1.1
2007	1.1	1.1	1.1	1.1	1.1
2008	1.1	1.1	1.1	1.0	1.3
2009	1.1	1.1	1.1	1.1	1.4
2010	1.1	1.1	1.2	1.1	1.3
2011	1.1	1.1	1.3	1.1	1.3
2012	1.1	1.1	1.2	1.1	1.3
2013	1.2	1.1	1.2	1.2	1.1
2014	1.0	1.2	1.1	1.0	1.1
2015	1.3	1.3	1.1	1.1	1.1

Base: individual prescriptions for temazepam 10mg in the CPRD extract, excluding prescribing to patients with a cancer or epilepsy diagnosis.

Z-drugs: Zopiclone 7.5mg daily dose, by IMD					
	Index of Multiple Deprivation (IMD) quintiles				
Year	Q1 (least deprived)	Q2	Q3	Q4	Q5 (most deprived)
2000	1.1	1.1	1.1	1.1	1.2
2001	1.0	1.1	1.0	1.1	1.1
2002	1.0	1.1	1.1	1.0	1.1
2003	1.0	1.0	1.1	1.1	1.1
2004	1.0	1.0	1.0	1.1	1.1
2005	1.0	1.0	1.0	1.1	1.1
2006	1.0	1.0	1.0	1.1	1.1
2007	1.0	1.1	1.0	1.1	1.1
2008	1.0	1.0	1.0	1.0	1.0
2009	1.0	1.1	1.0	1.1	1.1
2010	1.0	1.0	1.0	1.0	1.1
2011	1.0	1.0	1.0	1.0	1.1
2012	1.0	1.1	1.0	1.0	1.1
2013	1.0	1.1	1.0	1.0	1.0
2014	1.0	1.1	1.0	1.0	1.0
2015	1.0	1.0	1.0	1.0	1.0

Base: individual prescriptions for zopiclone 7.5mg in the CPRD extract, excluding prescribing to patients with a cancer or epilepsy diagnosis.

Opioids: Tramadol 50mg daily dose, by IMD					
	Index of Multiple Deprivation (IMD) quintiles				
Year	Q1 (least deprived)	Q2	Q3	Q4	Q5 (most deprived)
2000	5.6	5.7	4.0	5.0	4.5
2001	5.2	5.7	4.6	4.8	5.0
2002	5.0	5.6	4.4	5.1	5.1
2003	5.0	5.5	5.0	5.0	5.2
2004	4.9	4.9	4.8	5.1	4.9
2005	5.4	5.1	5.0	5.1	5.0
2006	5.1	5.1	5.4	5.2	5.1
2007	5.4	5.2	5.3	5.5	5.1
2008	5.5	5.2	5.3	5.7	5.5
2009	5.5	5.3	5.4	5.5	5.4
2010	5.6	5.2	5.1	5.6	5.5
2011	5.5	5.1	5.4	5.5	5.6
2012	5.5	5.2	5.5	5.2	5.7
2013	5.7	5.1	5.1	5.5	5.5
2014	5.5	5.3	5.1	5.4	5.6
2015	5.1	5.2	5.4	5.2	5.3

Base: individual prescriptions for tramadol 50mg in the CPRD extract, excluding prescribing to patients with a cancer or epilepsy diagnosis.

GABAergic medicines: Gabapentin 300mg daily dose, by IMD					
	Index of Multiple Deprivation (IMD) quintiles				
Year	Q1 (least deprived)	Q2	Q3	Q4	Q5 (most deprived)
2000	4.4	1.9	4.7	5.3	3.6
2001	4.4	3.0	3.5	4.0	2.8
2002	3.3	3.6	4.0	4.2	2.8
2003	3.9	3.9	4.6	3.7	3.2
2004	3.5	3.8	4.1	3.7	3.7
2005	4.2	4.1	4.1	3.2	4.1
2006	4.7	4.1	4.1	3.3	3.8
2007	3.6	4.2	4.3	3.5	3.6
2008	3.2	3.7	3.7	3.6	4.0
2009	3.6	4.0	3.8	3.6	3.9
2010	3.5	4.2	4.3	3.5	4.2
2011	4.0	4.9	4.4	3.7	5.0
2012	3.7	4.2	3.9	3.4	4.1
2013	3.7	3.8	3.4	3.4	4.0
2014	4.0	3.5	3.3	3.5	3.9
2015	3.6	3.5	4.1	3.5	3.7

Base: individual prescriptions for gabapentin 300mg in the CPRD extract, excluding prescribing to patients with a cancer or epilepsy diagnosis.

Appendix 26: Daily dose (number of tablets), by region

Opioids: Tramadol 50mg daily dose, by region									
Year	North East	North West	Yorkshire and the Humber	East Midlands	West Midlands	East of England	South West	London	South East Coast
2000	5.6	4.7	5.3	5.0	5.1	4.2	4.6	5.8	4.0
2001	5.6	4.9	5.6	5.4	5.1	4.7	4.5	4.9	4.5
2002	5.3	5.1	6.0	5.3	4.8	4.7	4.7	5.4	4.6
2003	5.3	5.2	5.6	5.6	5.0	4.9	5.0	5.1	4.3
2004	5.0	4.9	5.3	4.9	5.2	5.0	4.7	4.3	4.4
2005	5.2	5.2	5.2	5.1	5.2	5.1	5.3	5.4	4.9
2006	5.2	5.5	5.5	4.8	5.2	4.8	5.3	4.9	5.0
2007	5.4	5.3	5.4	5.0	5.3	5.0	5.7	5.5	5.1
2008	6.2	5.5	5.5	5.4	5.3	5.3	5.6	5.4	5.0
2009	5.5	5.5	5.5	5.2	5.5	5.3	5.6	5.1	5.0
2010	5.1	5.5	5.5	5.4	5.6	5.2	5.9	5.3	5.1
2011	5.5	5.5	5.5	5.1	5.6	5.2	5.8	5.2	5.1
2012	4.6	5.5	5.5	5.6	5.5	5.2	5.5	5.2	5.3
2013	4.2	5.7	5.4	5.5	5.5	4.9	5.6	5.3	5.1
2014	4.3	5.5	5.1	6.0	5.5	4.9	6.0	5.3	5.3
2015	4.2	5.5	4.1	5.6	5.0	5.3	6.1	5.1	5.3

Base: individual prescriptions for tramadol 50mg in the CPRD extract, excluding prescribing to patients with a cancer or epilepsy diagnosis.

Appendix 27: Average number of days of individual prescriptions issued to patients with a cancer/epilepsy diagnosis

Year	Benzodiazepines	Z-drugs	Opioids	GABAergic medicines
2000	32.1	27.1	368.5	32.8
2001	31.8	29.4	224.5	34.0
2002	30.3	30.3	91.5	37.8
2003	27.9	31.6	22.5	36.8
2004	28.4	30.7	23.3	36.2
2005	26.4	27.0	24.0	33.4
2006	25.9	27.1	25.9	34.2
2007	25.5	23.2	24.7	34.6
2008	25.1	22.8	23.0	35.0
2009	25.2	29.4	22.7	33.5
2010	22.2	26.0	23.1	32.2
2011	24.6	26.2	22.7	32.5
2012	24.7	25.4	21.3	34.1
2013	26.5	27.0	21.3	32.9
2014	25.2	25.2	22.3	31.0
2015	25.9	23.2	23.7	32.9

Base: individual prescriptions issued to patients with a diagnosis of cancer and/or epilepsy in the CPRD extract.

Appendix 28: Average number of days of continuous DFM prescribing to patients with a cancer/epilepsy diagnosis

Year	Benzodiazepines	Z-drugs	Opioids	GABAergic medicines
2000	105.3	91.4	66.5	121.1
2001	113.2	167.8	81.5	115.1
2002	128.2	143.6	102.4	128.9
2003	125.9	104.5	132.3	100.1
2004	181.8	115.5	67.4	111.4
2005	130.3	112.4	128.3	139.1
2006	155.7	133.8	79.3	108.0
2007	126.6	95.8	101.5	130.7
2008	100.4	130.7	105.0	122.2
2009	139.6	126.3	85.5	121.2
2010	128.0	111.9	111.8	148.4
2011	138.8	98.9	148.1	129.7
2012	124.7	78.8	105.6	137.2
2013	144.7	94.8	135.3	124.6
2014	161.2	155.9	150.3	122.9
2015	139.9	186.9	120.4	118.3

diagnosis of cancer and/or epilepsy in the CPRD extract.

Base: all periods of continuous prescribing to patients with a

Appendix 29: Proportion of prescribing periods to patients with a cancer/epilepsy diagnosis that cover over 30 days

Year	Benzodiazepines	Z-drugs	Opioids	GABAergic medicines
2000	55.3	62.0	35.3	67.0
2001	54.3	47.4	38.3	63.3
2002	43.1	45.1	40.7	56.4
2003	53.5	26.8	28.0	56.8
2004	50.3	60.6	46.0	64.0
2005	48.1	65.0	37.9	60.1
2006	48.6	56.2	37.5	61.2
2007	48.3	43.9	33.8	60.6
2008	47.8	47.4	34.7	66.8
2009	47.4	52.8	43.4	59.0
2010	46.7	45.7	40.4	64.3
2011	43.0	51.5	33.3	60.4
2012	46.1	59.4	32.2	65.8
2013	44.3	48.2	39.9	57.5
2014	52.3	54.9	30.5	58.2

Base: all periods of continuous prescribing to patients with a diagnosis of cancer and/or epilepsy in the CPRD extract.

Appendix 30: DFM products included in the analysis

Drug name	Product name	BNF code	BNF header
Benzodiazepines			
Temazepam	Temazepam 10mg tablets	04010100/15010401	Hypnotics/Benzodiazepines (peri-operative)
Nitrazepam	Nitrazepam 5mg tablets	4010100	Hypnotics
Diazepam	Diazepam 2mg tablets	04010201/04080200/04080300/10020200/15010401	Benzodiazepines/Drugs Used In Status Epilepticus/Febrile Convulsions/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)
Diazepam	Diazepam 5mg tablets	5010401	Benzodiazepines/Drugs Used In Status Epilepticus/Febrile Convulsions/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)
Lorazepam	Lorazepam 4mg/1ml solution for injection ampoules	04010201/04080200/15010401	Benzodiazepines/Drugs Used In Status Epilepticus/Benzodiazepines (peri-operative)
Temazepam	Temazepam 10mg/5ml oral solution sugar free	04010100/15010401	Hypnotics/Benzodiazepines (peri-operative)
Clonazepam	Clonazepam 1mg/1ml solution for injection ampoules and diluent	4080200	Drugs Used In Status Epilepticus
Temazepam	Temazepam 10mg capsules	04010100/15010401	Hypnotics/Benzodiazepines (peri-operative)
Lorazepam	Lorazepam 1mg tablets	04010201/15010401	Benzodiazepines/Benzodiazepines (peri-operative)
Diazepam	Diazepam 10mg tablets	04010201/04080200/04080300/10020200/15010401	Benzodiazepines/Drugs Used In Status Epilepticus/Febrile Convulsions/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)
Chlordiazepoxide hydrochloride	Chlordiazepoxide 10mg capsules	04010201/04105000/10020200	Benzodiazepines/Drugs Used In Substance Dependence - Alcohol Dependence/Skeletal Muscle Relaxants
Clonazepam	Clonazepam 500microgram tablets	4080100	Control Of Epilepsy
Temazepam	Temazepam 20mg tablets	04010100/15010401	Hypnotics/Benzodiazepines (peri-operative)
Clonazepam	Clonazepam 2mg tablets	4080100	Control Of Epilepsy
Diazepam	Diazepam 5mg RecTubes (Wockhardt UK)	04010201/04080200/10020200/15010401/54140000	Benzodiazepines/Drugs Used In Status Epilepticus/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)/Therapy Of Convulsions Due To Poisoning
Diazepam	Diazepam 10mg RecTubes (Wockhardt UK)	04010201/04080200/10020200/15010401/54140000	Benzodiazepines/Drugs Used In Status Epilepticus/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)/Therapy Of Convulsions Due To Poisoning
Lorazepam	Lorazepam 2.5mg tablets	04010201/15010401	Benzodiazepines/Benzodiazepines (peri-operative)
Chlordiazepoxide hydrochloride	Chlordiazepoxide 5mg capsules	04010201/04105000/10020200	Benzodiazepines/Drugs Used In Substance Dependence - Alcohol Dependence/Skeletal Muscle Relaxants
Diazepam	Diazepam 2mg/5ml oral solution	04010201/04080200/10020200/15010401/54140000	Benzodiazepines/Drugs Used In Status Epilepticus/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)/Therapy Of Convulsions Due To Poisoning
Diazepam	Valium 2mg Tablet (Roche Products)	04010100/04010200	Hypnotics/Anxiolytics
Temazepam	Temazepam 20mg capsules	04010100/15010401	Hypnotics/Benzodiazepines (peri-operative)
Triazolam	Triazolam 250microgram Tablet	4010100	Hypnotics
Nitrazepam	Nitrazepam 5mg Capsule	4010100	Hypnotics
Flurazepam hydrochloride	Dalmane 30mg capsules (Meda Pharmaceuticals)	4010201	Benzodiazepines
Clobazam	Clobazam 10mg capsules	04010200/04080100	Anxiolytics/Control Of Epilepsy
Clobazam	Clobazam 10mg tablets	4080100	Control Of Epilepsy
Chlordiazepoxide Hydrochloride	Chlordiazepoxide 10mg tablets	4010200	Anxiolytics
Diazepam	Diazepam 5mg	04010100/04010200	Hypnotics/Anxiolytics
Lormetazepam	Lormetazepam 1mg tablets	4010100	Hypnotics
Lormetazepam	Lormetazepam 1mg Capsule	4010100	Hypnotics
Nitrazepam	Mogadon 5mg Capsule (Roche Products)	4010100	Hypnotics
Nitrazepam	Nitrazepam 10mg Tablet	4010100	Hypnotics
Lormetazepam	Lormetazepam 500microgram tablets	4010100	Hypnotics
Diazepam	Diazepam 2mg capsules	04010100/04010200	Hypnotics/Anxiolytics
Flurazepam hydrochloride	Flurazepam 15mg capsules	4010201	Benzodiazepines
Flurazepam hydrochloride	Dalmane 15mg capsules (Meda Pharmaceuticals)	4010201	Benzodiazepines
Diazepam	Tensium 10mg tablets (DDSA Pharmaceuticals)	04010201/04080200/04080300/10020200/15010401	Benzodiazepines/Drugs Used In Status Epilepticus/Febrile Convulsions/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)
Oxazepam	Oxazepam 30mg Capsule	5010401	Anxiolytics
Oxazepam	Oxazepam 15mg tablets	4010200	Benzodiazepines
Diazepam	Diazepam 10mg/2.5ml rectal solution tube	04010201/04080200/10020200/15010401/54140000	Benzodiazepines/Drugs Used In Status Epilepticus/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)/Therapy Of Convulsions Due To Poisoning
Diazepam	Valium 5mg Tablet (Roche Products)	04010100/04010200	Hypnotics/Anxiolytics
Diazepam	Stesolid 5mg rectal tube (Actavis UK)	04010201/04080200/10020200/15010401/54140000	Benzodiazepines/Drugs Used In Status Epilepticus/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)/Therapy Of Convulsions Due To Poisoning
Clonazepam	Clonazepam 2.5mg/ml drops sugar free	4080100	Control Of Epilepsy
Chlordiazepoxide Hydrochloride	Chlordiazepoxide 5mg tablets	4010200	Anxiolytics
Oxazepam	Oxazepam 10mg tablets	4010201	Benzodiazepines
Loprazolam mesilate	Loprazolam 1mg tablets	4010100	Hypnotics

Chlordiazepoxide hydrochloride Diazepam	Chlordiazepoxide 10mg tablets Stesolid 10mg Rectal tubes (Dumex)	04010201/04105000/10020200 04010200/04080200 04010201/04080200/10020200/15010401/5 4140000 04010201/04105000/10020200 4010200 04010201/04080200/10020200/15010401/5 4140000 04010201/04080200/15010401 4010201 04010100/15010401 04010100/15010401 4010100 4010100 4010100 4080100 04010201/04080200/10020200/15010401/5 4140000 04010200/04080200 04010201/04080200/10020200/15010401/5 4140000 04010200/04080100 4010200 4010200 04010100/15010401 4010200 04010100/04010200 4010200 04010201/04080200/04080300/10020200/1 5010401 04010100/04010200 04010201/04080200/10020200/15010401/5 4140000 4010201 4010200 4010100 4010201 04010100/04010200 04010100/15010401 4080100 4010200 4010200 4010200 4010201 04010200/15010401 4010201 4010200 04010201/04080200/04080300/10020200/1 5010401 4010200 04010201/04080200/10020200/15010401/5 4140000 04010100/15010401 4010200 04010100/15010401 4010200 04010201/04080200/10020200/15010401/5 4140000 4080100 04010201/15010401 4010200 4080100	Benzodiazepines/Drugs Used In Substance Dependence - Alcohol Dependence/Skeletal Muscle Relaxants Anxiolytics/Drugs Used In Status Epilepticus Benzodiazepines/Drugs Used In Status Epilepticus/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)/Therapy Of Convulsions Due To Poisoning Benzodiazepines/Drugs Used In Substance Dependence - Alcohol Dependence/Skeletal Muscle Relaxants Anxiolytics Benzodiazepines/Drugs Used In Status Epilepticus/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)/Therapy Of Convulsions Due To Poisoning Benzodiazepines/Drugs Used In Status Epilepticus/Benzodiazepines (peri-operative) Benzodiazepines Hypnotics/Benzodiazepines (peri-operative) Hypnotics/Benzodiazepines (peri-operative) Hypnotics Hypnotics Hypnotics Control Of Epilepsy Benzodiazepines/Drugs Used In Status Epilepticus/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)/Therapy Of Convulsions Due To Poisoning Anxiolytics/Drugs Used In Status Epilepticus Benzodiazepines/Drugs Used In Status Epilepticus/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)/Therapy Of Convulsions Due To Poisoning Anxiolytics/Control Of Epilepsy Anxiolytics Anxiolytics Hypnotics/Benzodiazepines (peri-operative) Anxiolytics Hypnotics/Anxiolytics Anxiolytics Benzodiazepines/Drugs Used In Status Epilepticus/Febrile Convulsions/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative) Hypnotics/Anxiolytics Benzodiazepines/Drugs Used In Status Epilepticus/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)/Therapy Of Convulsions Due To Poisoning Benzodiazepines Anxiolytics Hypnotics Benzodiazepines Hypnotics/Anxiolytics Hypnotics/Benzodiazepines (peri-operative) Control Of Epilepsy Anxiolytics Anxiolytics Anxiolytics Benzodiazepines Anxiolytics/Benzodiazepines (peri-operative) Benzodiazepines Anxiolytics Benzodiazepines/Drugs Used In Status Epilepticus/Febrile Convulsions/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative) Anxiolytics Benzodiazepines/Drugs Used In Status Epilepticus/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)/Therapy Of Convulsions Due To Poisoning Hypnotics/Benzodiazepines (peri-operative) Anxiolytics Hypnotics/Benzodiazepines (peri-operative) Anxiolytics Benzodiazepines Benzodiazepines/Drugs Used In Status Epilepticus/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)/Therapy Of Convulsions Due To Poisoning Control Of Epilepsy Benzodiazepines/Benzodiazepines (peri-operative)
Diazepam Chlordiazepoxide hydrochloride Chlordiazepoxide Hydrochloride	Diazepam 2.5mg/1.25ml rectal solution tube Chlordiazepoxide 5mg tablets Chlordiazepoxide 25mg tablets		
Diazepam Lorazepam Flurazepam hydrochloride Temazepam Temazepam Triazolam Nitrazepam Nitrazepam Clonazepam	Diazepam 5mg/2.5ml rectal solution tube Ativan 4mg/1ml solution for injection ampoules (Pfizer) Flurazepam 30mg capsules Temazepam planpak Capsule (Manufacturer unknown) Temazepam 15mg capsules Triazolam 125microgram Tablet Mogadon 5mg Tablet (ICN Pharmaceuticals France S.A.) Nitrazepam 2.5mg/5ml oral suspension Rivotril 2mg tablets (Roche Products)		
Diazepam Diazepam	Diazepam 10mg suppositories Diazepam 5mg suppository		
Diazepam Clobazam Chlordiazepoxide Hydrochloride Oxazepam Temazepam Chlordiazepoxide hydrochloride Diazepam Chlordiazepoxide hydrochloride	Stesolid 10mg rectal tube (Actavis UK) Frisium 10mg Capsule (Aventis Pharma) Chlordiazepoxide 25mg tablets Oxazepam 30mg Tablet Temazepam gelthix 10mg Capsule (Pharmacia) Librium 10mg Capsule (ICN Pharmaceuticals France S.A.) Diazepam 1mg/5ml suspension Librium 5mg Tablet (ICN Pharmaceuticals France S.A.)		
Diazepam Diazepam	Diazepam 5mg/5ml oral solution Diazepam 10mg capsules		
Diazepam Alprazolam Bromazepam Nitrazepam Diazepam Diazepam Temazepam Clonazepam Medazepam Medazepam Medazepam Alprazolam Lorazepam Alprazolam Bromazepam	Diazepam 2.5mg/5ml oral suspension Alprazolam 250microgram tablets Lexotan 3mg Tablet (Roche Products) Nitrazepam 5mg/5ml oral suspension Diazepam 2mg/5ml oral solution sugar free Valium 10mg Tablet (Roche Products) Temazepam 30mg capsules Rivotril 500microgram tablets (Roche Products) Nobrium 10mg Capsule (Roche Products) Medazepam 10mg Capsule Nobrium 5mg Capsule (Roche Products) Xanax 250microgram tablets (Pfizer) Ativan 1mg Tablet (Wyeth Pharmaceuticals) Alprazolam 500microgram tablets Lexotan 1.5mg Tablet (Roche Products)		
Diazepam Ketazolam	Diazepam 10mg/2ml solution for injection ampoules Anxon 30mg Capsule (Beecham Research Laboratories)		
Diazepam Temazepam Ketazolam Temazepam Chlordiazepoxide hydrochloride Alprazolam	Diazepam 10mg/2ml emulsion for injection ampoules Normison 10mg Capsule (Wyeth Pharmaceuticals) Anxon 15mg Capsule (Beecham Research Laboratories) Temazepam gelthix 20mg Capsule (Pharmacia) Librium 5mg Capsule (ICN Pharmaceuticals France S.A.) Xanax 500microgram tablets (Pfizer)		
Diazepam Clonazepam Lorazepam	Diazepam 10mg/5ml oral suspension Clonazepam 2mg/5ml oral solution sugar free Lorazepam 500micrograms/5ml oral suspension		

Diazepam	Diazemuls 10mg/2ml emulsion for injection ampoules (Actavis UK)	04010201/04080200/10020200/15010401/5	Benzodiazepines/Drugs Used In Status Epilepticus/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)/Therapy Of
Clobazam	Frisium 10mg tablets (Sanofi)	4140000	Convulsions Due To Poisoning
Clonazepam	Clonazepam 500micrograms/5ml oral suspension	4080100	Control Of Epilepsy
Temazepam	Temazepam 10mg/5ml Oral solution (Generics (UK))	4080100	Control Of Epilepsy
Nitrazepam	Nitrados 5mg Tablet (Rorer Pharmaceuticals)	04010100/15010401	Hypnotics/Benzodiazepines (peri-operative)
Chlordiazepoxide Hydrochloride	Librium 100mg Injection (Roche Products)	4010100	Hypnotics
Diazepam	Valium 5mg/ml Injection (Roche Products)	4010200	Anxiolytics
Diazepam	Diazepam rectubes 20mg Rectal tubes (C P Pharmaceuticals)	04010200/04080200	Anxiolytics/Drugs Used In Status Epilepticus
Clonazepam	Rivotril 2.5mg/1ml drops (Imported (Switzerland))	04010200/04080200	Anxiolytics/Drugs Used In Status Epilepticus
Clobazam	Clobazam 5mg/5ml oral suspension	4080100	Control Of Epilepsy
Chlordiazepoxide hydrochloride	Librium 10mg Tablet (ICN Pharmaceuticals France S.A.)	4080100	Control Of Epilepsy
Clonazepam	Clonazepam 500micrograms/5ml solution sugar free	4010200	Anxiolytics
Lorazepam	Ativan 2.5mg Tablet (Wyeth Pharmaceuticals)	4080100	Control Of Epilepsy
Chlordiazepoxide hydrochloride	Librium 5mg capsules (Meda Pharmaceuticals)	04010200/15010401	Anxiolytics/Benzodiazepines (peri-operative)
Lormetazepam	Noctamid 1mg Tablet (Schering Health Care)	04010201/04105000/10020200	Benzodiazepines/Drugs Used In Substance Dependence - Alcohol Dependence/Skeletal Muscle Relaxants
		4010100	Hypnotics
Diazepam	Diazepam 2.5mg RecTubes (Wockhardt UK)	04010201/04080200/10020200/15010401/5	Benzodiazepines/Drugs Used In Status Epilepticus/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)/Therapy Of
Diazepam	Valium 5mg Capsule (Roche Products)	4140000	Convulsions Due To Poisoning
Nitrazepam	Mogadon 5mg tablets (Meda Pharmaceuticals)	04010100/04010200	Hypnotics/Anxiolytics
Bromazepam	Bromazepam 3mg tablets	4010100	Hypnotics
Diazepam	Valium 2mg Capsule (Roche Products)	4010200	Anxiolytics
Temazepam	Temazepam 10mg gel-fill capsules	04010100/04010200	Hypnotics/Anxiolytics
Diazepam	Valium 10mg Suppository (Roche Products)	04010100/15010401	Hypnotics/Benzodiazepines (peri-operative)
	CHLORDIAZEPOXIDE	04010200/04080200	Anxiolytics/Drugs Used In Status Epilepticus
Temazepam	Temazepam gelthix 30mg Capsule (Pharmacia)	0	Unknown
Clobazam	Clobazam 10mg/5ml oral suspension	04010100/15010401	Hypnotics/Benzodiazepines (peri-operative)
Diazepam	Diazepam 2mg/5ml oral solution sugar free (Actavis UK)	4080100	Control Of Epilepsy
Amitriptyline		4010201	Benzodiazepines
Hydrochloride/Chlordiazepoxide	Amitriptyline 12.5mg / Chlordiazepoxide 5mg capsules	4030100	Tricyclic And Related Antidepressant Drugs
Lormetazepam	Loramet 1mg Capsule (Wyeth Pharmaceuticals)	4010100	Hypnotics
Temazepam	Normison 20mg Capsule (Wyeth Pharmaceuticals)	04010100/15010401	Hypnotics/Benzodiazepines (peri-operative)
Medazepam	Medazepam 5mg Capsule	4010200	Anxiolytics
	CHLORDIAZEPOXIDE	0	Unknown
Bromazepam	Bromazepam 1.5mg tablets	4010200	Anxiolytics
Temazepam	Temazepam gelthix 15mg Capsule (Pharmacia)	04010100/15010401	Hypnotics/Benzodiazepines (peri-operative)
Loprazolam mesilate	Dormonoc 1mg Tablet (Hoechst Marion Roussel)	4010100	Hypnotics
Ketazolam	Ketazolam 15mg Capsule	4010200	Anxiolytics
Diazepam	Diazepam 20mg rectal tubes	04010200/04080200	Anxiolytics/Drugs Used In Status Epilepticus
Nitrazepam	Somnite 2.5mg/5ml oral suspension (Norgine Pharmaceuticals)	4010100	Hypnotics
Flurazepam hydrochloride	Paxane 30mg Capsule (M A Steinhard)	4010100	Hypnotics
Chlordiazepoxide hydrochloride	Librium 10mg capsules (Meda Pharmaceuticals)	04010201/04105000/10020200	Benzodiazepines/Drugs Used In Substance Dependence - Alcohol Dependence/Skeletal Muscle Relaxants
Chlordiazepoxide Hydrochloride	Chlordiazepoxide 100mg injection	4010200	Anxiolytics
Oxazepam	Oxanid 10mg Tablet (M A Steinhard)	4010200	Anxiolytics
Prazepam	Centrax 10mg Tablet (Parke-davis Research Laboratories)	4010200	Anxiolytics
Clonazepam	Rivotril 1mg/1ml concentrate for solution for injection ampoules (Roche Products)	4080200	Drugs Used In Status Epilepticus
Temazepam	Temazepam 10mg/5ml oral solution sugar free (Rosemont Pharmaceuticals)	04010100/15010401	Hypnotics/Benzodiazepines (peri-operative)
Nitrazepam	Surem 5mg Capsule (Galen)	4010100	Hypnotics
Chlordiazepoxide hydrochloride	Tropium 5mg capsules (Dr Reddy's Laboratories (UK))	04010201/10020200	Benzodiazepines/Skeletal Muscle Relaxants
	CHLORDIAZEPOXIDE	0	Unknown
Diazepam	Diazepam 2mg Tablet (Crosspharma)	04010100/04010200	Hypnotics/Anxiolytics
Ketazolam	Ketazolam 30mg Capsule	4010200	Anxiolytics
Diazepam	Valium 5mg Suppository (Roche Products)	04010200/04080200	Anxiolytics/Drugs Used In Status Epilepticus
Diazepam	Evacalm 5mg Tablet (Unimed Pharmaceuticals)	04010100/04010200	Hypnotics/Anxiolytics
Chlordiazepoxide hydrochloride	Chlordiazepoxide 5mg Tablet (DDSA Pharmaceuticals)	4010200	Anxiolytics
Temazepam	Euhypnos forte 20mg Capsule (Pharmacia)	04010100/15010401	Hypnotics/Benzodiazepines (peri-operative)
		04010201/04080200/04080300/10020200/1	Benzodiazepines/Drugs Used In Status Epilepticus/Febrile Convulsions/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)
Diazepam	Diazepam 2mg tablets (Ranbaxy (UK))	5010401	Benzodiazepines/Skeletal Muscle Relaxants
Chlordiazepoxide hydrochloride	Tropium 5mg tablets (Dr Reddy's Laboratories (UK))	04010201/10020200	Benzodiazepines/Skeletal Muscle Relaxants

Diazepam	Valium 2mg/5ml Oral solution (Roche Products)	04010100/04010200	Hypnotics/Anxiolytics
Temazepam	Temazepam 20mg Tablet (Wyeth Pharmaceuticals)	04010100/15010401	Hypnotics/Benzodiazepines (peri-operative)
Temazepam	Temazepam 20mg tablets (IVAX Pharmaceuticals UK)	04010100/15010401	Hypnotics/Benzodiazepines (peri-operative)
Diazepam	Valclair 10mg suppositories (Durbin Plc)	0	Unknown
Chlordiazepoxide Hydrochloride	Librium 25mg Tablet (ICN Pharmaceuticals France S.A.)	4010200	Anxiolytics
Diazepam	Diazepam 5mg tablets (Actavis UK)	04010201/04080200/04080300/10020200/15010401	Benzodiazepines/Drugs Used In Status Epilepticus/Febrile Convulsions/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)
Temazepam	Temazepam 20mg gel-fill capsules	04010100/15010401	Hypnotics/Benzodiazepines (peri-operative)
Diazepam	Diazepam 10mg/2ml solution for injection ampoules (Wockhardt UK)	04010201/04080200/04080300/10020200/15010401	Benzodiazepines/Drugs Used In Status Epilepticus/Febrile Convulsions/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)
Clonazepam	Clonazepam 250micrograms/5ml oral solution	4080100	Control Of Epilepsy
Temazepam	Temazepam 10mg/5ml oral solution sugar free (A A H Pharmaceuticals)	04010100/15010401	Hypnotics/Benzodiazepines (peri-operative)
Diazepam	Diazepam 2mg/5ml oral solution (Sandoz)	04010201/04080200/10020200/15010401/54140000	Benzodiazepines/Drugs Used In Status Epilepticus/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)/Therapy Of Convulsions Due To Poisoning
Diazepam	Solis 5mg Capsule (Galen)	04010100/04010200	Hypnotics/Anxiolytics
Lorazepam	Lorazepam 1mg tablets (Teva UK)	04010201/15010401	Benzodiazepines/Benzodiazepines (peri-operative)
Temazepam	Temazepam 10mg Tablet (Wyeth Pharmaceuticals)	04010100/15010401	Hypnotics/Benzodiazepines (peri-operative)
Diazepam	Diazepam 2mg tablets (A A H Pharmaceuticals)	04010201/04080200/04080300/10020200/15010401	Benzodiazepines/Drugs Used In Status Epilepticus/Febrile Convulsions/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)
Diazepam	Diazepam 10mg/2ml solution for injection ampoules (Hameln Pharmaceuticals)	04010201/04080200/10020200/15010401/54140000	Benzodiazepines/Drugs Used In Status Epilepticus/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)/Therapy Of Convulsions Due To Poisoning
Temazepam	Temazepam 10mg tablets (IVAX Pharmaceuticals UK)	04010100/15010401	Hypnotics/Benzodiazepines (peri-operative)
Diazepam	Diazepam 5mg/2.5ml rectal solution tube (Sandoz)	04010201/04080200/10020200/15010401/54140000	Benzodiazepines/Drugs Used In Status Epilepticus/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)/Therapy Of Convulsions Due To Poisoning
Diazepam	Diazepam 5mg/5ml oral solution (Sandoz)	04010201/04080200/10020200/15010401/54140000	Benzodiazepines/Drugs Used In Status Epilepticus/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)/Therapy Of Convulsions Due To Poisoning
Lormetazepam	Lormetazepam 500microgram tablets (A A H Pharmaceuticals)	4010100	Hypnotics
Diazepam	Diazepam 10mg tablets (Mylan)	04010201/04080200/04080300/10020200/15010401	Benzodiazepines/Drugs Used In Status Epilepticus/Febrile Convulsions/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)
Temazepam	Temazepam 10mg tablets (A A H Pharmaceuticals)	04010201/04080200/04080300/10020200/15010401	Hypnotics/Benzodiazepines (peri-operative)
Diazepam	Diazepam 2mg tablets (Teva UK)	04010201/04080200/04080300/10020200/15010401	Benzodiazepines/Drugs Used In Status Epilepticus/Febrile Convulsions/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)
Diazepam	Diazepam 2mg tablets (Mylan)	04010201/04080200/04080300/10020200/15010401	Benzodiazepines/Drugs Used In Status Epilepticus/Febrile Convulsions/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)
Diazepam	Diazepam 10mg tablets (Ranbaxy (UK))	04010201/04080200/04080300/10020200/15010401	Benzodiazepines/Drugs Used In Status Epilepticus/Febrile Convulsions/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)
Lormetazepam	Lormetazepam 500microgram tablets (Genus Pharmaceuticals)	4010100	Hypnotics
Temazepam	Temazepam 10mg tablets (Teva UK)	04010100/15010401	Hypnotics/Benzodiazepines (peri-operative)
Nitrazepam	Nitrazepam 5mg tablets (A A H Pharmaceuticals)	4010100	Hypnotics
Diazepam	Diazepam 5mg tablets (Teva UK)	04010201/04080200/04080300/10020200/15010401	Benzodiazepines/Drugs Used In Status Epilepticus/Febrile Convulsions/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)
Clonazepam	Clonazepam 2mg/5ml oral solution sugar free (Rosemont Pharmaceuticals)	4080100	Control Of Epilepsy
Temazepam	Temazepam 10mg tablets (Mylan)	04010100/15010401	Hypnotics/Benzodiazepines (peri-operative)
Lormetazepam	Lormetazepam 1mg tablets (Mylan)	4010100	Hypnotics
Diazepam	Diazepam 2mg tablets (Actavis UK)	04010201/04080200/04080300/10020200/15010401	Benzodiazepines/Drugs Used In Status Epilepticus/Febrile Convulsions/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)
Lormetazepam	Lormetazepam 1mg Tablet (Wyeth Pharmaceuticals)	4010100	Hypnotics
Nitrazepam	Nitrazepam 5mg tablets (Wockhardt UK)	4010100	Hypnotics
Diazepam	Diazepam 2mg Tablet (Regent Laboratories)	04010100/04010200	Hypnotics/Anxiolytics
Temazepam	Temazepam 20mg tablets (Mylan)	04010100/15010401	Hypnotics/Benzodiazepines (peri-operative)
Diazepam	Diazepam 10mg/2.5ml rectal solution tube (Sandoz)	04010201/04080200/10020200/15010401/54140000	Benzodiazepines/Drugs Used In Status Epilepticus/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)/Therapy Of Convulsions Due To Poisoning
Diazepam	Diazepam 5mg tablets (Mylan)	04010201/04080200/04080300/10020200/15010401	Benzodiazepines/Drugs Used In Status Epilepticus/Febrile Convulsions/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)
Diazepam	Diazepam 5mg tablets (A A H Pharmaceuticals)	04010201/04080200/04080300/10020200/15010401	Benzodiazepines/Drugs Used In Status Epilepticus/Febrile Convulsions/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)
Lormetazepam	Lormetazepam 500microgram tablets (Mylan)	4010100	Hypnotics
Diazepam	Diazepam 2mg tablets (IVAX Pharmaceuticals UK)	04010201/04080200/04080300/10020200/15010401	Benzodiazepines/Drugs Used In Status Epilepticus/Febrile Convulsions/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)
Diazepam	Diazepam 5mg Tablet (Crosspharma)	04010100/04010200	Hypnotics/Anxiolytics
Nitrazepam	Nitrazepam 5mg tablets (Teva UK)	4010100	Hypnotics
Lormetazepam	Lormetazepam 1mg tablets (Genus Pharmaceuticals)	4010100	Hypnotics
Nitrazepam	Nitrazepam 5mg Tablet (DDSA Pharmaceuticals)	4010100	Hypnotics
Nitrazepam	Nitrazepam 5mg tablets (Mylan)	4010100	Hypnotics
Diazepam	Diazepam 10mg tablets (Actavis UK)	04010201/04080200/04080300/10020200/15010401	Benzodiazepines/Drugs Used In Status Epilepticus/Febrile Convulsions/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)
Diazepam	Diazepam 2mg Tablet (Berk Pharmaceuticals)	04010100/04010200	Hypnotics/Anxiolytics
Diazepam	Diazepam 5mg Tablet (Berk Pharmaceuticals)	04010100/04010200	Hypnotics/Anxiolytics

Chlordiazepoxide hydrochloride	Chlordiazepoxide 5mg Capsule (DDSA Pharmaceuticals)	4010200	Anxiolytics
Nitrazepam	Nitrazepam 5mg Tablet (Berk Pharmaceuticals)	4010100	Hypnotics
Lorazepam	Lorazepam 2.5mg tablets (Teva UK)	04010201/15010401	Benzodiazepines/Benzodiazepines (peri-operative)
Chlordiazepoxide hydrochloride	Chlordiazepoxide 5mg capsules (A A H Pharmaceuticals)	04010201/04105000/10020200	Benzodiazepines/Drugs Used In Substance Dependence - Alcohol Dependence/Skeletal Muscle Relaxants
Lorazepam	Lorazepam 1mg tablets (Mylan)	04010201/15010401	Benzodiazepines/Benzodiazepines (peri-operative)
Diazepam	Atensine 10mg Tablet (Rorer Pharmaceuticals)	04010100/04010200	Hypnotics/Anxiolytics
Temazepam	Temazepam 20mg Tablet (Pharmacia)	04010100/15010401	Hypnotics/Benzodiazepines (peri-operative)
Oxazepam	Oxazepam 10mg tablets (A A H Pharmaceuticals)	4010201	Benzodiazepines
Temazepam	Euhypnos 10mg/5ml Oral solution (Pharmacia)	04010100/15010401	Hypnotics/Benzodiazepines (peri-operative)
Nitrazepam	Remnos 10mg Tablet (DDSA Pharmaceuticals)	4010100	Hypnotics
Lorazepam	Lorazepam 1mg/5ml oral suspension	04010201/15010401	Benzodiazepines/Benzodiazepines (peri-operative)
Clobazam	Clobazam 2.5mg capsules	4080100	Control Of Epilepsy
Lorazepam	Lorazepam 1mg/5ml oral solution	04010201/15010401	Benzodiazepines/Benzodiazepines (peri-operative)
Diazepam	Diazepam 5mg Rectal tubes (Hillcross Pharmaceuticals)	04010200/04080200	Anxiolytics/Drugs Used In Status Epilepticus
Temazepam	Temazepam 10mg Capsule (Berk Pharmaceuticals)	04010100/15010401	Hypnotics/Benzodiazepines (peri-operative)
Temazepam	Temazepam 20mg Capsule (Berk Pharmaceuticals)	04010100/15010401	Hypnotics/Benzodiazepines (peri-operative)
Lorazepam	Lorazepam 1mg tablets (Genus Pharmaceuticals)	04010201/15010401	Benzodiazepines/Benzodiazepines (peri-operative)
Chlordiazepoxide Hydrochloride	Chlordiazepoxide 25mg Tablet (DDSA Pharmaceuticals)	4010200	Anxiolytics
Clobazam	Clobazam 25mg/5ml oral solution	4080100	Control Of Epilepsy
Nitrazepam	Nitrazepam 5mg tablets (Actavis UK)	4010100	Hypnotics
Lorazepam	Lorazepam 1mg tablets (Arrow Generics)	04010201/15010401	Benzodiazepines/Benzodiazepines (peri-operative)
Oxazepam	Oxazepam 15mg tablets (A A H Pharmaceuticals)	4010201	Benzodiazepines
Temazepam	Temazepam 10mg Tablet (IVAX Pharmaceuticals UK)	04010100/15010401	Hypnotics/Benzodiazepines (peri-operative)
Oxazepam	Oxazepam 10mg tablets (Actavis UK)	4010201	Benzodiazepines
Oxazepam	Oxazepam 10mg Tablet (IVAX Pharmaceuticals UK)	4010200	Anxiolytics
Oxazepam	Oxazepam 10mg tablets (Genus Pharmaceuticals)	4010201	Benzodiazepines
Temazepam	Temazepam 10mg Tablet (Pharmacia)	04010100/15010401	Hypnotics/Benzodiazepines (peri-operative)
Chlordiazepoxide hydrochloride	Chlordiazepoxide 10mg Capsule (Approved Prescription Services)	4010200	Anxiolytics
Chlordiazepoxide hydrochloride	Chlordiazepoxide 10mg Capsule (IVAX Pharmaceuticals UK)	4010200	Anxiolytics
Chlordiazepoxide hydrochloride	Chlordiazepoxide 5mg capsules (Actavis UK)	04010201/10020200	Benzodiazepines/Skeletal Muscle Relaxants
Chlordiazepoxide hydrochloride	Chlordiazepoxide 10mg capsules (Actavis UK)	04010201/10020200	Benzodiazepines/Skeletal Muscle Relaxants
Loprazolam mesilate	Loprazolam 1mg tablets (Zentiva)	4010100	Hypnotics
Oxazepam	Oxazepam 15mg Tablet (IVAX Pharmaceuticals UK)	4010200	Anxiolytics
Oxazepam	Oxazepam 15mg tablets (Actavis UK)	4010201	Benzodiazepines
Chlordiazepoxide hydrochloride	Chlordiazepoxide 5mg Capsule (Approved Prescription Services)	4010200	Anxiolytics
Diazepam	Diazepam 10mg tablets (Teva UK)	04010201/04080200/04080300/10020200/15010401	Benzodiazepines/Drugs Used In Status Epilepticus/Febrile Convulsions/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)
Chlordiazepoxide hydrochloride	Chlordiazepoxide 10mg Capsule (DDSA Pharmaceuticals)	4010200	Anxiolytics
Diazepam	Diazepam 10mg tablets (A A H Pharmaceuticals)	04010201/04080200/04080300/10020200/15010401	Benzodiazepines/Drugs Used In Status Epilepticus/Febrile Convulsions/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)
Temazepam	Temazepam 20mg Capsule (Hillcross Pharmaceuticals)	04010100/15010401	Hypnotics/Benzodiazepines (peri-operative)
Diazepam	Diazepam 10mg Suppository (Sinclair IS Pharma Plc)	04010200/04080200	Anxiolytics/Drugs Used In Status Epilepticus
Temazepam	Temazepam 20mg tablets (A A H Pharmaceuticals)	04010100/15010401	Hypnotics/Benzodiazepines (peri-operative)
Temazepam	Temazepam 20mg tablets (A A H Pharmaceuticals)	04010100/15010401	Hypnotics/Benzodiazepines (peri-operative)
Temazepam	Temazepam 10mg Capsule (Hillcross Pharmaceuticals)	04010100/15010401	Hypnotics/Benzodiazepines (peri-operative)
Temazepam	Temazepam 10mg Capsule (Hillcross Pharmaceuticals)	04010100/15010401	Hypnotics/Benzodiazepines (peri-operative)
Triazolam	Triazolam 0.25mg Tablet (Berk Pharmaceuticals)	4010100	Hypnotics
Triazolam	Triazolam 0.25mg Tablet (Berk Pharmaceuticals)	4010100	Hypnotics
Chlordiazepoxide hydrochloride	Chlordiazepoxide 10mg Tablet (DDSA Pharmaceuticals)	4010200	Anxiolytics
Diazepam	Diazepam 5mg/5ml oral solution (A A H Pharmaceuticals)	04010201/04080200/04080300/10020200/15010401	Benzodiazepines/Drugs Used In Status Epilepticus/Febrile Convulsions/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)
Lorazepam	Lorazepam 2.5mg tablets (Genus Pharmaceuticals)	04010201/15010401	Benzodiazepines/Benzodiazepines (peri-operative)
Chlordiazepoxide hydrochloride	Chlordiazepoxide 5mg tablets (A A H Pharmaceuticals)	04010201/10020200	Benzodiazepines/Skeletal Muscle Relaxants
Midazolam	Midazolam Oral solution	04080200/15010401	Drugs Used In Status Epilepticus/Benzodiazepines (peri-operative)
Chlordiazepoxide hydrochloride	Tropium 10mg tablets (Dr Reddy's Laboratories (UK))	04010201/10020200	Benzodiazepines/Skeletal Muscle Relaxants
Clonazepam	Clonazepam 500microgram/5ml Oral solution (Rosemont Pharmaceuticals)	4080100	Control Of Epilepsy
Diazepam	Diazepam 2mg Tablet (M & A Pharmachem)	04010100/04010200	Hypnotics/Anxiolytics
Diazepam	Diazepam 5mg tablets (Ranbaxy (UK))	04010201/04080200/04080300/10020200/15010401	Benzodiazepines/Drugs Used In Status Epilepticus/Febrile Convulsions/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)
Chlordiazepoxide hydrochloride	Chlordiazepoxide 10mg capsules (A A H Pharmaceuticals)	04010201/04105000/10020200	Benzodiazepines/Drugs Used In Substance Dependence - Alcohol Dependence/Skeletal Muscle Relaxants

Diazepam	Diazepam 5mg tablets (Sandoz)	04010201/04080200/04080300/10020200/15010401	Benzodiazepines/Drugs Used In Status Epilepticus/Febrile Convulsions/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)
Temazepam	Temazepam 10mg tablets (Actavis UK)	04010100/15010401	Hypnotics/Benzodiazepines (peri-operative)
Temazepam	Temazepam 10mg tablets (Genus Pharmaceuticals)	04010100/15010401	Hypnotics/Benzodiazepines (peri-operative)
Diazepam	Diazepam 2mg tablets (Almus Pharmaceuticals)	04010201/04080200/04080300/10020200/15010401	Benzodiazepines/Drugs Used In Status Epilepticus/Febrile Convulsions/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)
Midazolam	Midazolam 2.5mg/ml oral solution	15010401	Benzodiazepines (peri-operative)
Lorazepam	Lorazepam 1mg tablets (Sandoz)	04010201/15010401	Benzodiazepines/Benzodiazepines (peri-operative)
Temazepam	Temazepam 20mg tablets (Genus Pharmaceuticals)	04010100/15010401	Hypnotics/Benzodiazepines (peri-operative)
Clobazam	Clobazam 10mg/5ml oral solution	4080100	Control Of Epilepsy
Clobazam	Clobazam 5mg/5ml oral solution	4080100	Control Of Epilepsy
Lorazepam	Lorazepam 500micrograms/5ml oral solution	04010201/15010401	Benzodiazepines/Benzodiazepines (peri-operative)
Triazolam	Triazolam (roi) 125microgram Tablet	04010100	Hypnotics
Diazepam	Diazepam 10mg tablets (IVAX Pharmaceuticals UK)	04010201/04080200/04080300/10020200/15010401	Benzodiazepines/Drugs Used In Status Epilepticus/Febrile Convulsions/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)
Temazepam	Temazepam 20mg tablets (Teva UK)	04010100/15010401	Hypnotics/Benzodiazepines (peri-operative)
Oxazepam	Oxazepam 15mg tablets (Genus Pharmaceuticals)	4010201	Benzodiazepines
Nitrazepam	Nitrazepam 5mg tablets (Ranbaxy (UK))	4010100	Hypnotics
Temazepam	Temazepam 20mg tablets (Actavis UK)	04010100/15010401	Hypnotics/Benzodiazepines (peri-operative)
Diazepam	Diazepam 5mg tablets (IVAX Pharmaceuticals UK)	04010201/04080200/04080300/10020200/15010401	Benzodiazepines/Drugs Used In Status Epilepticus/Febrile Convulsions/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)
Clonazepam	Clonazepam 500micrograms/5ml oral solution	4080100	Control Of Epilepsy
Clobazam	Clobazam 25mg/5ml oral suspension	4080100	Control Of Epilepsy
Lormetazepam	Lormetazepam 1mg/5ml oral suspension	4010100	Hypnotics
Clonazepam	Clonazepam 500micrograms/5ml oral solution sugar free	4080100	Control Of Epilepsy
Midazolam	Midazolam 10mg/1ml oromucosal solution pre-filled oral syringes	0	Unknown
Midazolam	Midazolam 5mg/0.5ml oromucosal solution pre-filled syringes	4080200	Drugs Used In Status Epilepticus
Temazepam	Temazepam 10mg tablets (Sandoz)	04010100/15010401	Hypnotics/Benzodiazepines (peri-operative)
Clonazepam	Clonazepam 2mg/5ml oral solution sugar free	4080100	Control Of Epilepsy
Clobazam	Clobazam 4mg/5ml oral solution	4080100	Control Of Epilepsy
Diazepam	Diazepam 10mg/5ml oral solution	04010201/04080200/10020200/15010401/54140000	Benzodiazepines/Drugs Used In Status Epilepticus/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)/Therapy Of Convulsions Due To Poisoning
Clobazam	Clobazam 2.5mg/5ml oral solution	4080100	Control Of Epilepsy
Midazolam	Epistatus 10mg/1ml oromucosal solution (Special Products)	4080200	Drugs Used In Status Epilepticus
Diazepam	Diazepam 10mg/2ml solution for injection ampoules (A A H Pharmaceuticals)	04010201/04080200/04080300/10020200/15010401	Benzodiazepines/Drugs Used In Status Epilepticus/Febrile Convulsions/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)
Midazolam	Epistatus 7.5mg/0.75ml oromucosal solution pre-filled oral syringes (Special Products)	4080200	Drugs Used In Status Epilepticus
Clobazam	Diazepam 2mg/5ml oral suspension	4010201	Benzodiazepines
Clobazam	Clobazam 4mg/5ml oral suspension	4080100	Control Of Epilepsy
Clobazam	Clobazam 2.5mg/5ml oral suspension	4080100	Control Of Epilepsy
Clobazam	Clobazam 100mg/5ml oral suspension	4080100	Control Of Epilepsy
Midazolam	Epistatus 10mg/1ml oromucosal solution pre-filled oral syringes (Special Products)	4080200	Drugs Used In Status Epilepticus
Clonazepam	Clonazepam 500microgram tablets (Phoenix Healthcare Distribution)	4080100	Control Of Epilepsy
Diazepam	Diazepam 2mg/5ml oral solution sugar free (A A H Pharmaceuticals)	4010201	Benzodiazepines
Diazepam	Diazepam 2.5mg/5ml oral solution	04010201/04080200/10020200/15010401/54140000	Benzodiazepines/Drugs Used In Status Epilepticus/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)/Therapy Of Convulsions Due To Poisoning
Clonazepam	Clonazepam 2mg tablets (Sigma Pharmaceuticals Plc)	4080100	Control Of Epilepsy
Midazolam	Midazolam 7.5mg/0.75ml oromucosal solution pre-filled syringes	4080200	Drugs Used In Status Epilepticus
Diazepam	Diazepam 10mg Tablet (M & A Pharmachem)	04010100/04010200	Hypnotics/Anxiolytics
Midazolam	Epistatus 5mg/0.5ml oromucosal solution pre-filled oral syringes (Special Products)	4080200	Drugs Used In Status Epilepticus
Clobazam	Tapclob 5mg/5ml oral suspension (Martindale Pharmaceuticals)	04010201/04080100	Benzodiazepines/Control Of Epilepsy
Triazolam	Triazolam 0.125mg Tablet (Berk Pharmaceuticals)	4010100	Hypnotics
Clobazam	Clobazam 10mg/5ml oral suspension sugar free	04010201/04080100	Benzodiazepines/Control Of Epilepsy
Bromazepam	Bromazepam 3mg tablets	4010000	Hypnotics And Anxiolytics
Temazepam	Temazepam 10mg/5ml oral solution sugar free (Focus Pharmaceuticals)	04010100/15010401	Hypnotics/Benzodiazepines (peri-operative)
Midazolam	Midazolam 10mg/1ml oromucosal solution pre-filled oral syringes	15010401	Benzodiazepines (peri-operative)
Diazepam	Diazepam 2mg tablets (Wockhardt UK)	04010201/04080200/04080300/10020200/15010401	Benzodiazepines/Drugs Used In Status Epilepticus/Febrile Convulsions/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)
Lorazepam	Lorazepam 5mg/5ml oral solution	04010201/15010401	Benzodiazepines/Benzodiazepines (peri-operative)
Clobazam	Tapclob 10mg/5ml oral suspension (Martindale Pharmaceuticals)	04010201/04080100	Benzodiazepines/Control Of Epilepsy
Temazepam	Temazepam 10mg tablets (F.Maltby & Sons)	04010100/15010401	Hypnotics/Benzodiazepines (peri-operative)
Temazepam	Temazepam 10mg tablets (Ethigen)	04010100/15010401	Hypnotics/Benzodiazepines (peri-operative)

Lorazepam	Lorazepam 2.5mg tablets (Sandoz)	04010201/15010401	Benzodiazepines/Benzodiazepines (peri-operative)
Clobazam	Frisium 10mg tablets (Waymade Healthcare Plc)	4080100	Control Of Epilepsy
Clonazepam	Clonazepam 250micrograms/5ml oral suspension	4080100	Control Of Epilepsy
Diazepam	Diazepam 5mg tablets (Waymade Healthcare Plc)	04010201/04080200/04080300/10020200/15010401	Benzodiazepines/Drugs Used In Status Epilepticus/Febrile Convulsions/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)
Diazepam	Diazepam 5mg tablets (Sovereign Medical)	04010201/04080200/04080300/10020200/15010401	Benzodiazepines/Drugs Used In Status Epilepticus/Febrile Convulsions/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)
Clonazepam	Clonazepam 312.5micrograms/5ml oral suspension	4080100	Control Of Epilepsy
Clonazepam	Clonazepam 500microgram tablets (A A H Pharmaceuticals)	4080100	Control Of Epilepsy
Diazepam	Diazepam 10mg/5ml oral solution (AM Distributions (Yorkshire))	04010201/04080200/10020200/15010401/54140000	Benzodiazepines/Drugs Used In Status Epilepticus/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)/Therapy Of Convulsions Due To Poisoning
Diazepam	Diazepam 5mg/5ml oral solution (AM Distributions (Yorkshire))	04010201/04080200/04080300/10020200/15010401	Benzodiazepines/Drugs Used In Status Epilepticus/Febrile Convulsions/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)
Clonazepam	Clonazepam 500microgram tablets (Almus Pharmaceuticals)	4080100	Control Of Epilepsy
Diazepam	Diazepam 5mg tablets (DE Pharmaceuticals)	04010201/04080200/04080300/10020200/15010401	Benzodiazepines/Drugs Used In Status Epilepticus/Febrile Convulsions/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)
Clobazam	Clobazam 5mg/5ml oral suspension (Special Order)	4080100	Control Of Epilepsy
Temazepam	Temazepam 20mg tablets (Sandoz)	04010100/15010401	Hypnotics/Benzodiazepines (peri-operative)
Diazepam	Diazepam 5mg tablets (Arrow Generics)	04010201/04080200/04080300/10020200/15010401	Benzodiazepines/Drugs Used In Status Epilepticus/Febrile Convulsions/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)
Lorazepam	Lorazepam 1mg tablets (A A H Pharmaceuticals)	04010201/15010401	Benzodiazepines/Benzodiazepines (peri-operative)
Clonazepam	Clonazepam 500microgram tablets (Actavis UK)	4080100	Control Of Epilepsy
	Nitrazepam 2mg/5ml oral suspension	4010100	Hypnotics
Lorazepam	Lorazepam 5mg/5ml oral suspension	04010201/15010401	Benzodiazepines/Benzodiazepines (peri-operative)
Diazepam	Diazepam 10mg tablets (Almus Pharmaceuticals)	04010201/04080200/04080300/10020200/15010401	Benzodiazepines/Drugs Used In Status Epilepticus/Febrile Convulsions/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)
Chlordiazepoxide hydrochloride	Chlordiazepoxide 10mg tablets (A A H Pharmaceuticals)	04010201/04105000/10020200	Benzodiazepines/Drugs Used In Substance Dependence - Alcohol Dependence/Skeletal Muscle Relaxants
Diazepam	Diazepam 2mg tablets (Sovereign Medical)	04010201/04080200/04080300/10020200/15010401	Benzodiazepines/Drugs Used In Status Epilepticus/Febrile Convulsions/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)
Temazepam	Temazepam 20mg Tablet (Lagap)	04010100/15010401	Hypnotics/Benzodiazepines (peri-operative)
Clobazam	Clobazam 7.5mg/5ml oral suspension	4080100	Control Of Epilepsy
Diazepam	Diazepam 2mg tablets (Waymade Healthcare Plc)	04010201/04080200/04080300/10020200/15010401	Benzodiazepines/Drugs Used In Status Epilepticus/Febrile Convulsions/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)
Lormetazepam	Noctamid 0.5mg Tablet (Schering Health Care)	4010100	Hypnotics
Temazepam	Temazepam 30mg gel-fill capsules	04010100/15010401	Hypnotics/Benzodiazepines (peri-operative)
Diazepam	Diazepam 2mg tablets (Phoenix Healthcare Distribution)	04010201/04080200/04080300/10020200/15010401	Benzodiazepines/Drugs Used In Status Epilepticus/Febrile Convulsions/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)
Diazepam	Diazepam 2mg tablets (Alliance Healthcare (Distribution))	04010201/04105000/10020200	Benzodiazepines/Drugs Used In Status Epilepticus/Febrile Convulsions/Skeletal Muscle Relaxants/Benzodiazepines (peri-operative)
Chlordiazepoxide hydrochloride	Chlordiazepoxide 10mg tablets (Phoenix Healthcare Distribution)	4080100	Benzodiazepines/Drugs Used In Substance Dependence - Alcohol Dependence/Skeletal Muscle Relaxants
Clonazepam	Clonazepam 5mg/5ml oral suspension	4080100	Control Of Epilepsy
Lorazepam	Lorazepam 1mg tablets (Genesis Pharmaceuticals)	04010201/15010401	Benzodiazepines/Benzodiazepines (peri-operative)
Nitrazepam	Nitrazepam 10mg/5ml oral suspension	4010100	Hypnotics
Lorazepam	Lorazepam 2mg/5ml oral suspension	04010201/15010401	Benzodiazepines/Benzodiazepines (peri-operative)
Clobazam	Clobazam 5mg/5ml oral suspension sugar free (A A H Pharmaceuticals)	04010201/04080100	Benzodiazepines/Control Of Epilepsy
Clonazepam	Clonazepam 10mg/5ml oral solution	4080100	Control Of Epilepsy
GABAergics			
Gabapentin	Gabapentin 100mg capsules	04070300/04080100	Neuropathic Pain/Control Of Epilepsy
Pregabalin	Pregabalin 25mg capsules	04030000/04070300/04080100	Antidepressant Drugs/Neuropathic Pain/Control Of Epilepsy
Pregabalin	Pregabalin 75mg capsules	04030000/04070300/04080100	Antidepressant Drugs/Neuropathic Pain/Control Of Epilepsy
Gabapentin	Gabapentin 300mg capsules	04070300/04080100	Neuropathic Pain/Control Of Epilepsy
Lamotrigine	Lamotrigine 25mg tablets	4080100	Control Of Epilepsy
Lamotrigine	Lamotrigine 50mg tablets	4080100	Control Of Epilepsy
Lamotrigine	Lamotrigine 5mg dispersible tablets sugar free	4080100	Control Of Epilepsy
Vigabatrin	Vigabatrin 500mg tablets	4080100	Control Of Epilepsy
Lamotrigine	Lamotrigine 200mg tablets	4080100	Control Of Epilepsy
Vigabatrin	Vigabatrin 500mg oral powder sachets sugar free	4080100	Control Of Epilepsy
Lamotrigine	Lamictal 25mg tablets (GlaxoSmithKline UK)	4080100	Control Of Epilepsy
Gabapentin	Gabapentin 400mg capsules	04070300/04080100	Neuropathic Pain/Control Of Epilepsy
Lamotrigine	Lamotrigine 100mg tablets	4080100	Control Of Epilepsy
Gabapentin	Gabapentin 600mg tablets	04070300/04080100	Neuropathic Pain/Control Of Epilepsy
Lamotrigine	Lamotrigine 25mg dispersible tablets sugar free	4080100	Control Of Epilepsy
Lamotrigine	Lamictal 100mg dispersible tablets (GlaxoSmithKline UK)	4080100	Control Of Epilepsy
Lamotrigine	Lamotrigine 100mg dispersible tablets sugar free	4080100	Control Of Epilepsy

Gabapentin	Neurontin 300mg capsules (Pfizer)	04070300/04080100	Neuropathic Pain/Control Of Epilepsy
Lamotrigine	Lamotrigine 2mg dispersible tablets sugar free	4080100	Control Of Epilepsy
Pregabalin	Lyrica 75mg capsules (Pfizer)	04030000/04070300/04080100/06010500	Antidepressant Drugs/Neuropathic Pain/Control Of Epilepsy/Treatment Of Diabetic Nephropathy And Neuropathy
Pregabalin	Pregabalin 150mg capsules	04030000/04070300/04080100	Antidepressant Drugs/Neuropathic Pain/Control Of Epilepsy
Pregabalin	Pregabalin 50mg capsules	04030000/04070300/04080100	Antidepressant Drugs/Neuropathic Pain/Control Of Epilepsy
Pregabalin	Pregabalin 200mg capsules	04030000/04070300/04080100	Antidepressant Drugs/Neuropathic Pain/Control Of Epilepsy
Pregabalin	Pregabalin 100mg capsules	04030000/04070300/04080100	Antidepressant Drugs/Neuropathic Pain/Control Of Epilepsy
Pregabalin	Pregabalin 300mg capsules	04030000/04070300/04080100	Antidepressant Drugs/Neuropathic Pain/Control Of Epilepsy
Lamotrigine	Lamictal 50mg tablets (GlaxoSmithKline UK)	4080100	Control Of Epilepsy
Lamotrigine	Lamictal 100mg tablets (GlaxoSmithKline UK)	4080100	Control Of Epilepsy
Pregabalin	Lyrica 100mg capsules (Pfizer)	04030000/04070300/04080100/06010500	Antidepressant Drugs/Neuropathic Pain/Control Of Epilepsy/Treatment Of Diabetic Nephropathy And Neuropathy
Pregabalin	Lyrica 50mg capsules (Pfizer)	04030000/04070300/04080100/06010500	Antidepressant Drugs/Neuropathic Pain/Control Of Epilepsy/Treatment Of Diabetic Nephropathy And Neuropathy
Pregabalin	Lyrica 200mg capsules (Pfizer)	04030000/04070300/04080100/06010500	Antidepressant Drugs/Neuropathic Pain/Control Of Epilepsy/Treatment Of Diabetic Nephropathy And Neuropathy
Gabapentin	Gabapentin 800mg tablets	04070300/04080100	Neuropathic Pain/Control Of Epilepsy
Gabapentin	Neurontin 100mg capsules (Pfizer)	04070300/04080100	Neuropathic Pain/Control Of Epilepsy
Lamotrigine	Lamictal 200mg tablets (GlaxoSmithKline UK)	4080100	Control Of Epilepsy
Pregabalin	Lyrica 300mg capsules (Pfizer)	04030000/04070300/04080100/06010500	Antidepressant Drugs/Neuropathic Pain/Control Of Epilepsy/Treatment Of Diabetic Nephropathy And Neuropathy
Vigabatrin	Sabril 500mg tablets (Sanofi)	4080100	Control Of Epilepsy
Lamotrigine	Lamictal 25mg dispersible tablets (GlaxoSmithKline UK)	4080100	Control Of Epilepsy
Lamotrigine	Lamictal 5mg dispersible tablets (GlaxoSmithKline UK)	4080100	Control Of Epilepsy
Lamotrigine	Lamotrigine 50mg dispersible tablets sugar free	4080100	Control Of Epilepsy
Gabapentin	Neurontin 400mg capsules (Pfizer)	04070300/04080100	Neuropathic Pain/Control Of Epilepsy
Pregabalin	Lyrica 150mg capsules (Pfizer)	04030000/04070300/04080100/06010500	Antidepressant Drugs/Neuropathic Pain/Control Of Epilepsy/Treatment Of Diabetic Nephropathy And Neuropathy
Pregabalin	Lyrica 25mg capsules (Pfizer)	04030000/04070300/04080100/06010500	Antidepressant Drugs/Neuropathic Pain/Control Of Epilepsy/Treatment Of Diabetic Nephropathy And Neuropathy
Vigabatrin	Vigabatrin 125mg capsules	4080100	Control Of Epilepsy
Gabapentin	Neurontin 600mg tablets (Pfizer)	04070300/04080100	Neuropathic Pain/Control Of Epilepsy
Vigabatrin	Sabril 500mg oral powder sachets (Sanofi)	4080100	Control Of Epilepsy
Gabapentin	Gabapentin 250mg/5ml oral solution	04070300/04080100	Neuropathic Pain/Control Of Epilepsy
	TIAGABINE	0	Unknown
Lamotrigine	Lamictal 2mg dispersible tablets (GlaxoSmithKline UK)	4080100	Control Of Epilepsy
Gabapentin	Gabapentin 400mg/5ml oral suspension	04070300/04080100	Neuropathic Pain/Control Of Epilepsy
Gabapentin	Gabapentin 300mg capsules (Teva UK)	04070300/04080100	Neuropathic Pain/Control Of Epilepsy
Gabapentin	Neurontin 800mg tablets (Pfizer)	04070300/04080100	Neuropathic Pain/Control Of Epilepsy
Lamotrigine	Lamotrigine 25mg tablets (Actavis UK)	4080100	Control Of Epilepsy
Lamotrigine	Lamotrigine 100mg tablets (Actavis UK)	4080100	Control Of Epilepsy
Lamotrigine	Lamotrigine 25mg tablets (Mylan)	4080100	Control Of Epilepsy
Gabapentin	Gabapentin 100mg capsules (Teva UK)	04070300/04080100	Neuropathic Pain/Control Of Epilepsy
Gabapentin	Gabapentin 100mg capsules (A A H Pharmaceuticals)	04070300/04080100	Neuropathic Pain/Control Of Epilepsy
Gabapentin	Gabapentin 300mg capsules (A A H Pharmaceuticals)	04070300/04080100	Neuropathic Pain/Control Of Epilepsy
Gabapentin	Gabapentin 600mg tablets (Teva UK)	04070300/04080100	Neuropathic Pain/Control Of Epilepsy
Lamotrigine	Lamotrigine 25mg dispersible tablets sugar free (Arrow Generics)	4080100	Control Of Epilepsy
Pregabalin	Pregabalin 225mg capsules	04030000/04070300/04080100	Antidepressant Drugs/Neuropathic Pain/Control Of Epilepsy
Pregabalin	Lyrica 225mg capsules (Pfizer)	04030000/04070300/04080100/06010500	Antidepressant Drugs/Neuropathic Pain/Control Of Epilepsy/Treatment Of Diabetic Nephropathy And Neuropathy
Lamotrigine	Lamotrigine 50mg tablets (Actavis UK)	4080100	Control Of Epilepsy
Lamotrigine	Lamotrigine 25mg tablets (Teva UK)	4080100	Control Of Epilepsy
Lamotrigine	Lamotrigine 100mg tablets (Teva UK)	4080100	Control Of Epilepsy
Gabapentin	Gabapentin 250mg/5ml oral suspension	04070300/04080100	Neuropathic Pain/Control Of Epilepsy
Gabapentin	Gabapentin 600mg tablets (A A H Pharmaceuticals)	04070300/04080100	Neuropathic Pain/Control Of Epilepsy
Gabapentin	Gabapentin 250mg/5ml oral solution (Boots Pharmaceuticals)	04070300/04080100	Neuropathic Pain/Control Of Epilepsy
Lamotrigine	Lamotrigine 50mg Suppository	4080100	Control Of Epilepsy
Lamotrigine	Lamotrigine 50mg tablets (Teva UK)	4080100	Control Of Epilepsy
Gabapentin	Gabapentin 100mg capsules (Sandoz)	04070300/04080100	Neuropathic Pain/Control Of Epilepsy
Lamotrigine	Lamotrigine 50mg tablets (IVAX Pharmaceuticals UK)	4080100	Control Of Epilepsy
Lamotrigine	Lamotrigine 25mg tablets (Fannin UK)	4080100	Control Of Epilepsy
Gabapentin	Gabapentin 300mg capsules (Mylan)	04070300/04080100	Neuropathic Pain/Control Of Epilepsy
Gabapentin	Gabapentin 300mg capsules (Sandoz)	04070300/04080100	Neuropathic Pain/Control Of Epilepsy
Lamotrigine	Lamotrigine 25mg dispersible tablets sugar free (A A H Pharmaceuticals)	4080100	Control Of Epilepsy
Lamotrigine	Lamotrigine 25mg tablets (Arrow Generics)	4080100	Control Of Epilepsy

Pregabalin	Lyrica 150mg capsules (Lexon (UK))	04030000/04070300/04080100/06010500	Antidepressant Drugs/Neuropathic Pain/Control Of Epilepsy/Treatment Of Diabetic Nephropathy And Neuropathy
Lamotrigine	Lamotrigine 25mg tablets (Accord Healthcare)	4080100	Control Of Epilepsy
Lamotrigine	Lamotrigine 25mg tablets (A A H Pharmaceuticals)	4080100	Control Of Epilepsy
Gabapentin	Gabapentin 300mg capsules (Ranbaxy (UK))	04070300/04080100	Neuropathic Pain/Control Of Epilepsy
	Pregabalin 20mg/ml oral solution sugar free	04030000/04070300/04080100/06010500	Antidepressant Drugs/Neuropathic Pain/Control Of Epilepsy/Treatment Of Diabetic Nephropathy And Neuropathy
Lamotrigine	Lamictal 25mg tablets (DE Pharmaceuticals)	4080100	Control Of Epilepsy
Lamotrigine	Lamictal 25mg tablets (Lexon (UK))	4080100	Control Of Epilepsy
	Lyrica 20mg/ml oral solution (Pfizer)	04030000/04070300/04080100/06010500	Antidepressant Drugs/Neuropathic Pain/Control Of Epilepsy/Treatment Of Diabetic Nephropathy And Neuropathy
Pregabalin	Lyrica 50mg capsules (Waymade Healthcare Plc)	04030000/04070300/04080100/06010500	Antidepressant Drugs/Neuropathic Pain/Control Of Epilepsy/Treatment Of Diabetic Nephropathy And Neuropathy
Gabapentin	Gabapentin 300mg capsules (Actavis UK)	04070300/04080100	Neuropathic Pain/Control Of Epilepsy
Gabapentin	Gabapentin 300mg/5ml oral solution	04070300/04080100	Neuropathic Pain/Control Of Epilepsy
Lamotrigine	Lamotrigine 5mg dispersible tablets sugar free (Actavis UK)	4080100	Control Of Epilepsy
	Gabapentin 50mg/ml oral solution sugar free	04070300/04080100	Neuropathic Pain/Control Of Epilepsy
Gabapentin	Gabapentin 300mg capsules (Almus Pharmaceuticals)	0	Unknown
Gabapentin	Gabapentin 300mg capsules (Bristol Laboratories)	04070300/04080100	Neuropathic Pain/Control Of Epilepsy
Lamotrigine	Lamotrigine 25mg tablets (Bristol Laboratories)	4080100	Control Of Epilepsy
	Pregabalin 150mg/5ml oral solution	04030000/04070300/04080100	Antidepressant Drugs/Neuropathic Pain/Control Of Epilepsy
Lamotrigine	Lamotrigine 25mg dispersible tablets sugar free (Tillomed Laboratories)	4080100	Control Of Epilepsy
Gabapentin	Gabapentin 100mg capsules (Mylan)	04070300/04080100	Neuropathic Pain/Control Of Epilepsy
Gabapentin	Neurontin 300mg capsules (Dowelhurst)	04070300/04080100	Neuropathic Pain/Control Of Epilepsy
Gabapentin	Gabapentin 300mg capsules (Arrow Generics)	04070300/04080100	Neuropathic Pain/Control Of Epilepsy
Lamotrigine	Lamotrigine 50mg tablets (Alliance Healthcare (Distribution))	4080100	Control Of Epilepsy
	Gabapentin 600mg/5ml oral solution	04070300/04080100	Neuropathic Pain/Control Of Epilepsy
Gabapentin	Gabapentin 100mg capsules (Actavis UK)	04070300/04080100	Neuropathic Pain/Control Of Epilepsy
Gabapentin	Gabapentin 400mg capsules (Almus Pharmaceuticals)	04070300/04080100	Neuropathic Pain/Control Of Epilepsy
Gabapentin	Gabapentin 300mg/5ml oral suspension	04070300/04080100	Neuropathic Pain/Control Of Epilepsy
Gabapentin	Gabapentin 100mg capsules (Zentiva)	04070300/04080100	Neuropathic Pain/Control Of Epilepsy
Lamotrigine	Lamotrigine 100mg tablets (A A H Pharmaceuticals)	4080100	Control Of Epilepsy
Lamotrigine	Lamotrigine 100mg tablets (Alliance Healthcare (Distribution))	4080100	Control Of Epilepsy
Vigabatrin	Vigabatrin 500mg/5ml oral solution	4080100	Control Of Epilepsy
Gabapentin	Gabapentin 600mg tablets (Zentiva)	04070300/04080100	Neuropathic Pain/Control Of Epilepsy
	Gabapentin 400mg/5ml oral solution	04070300/04080100	Neuropathic Pain/Control Of Epilepsy
Lamotrigine	Lamotrigine 100mg dispersible tablets sugar free (Teva UK)	4080100	Control Of Epilepsy
Lamotrigine	Lamotrigine 25mg dispersible tablets sugar free (Teva UK)	4080100	Control Of Epilepsy
Lamotrigine	Lamotrigine 50mg tablets (A A H Pharmaceuticals)	4080100	Control Of Epilepsy
Lamotrigine	Lamotrigine 25mg tablets (Alliance Healthcare (Distribution))	4080100	Control Of Epilepsy
Lamotrigine	Lamotrigine 100mg dispersible tablets sugar free (A A H Pharmaceuticals)	4080100	Control Of Epilepsy
Lamotrigine	Lamotrigine 200mg tablets (A A H Pharmaceuticals)	4080100	Control Of Epilepsy
Gabapentin	Gabapentin 300mg capsules (Creo Pharma)	04070300/04080100	Neuropathic Pain/Control Of Epilepsy
Lamotrigine	Lamictal 25mg dispersible tablets (Lexon (UK))	4080100	Control Of Epilepsy
	Pregabalin 75mg/5ml oral solution	04030000/04070300/04080100	Antidepressant Drugs/Neuropathic Pain/Control Of Epilepsy
Lamotrigine	Lamotrigine 200mg tablets (Waymade Healthcare Plc)	4080100	Control Of Epilepsy
Lamotrigine	Lamotrigine 50mg/5ml oral suspension	4080100	Control Of Epilepsy
Gabapentin	Gabapentin 300mg capsules (Waymade Healthcare Plc)	04070300/04080100	Neuropathic Pain/Control Of Epilepsy
Lamotrigine	Lamotrigine 50mg tablets (Accord Healthcare)	4080100	Control Of Epilepsy
Lamotrigine	Lamotrigine 100mg tablets (Accord Healthcare)	4080100	Control Of Epilepsy
Lamotrigine	Lamotrigine 200mg tablets (Accord Healthcare)	4080100	Control Of Epilepsy
Lamotrigine	Lamotrigine 50mg tablets (Sigma Pharmaceuticals Plc)	4080100	Control Of Epilepsy
Pregabalin	Rewisca 75mg capsules (Consilient Health)	04030000/04080100	Antidepressant Drugs/Control Of Epilepsy
Pregabalin	Rewisca 50mg capsules (Consilient Health)	04030000/04080100	Antidepressant Drugs/Control Of Epilepsy
Pregabalin	Rewisca 300mg capsules (Consilient Health)	04030000/04080100	Antidepressant Drugs/Control Of Epilepsy
Pregabalin	Rewisca 150mg capsules (Consilient Health)	04030000/04080100	Antidepressant Drugs/Control Of Epilepsy
Pregabalin	Rewisca 100mg capsules (Consilient Health)	04030000/04080100	Antidepressant Drugs/Control Of Epilepsy
Pregabalin	Rewisca 200mg capsules (Consilient Health)	04030000/04080100	Antidepressant Drugs/Control Of Epilepsy
Pregabalin	Rewisca 25mg capsules (Consilient Health)	04030000/04080100	Antidepressant Drugs/Control Of Epilepsy
Pregabalin	Rewisca 225mg capsules (Consilient Health)	04030000/04080100	Antidepressant Drugs/Control Of Epilepsy
Gabapentin	Gabapentin 300mg capsules (Zentiva)	04070300/04080100	Neuropathic Pain/Control Of Epilepsy
Pregabalin	Pregabalin 50mg capsules (A A H Pharmaceuticals)	04030000/04080100	Antidepressant Drugs/Control Of Epilepsy

Pregabalin	Alzain 25mg capsules (Dr Reddy's Laboratories (UK))	04030000/04080100	Antidepressant Drugs/Control Of Epilepsy
Pregabalin	Alzain 100mg capsules (Dr Reddy's Laboratories (UK))	04030000/04080100	Antidepressant Drugs/Control Of Epilepsy
Lamotrigine	Lamotrigine 25mg dispersible tablets sugar free (Actavis UK)	4080100	Control Of Epilepsy
Pregabalin	Pregabalin 100mg capsules (A A H Pharmaceuticals)	04030000/04080100	Antidepressant Drugs/Control Of Epilepsy
Pregabalin	Alzain 300mg capsules (Dr Reddy's Laboratories (UK))	04030000/04080100	Antidepressant Drugs/Control Of Epilepsy
Pregabalin	Alzain 225mg capsules (Dr Reddy's Laboratories (UK))	04030000/04080100	Antidepressant Drugs/Control Of Epilepsy
Pregabalin	Alzain 150mg capsules (Dr Reddy's Laboratories (UK))	04030000/04080100	Antidepressant Drugs/Control Of Epilepsy
Pregabalin	Alzain 75mg capsules (Dr Reddy's Laboratories (UK))	04030000/04080100	Antidepressant Drugs/Control Of Epilepsy
Pregabalin	Alzain 50mg capsules (Dr Reddy's Laboratories (UK))	04030000/04080100	Antidepressant Drugs/Control Of Epilepsy
Pregabalin	Alzain 200mg capsules (Dr Reddy's Laboratories (UK))	04030000/04080100	Antidepressant Drugs/Control Of Epilepsy
Gabapentin	Gabapentin 600mg tablets (DE Pharmaceuticals)	04070300/04080100	Neuropathic Pain/Control Of Epilepsy
Pregabalin	Pregabalin 150mg/5ml oral suspension	04030000/04070300/04080100	Antidepressant Drugs/Neuropathic Pain/Control Of Epilepsy
Gabapentin	Gabapentin 300mg capsules (Alliance Healthcare (Distribution))	04070300/04080100	Neuropathic Pain/Control Of Epilepsy
Gabapentin	Gabapentin 50mg/ml oral solution sugar free (Alliance Healthcare (Distribution))	04070300/04080100	Neuropathic Pain/Control Of Epilepsy
Pregabalin	Lyrica 75mg capsules (Waymade Healthcare Plc)	04030000/04070300/04080100/06010500	Antidepressant Drugs/Neuropathic Pain/Control Of Epilepsy/Treatment Of Diabetic Nephropathy And Neuropathy
Pregabalin	Lyrica 150mg capsules (Sigma Pharmaceuticals Plc)	04030000/04070300/04080100/06010500	Antidepressant Drugs/Neuropathic Pain/Control Of Epilepsy/Treatment Of Diabetic Nephropathy And Neuropathy
Lamotrigine	Lamotrigine 100mg tablets (Kent Pharmaceuticals)	4080100	Control Of Epilepsy
Gabapentin	Gabapentin 100mg/5ml oral solution	04070300/04080100	Neuropathic Pain/Control Of Epilepsy
Pregabalin	Pregabalin 75mg capsules (Teva UK)	04030000/04080100	Antidepressant Drugs/Control Of Epilepsy
Pregabalin	Pregabalin 25mg capsules (Teva UK)	04030000/04080100	Antidepressant Drugs/Control Of Epilepsy
Pregabalin	Lecaent 50mg capsules (Actavis UK)	04030000/04080100	Antidepressant Drugs/Control Of Epilepsy
Pregabalin	Pregabalin 50mg capsules (Accord Healthcare)	04030000/04070300/04080100	Antidepressant Drugs/Neuropathic Pain/Control Of Epilepsy
Pregabalin	Pregabalin 50mg capsules (Sandoz)	04030000/04070300/04080100	Antidepressant Drugs/Neuropathic Pain/Control Of Epilepsy
Pregabalin	Lyrica 75mg capsules (Stephar (U.K.))	04030000/04070300/04080100/06010500	Antidepressant Drugs/Neuropathic Pain/Control Of Epilepsy/Treatment Of Diabetic Nephropathy And Neuropathy
Lamotrigine	Lamictal 50mg tablets (DE Pharmaceuticals)	4080100	Control Of Epilepsy
Lamotrigine	Lamotrigine 5mg/5ml oral solution	4080100	Control Of Epilepsy
Opioids			
Dihydrocodeine tartrate	Dihydrocodeine 30mg tablets	4070200	Opioid Analgesics
Tramadol hydrochloride	Tramadol 50mg capsules	4070200	Opioid Analgesics
Pentazocine Lactate	Fortral 30mg/ml Injection (Sterwin Medicines)	4070200	Opioid Analgesics
Codeine phosphate	Codeine 15mg/5ml linctus	3090100	Cough Suppressants
Codeine phosphate	Codeine 30mg tablets	01040200/03090100/04070200	Antimotility Drugs/Cough Suppressants/Opioid Analgesics
Tramadol hydrochloride	Zydol 50mg capsules (Grunenthal)	4070200	Opioid Analgesics
Dihydrocodeine tartrate	Dihydrocodeine 10mg/5ml oral solution	4070200	Opioid Analgesics
Codeine phosphate	Codeine 25mg/5ml oral solution	01040200/03090100/04070200	Antimotility Drugs/Cough Suppressants/Opioid Analgesics
Pethidine Hydrochloride	Pethidine 25mg tablet	4070200	Opioid Analgesics
Pethidine Hydrochloride	Pethidine 10mg/ml injection	4070200	Opioid Analgesics
Buprenorphine Hydrochloride	Buprenorphine HCl 300micrograms injection	4070200	Opioid Analgesics
Pentazocine hydrochloride	Pentazocine 50mg capsules	4070200	Opioid Analgesics
Morphine Sulphate	Morphine sulfate 100mg/50ml solution for infusion vials	4070200	Opioid Analgesics
Codeine phosphate	Codeine 15mg tablets	01040200/03090100/04070200	Antimotility Drugs/Cough Suppressants/Opioid Analgesics
Buprenorphine hydrochloride	Buprenorphine 200microgram sublingual tablets sugar free	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Pethidine Hydrochloride	Pethidine 50mg/ml injection	4070200	Opioid Analgesics
Morphine Sulphate	Morphine 15mg Suppository	4070200	Opioid Analgesics
Codeine phosphate	Codeine 60mg/1ml solution for injection ampoules	4070200	Opioid Analgesics
Morphine sulfate	MST Continus 10mg tablets (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Codeine phosphate	Codeine 60mg tablets	01040200/03090100/04070200	Antimotility Drugs/Cough Suppressants/Opioid Analgesics
Morphine sulfate	MST Continus Suspension 20mg granules sachets (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Fentanyl Citrate	Fentanyl 50microgram/ml Injection	04070200/15010403	Opioid Analgesics/Opioid Analgesics (in Anaesthesia)
Fentanyl	Fentanyl 25micrograms/hour transdermal patches	4070200	Opioid Analgesics
Codeine Phosphate	Codeine 30mg/1ml solution for injection ampoules	4070200	Opioid Analgesics
Morphine sulfate	Morphine sulfate 10mg/5ml oral solution unit dose vials sugar free	4070200	Opioid Analgesics
Morphine Sulphate	Morphine 30mg Suppository	4070200	Opioid Analgesics
Tramadol hydrochloride/Paracetamol	Tramacet 37.5mg/325mg tablets (Grunenthal)	4070200	Opioid Analgesics
Tramadol hydrochloride	Tramadol 50mg modified-release capsules	4070200	Opioid Analgesics
Morphine Sulphate	Morphine sulphate 1mg/ml Injection	4070200	Opioid Analgesics

Fentanyl	Durogesic 25micrograms transdermal patches (Janssen-Cilag)	4070200	Opioid Analgesics
Fentanyl	Fentanyl 50micrograms/hour transdermal patches	4070200	Opioid Analgesics
Pethidine hydrochloride	Pethidine 50mg/1ml solution for injection ampoules	4070200	Opioid Analgesics
Morphine sulfate	Oramorph 10mg/5ml oral solution (Boehringer Ingelheim)	4070200	Opioid Analgesics
	Migravele tablets (McNeil Products)	04070200/04070401	Opioid Analgesics/Treatment Of Acute Migraine
Bucizine hydrochloride/ Paracetamol/ Codeine phosphate	Migravele Pink tablets (McNeil Products)	04070200/04070401	Opioid Analgesics/Treatment Of Acute Migraine
Codeine phosphate	Codeine 15mg/5ml linctus sugar free	3090100	Cough Suppressants
Dihydrocodeine tartrate	Dihydrocodeine 60mg modified-release tablets	4070200	Opioid Analgesics
Pentazocine hydrochloride	Pentazocine 25mg tablets	4070200	Opioid Analgesics
Pethidine hydrochloride	Pethidine 50mg tablets	4070200	Opioid Analgesics
Codeine phosphate	Codeine 3mg/5ml linctus paediatric sugar free	3090100	Cough Suppressants
Methadone hydrochloride	Methadone 1mg/ml oral solution	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Morphine sulfate	MST Continus 30mg tablets (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Pethidine Hydrochloride	Pethidine 50mg/ml injection	4070200	Opioid Analgesics
Morphine sulfate	Oramorph sr 10mg Tablet (Boehringer Ingelheim)	4070200	Opioid Analgesics
Buprenorphine hydrochloride	Buprenorphine 400microgram sublingual tablets sugar free	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Diamorphine Hydrochloride	Diamorphine 10mg Injection (Manufacturer unknown)	4070200	Opioid Analgesics
Meptazinol hydrochloride	Meptazinol 200mg tablets	4070200	Opioid Analgesics
Tramadol hydrochloride	Tramadol 50mg soluble tablets sugar free	4070200	Opioid Analgesics
Buprenorphine hydrochloride	Temgesic 200microgram sublingual tablets (RB Pharmaceuticals)	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Tramadol hydrochloride	Zydol SR 100mg tablets (Grunenthal)	4070200	Opioid Analgesics
Dihydrocodeine tartrate	Dihydrocodeine 50mg/1ml solution for injection ampoules	4070200	Opioid Analgesics
Dihydrocodeine tartrate	Df118 40mg Tablet (Martindale Pharmaceuticals)	4070200	Opioid Analgesics
Morphine sulfate	Sevredol 10mg tablets (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Dextromoramide tartrate	Dextromoramide 5mg tablets	4070200	Opioid Analgesics
Tramadol hydrochloride	Tramadol 100mg modified-release capsules	4070200	Opioid Analgesics
Tramadol hydrochloride	Tramadol 100mg modified-release tablets	4070200	Opioid Analgesics
Dextromoramide tartrate	Palfium 5mg tablets (Roche Products)	4070200	Opioid Analgesics
Morphine sulfate	Morphine 10mg tablets	4070200	Opioid Analgesics
Morphine sulfate	MST Continus 5mg tablets (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Codeine phosphate	Galcodine 3mg/5ml Oral solution (Thornton & Ross)	03090100/04070200	Cough Suppressants/Opioid Analgesics
Morphine sulfate	MST Continus Suspension 60mg granules sachets (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Morphine sulfate	MST Continus 60mg tablets (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Fentanyl	Fentanyl 100micrograms/hour transdermal patches	4070200	Opioid Analgesics
Morphine sulfate	Oramorph 10mg/5ml oral solution unit dose vials (Boehringer Ingelheim)	4070200	Opioid Analgesics
Codeine Phosphate	Codeine phosphate 15mg/5ml diabetic oral solution	03090100/04070200	Cough Suppressants/Opioid Analgesics
Dihydrocodeine tartrate	Dihydrocodeine 40mg tablets	4070200	Opioid Analgesics
Tramadol hydrochloride	Tramadol 150mg modified-release capsules	4070200	Opioid Analgesics
Tramadol Hydrochloride	Tramadol 24 Modified-release tablet	4070200	Opioid Analgesics
Tramadol Hydrochloride	Tramadol 24 Modified-release tablet	4070200	Opioid Analgesics
Fentanyl	Durogesic 50micrograms transdermal patches (Janssen-Cilag)	4070200	Opioid Analgesics
Diamorphine Hydrochloride	Diamorphine hydrochloride 5mg powder for injection solution	4070200	Opioid Analgesics
Hydromorphone hydrochloride	Hydromorphone 2.6mg capsules	4070200	Opioid Analgesics
Hydromorphone hydrochloride	Hydromorphone 1.3mg capsules	4070200	Opioid Analgesics
Tramadol hydrochloride	Zydol SR 200mg tablets (Grunenthal)	4070200	Opioid Analgesics
Methadone hydrochloride	Methadone 2mg/5ml linctus	3090100	Cough Suppressants
Tramadol Hydrochloride	Tramadol 12 Modified-release tablet	4070200	Opioid Analgesics
Methadone hydrochloride	Physeptone 5mg tablets (Martindale Pharmaceuticals)	03090100/04070200/04105200	Cough Suppressants/Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Morphine sulfate	Sevredol 10mg/5ml oral solution (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Morphine Sulphate	Morphine sulphate 12 20mg Modified-release capsule	4070200	Opioid Analgesics
Codeine phosphate	Galcodine 15mg/5ml linctus (Thornton & Ross)	3090100	Cough Suppressants
Oxycodone hydrochloride	Oxycodone 10mg capsules	4070200	Opioid Analgesics
Oxycodone hydrochloride	OxyContin 10mg modified-release tablets (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Fentanyl citrate	Fentanyl 400microgram lozenges	4070200	Opioid Analgesics
Morphine Sulphate	Morphine sulphate 12 50mg Modified-release capsule	4070200	Opioid Analgesics
Fentanyl	Durogesic 75micrograms transdermal patches (Janssen-Cilag)	4070200	Opioid Analgesics

Morphine hydrochloride	Morphine hydrochloride 15mg suppositories	4070200	Opioid Analgesics
Diamorphine Hydrochloride	Diamorphine hydrochloride 30mg powder for injection solution	4070200	Opioid Analgesics
Diamorphine Hydrochloride	Diamorphine hydrochloride 10mg powder for injection solution	4070200	Opioid Analgesics
Morphine sulfate	Morphine 10mg modified-release tablets	4070200	Opioid Analgesics
Fentanyl citrate	Fentanyl 600microgram lozenges	4070200	Opioid Analgesics
Fentanyl citrate	Fentanyl 800microgram lozenges	4070200	Opioid Analgesics
Morphine sulfate	MST Continus 15mg tablets (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Morphine tartrate/Cyclizine tartrate	Cyclimorph 10 solution for injection 1ml ampoules (AMCo)	4070200	Opioid Analgesics
Morphine sulfate	Morphine sulfate 10mg/5ml oral solution	4070200	Opioid Analgesics
Oxycodone hydrochloride	Oxycodone 10mg modified-release tablets	4070200	Opioid Analgesics
Buprenorphine	Transtec 35micrograms/hour transdermal patches (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Morphine sulfate	MST Continus 100mg tablets (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Morphine sulfate	Morphine 10mg modified-release capsules	4070200	Opioid Analgesics
Buprenorphine	Transtec 52.5micrograms/hour transdermal patches (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Buprenorphine hydrochloride	Buprenorphine 8mg sublingual tablets sugar free	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Tramadol hydrochloride	Zydol SR 150mg tablets (Grünenthal)	4070200	Opioid Analgesics
Buprenorphine	Transtec 70micrograms/hour transdermal patches (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Buprenorphine hydrochloride	Subutex 8mg sublingual tablets (RB Pharmaceuticals)	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Tramadol hydrochloride	Tramadol 200mg modified-release capsules	4070200	Opioid Analgesics
Morphine sulfate	Sevredol 20mg tablets (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Dihydrocodeine tartrate	Dihydrocodeine 120mg modified-release tablets	4070200	Opioid Analgesics
Morphine sulfate	Morphine sulfate 20mg/ml oral solution sugar free	4070200	Opioid Analgesics
Fentanyl	Fentanyl 75micrograms/hour transdermal patches	4070200	Opioid Analgesics
Morphine sulfate	Sevredol 50mg tablets (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Oxycodone Hydrochloride	Oxycodone hydrochloride 10mg/ml injection	4070200	Opioid Analgesics
Methadone hydrochloride	Methadone 5mg tablets	03090100/04070200/04105200	Cough Suppressants/Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Diamorphine Hydrochloride	Diamorphine hydrochloride 500mg powder for injection solution	4070200	Opioid Analgesics
Diamorphine Hydrochloride	Diamorphine hydrochloride 100mg powder for injection solution	4070200	Opioid Analgesics
Buprenorphine hydrochloride	Buprenorphine 2mg sublingual tablets sugar free	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Oxycodone hydrochloride	OxyNorm 5mg capsules (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Tramadol			
hydrochloride/Paracetamol	Tramadol 37.5mg / Paracetamol 325mg tablets	4070200	Opioid Analgesics
Oxycodone hydrochloride	Oxycodone 20mg modified-release tablets	4070200	Opioid Analgesics
Oxycodone hydrochloride	Oxycodone 5mg/5ml oral solution sugar free	4070200	Opioid Analgesics
Oxycodone hydrochloride	Oxycodone 40mg modified-release tablets	4070200	Opioid Analgesics
Morphine sulfate	Morphine 20mg modified-release granules sachets sugar free	4070200	Opioid Analgesics
Oxycodone hydrochloride	Oxycodone 5mg modified-release tablets	4070200	Opioid Analgesics
Oxycodone hydrochloride	Oxycodone 5mg capsules	4070200	Opioid Analgesics
Buprenorphine	Buprenorphine 35micrograms/hour transdermal patches	4070200	Opioid Analgesics
Morphine Sulphate	Morphine sulphate 10mg/ml Injection	4070200	Opioid Analgesics
Buprenorphine	Buprenorphine 52.5micrograms/hour transdermal patches	4070200	Opioid Analgesics
Oxycodone hydrochloride	Oxycodone 80mg modified-release tablets	4070200	Opioid Analgesics
Fentanyl	Durogesic DTrans 25micrograms transdermal patches (Janssen-Cilag)	4070200	Opioid Analgesics
Fentanyl	Durogesic DTrans 50micrograms transdermal patches (Janssen-Cilag)	4070200	Opioid Analgesics
Diamorphine Hydrochloride	Diamorphine 3mg/5ml oral solution	4070200	Opioid Analgesics
Fentanyl	Fentanyl 12micrograms/hour transdermal patches	4070200	Opioid Analgesics
Oxycodone hydrochloride	OxyContin 5mg modified-release tablets (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Morphine Sulphate	Morphine sulphate 12 30mg Modified-release capsule	4070200	Opioid Analgesics
Buprenorphine	Buprenorphine 10micrograms/hour transdermal patches	4070200	Opioid Analgesics
Buprenorphine	Buprenorphine 20micrograms/hour transdermal patches	4070200	Opioid Analgesics
Oxycodone hydrochloride	Oxycodone 20mg capsules	4070200	Opioid Analgesics
Buprenorphine	Buprenorphine 5micrograms/hour transdermal patches	4070200	Opioid Analgesics
Oxycodone hydrochloride	OxyNorm 20mg capsules (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Oxycodone hydrochloride	OxyContin 20mg modified-release tablets (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Fentanyl	Durogesic DTrans 75micrograms transdermal patches (Janssen-Cilag)	4070200	Opioid Analgesics
Oxycodone hydrochloride	OxyNorm 10mg/ml concentrate oral solution (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Buprenorphine Hydrochloride	Temgesic 0.3mg/ml Injection (Reckitt Benckiser Healthcare (UK))	4070200	Opioid Analgesics

Dihydrocodeine tartrate	Df118 10mg/5ml Oral solution (Martindale Pharmaceuticals)	4070200	Opioid Analgesics
Morphine sulfate	Morphine sulfate 15mg suppositories	4070200	Opioid Analgesics
Buprenorphine	BuTrans 5micrograms/hour transdermal patches (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Morphine Hydrochloride	Morphine hcl Oral solution (Thornton and Ross)	4070200	Opioid Analgesics
Dextromoramide Tartrate	Palfium 5mg/ml Injection (Roche Products)	4070200	Opioid Analgesics
Diamorphine Hydrochloride	Diamorphine 100mg Injection (Manufacturer unknown)	4070200	Opioid Analgesics
Morphine sulfate	Morphine 30mg modified-release tablets	4070200	Opioid Analgesics
Dextromoramide tartrate	Dextromoramide 10mg tablets	0	Unknown
Diamorphine Hydrochloride	Diamorphine 5mg Injection (Manufacturer unknown)	4070200	Opioid Analgesics
Buprenorphine hydrochloride	Temgesic 400microgram sublingual tablets (RB Pharmaceuticals)	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Morphine sulfate	MST Continus 200mg tablets (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Diamorphine Hydrochloride	Diamorphine 30mg Injection (Manufacturer unknown)	4070200	Opioid Analgesics
Morphine Sulphate	Morphine sulphate 30mg/ml Injection	4070200	Opioid Analgesics
Pentazocine hydrochloride	Fortral 25mg tablets (Zentiva)	4070200	Opioid Analgesics
Tramadol Hydrochloride	Tramadol 12 Modified-release tablet	4070200	Opioid Analgesics
Meptazinol hydrochloride	Meptid 200mg Tablet (Shire Pharmaceuticals)	4070200	Opioid Analgesics
Dihydrocodeine tartrate	DHC Continus 60mg tablets (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Diamorphine hydrochloride	Diamorphine 5mg/5ml Oral solution (Manufacturer unknown)	4070200	Opioid Analgesics
Morphine hydrochloride	Morphine hydrochloride 30mg suppositories	4070200	Opioid Analgesics
Morphine sulfate	Morphine 60mg modified-release tablets	4070200	Opioid Analgesics
Diamorphine hydrochloride	Diamorphine 10mg Tablet (Manufacturer unknown)	4070200	Opioid Analgesics
Morphine sulfate	Oramorph 20mg/ml concentrated oral solution (Boehringer Ingelheim)	4070200	Opioid Analgesics
Cyclizine hydrochloride/ Dipipanone hydrochloride	Diconal tablets (Amdipharm Plc)	4070200	Opioid Analgesics
Morphine tartrate/Cyclizine tartrate	Cyclimorph 15 solution for injection 1ml ampoules (AMCo)	4070200	Opioid Analgesics
Diamorphine Hydrochloride	Diamorphine 500mg Injection (Manufacturer unknown)	4070200	Opioid Analgesics
Morphine sulfate	Morphine 20mg tablets	4070200	Opioid Analgesics
Morphine sulfate	Morphine 100mg modified-release tablets	4070200	Opioid Analgesics
Dihydrocodeine tartrate	DHC Continus 90mg tablets (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Dihydrocodeine tartrate	DHC Continus 120mg tablets (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Dihydrocodeine tartrate	Dihydrocodeine 90mg modified-release tablets	4070200	Opioid Analgesics
Hydromorphone hydrochloride	Hydromorphone 4mg modified-release capsules	4070200	Opioid Analgesics
Hydromorphone hydrochloride	Palladone 2.6mg capsules (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Hydromorphone hydrochloride	Palladone SR 4mg capsules (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Hydromorphone hydrochloride	Palladone SR 2mg capsules (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Morphine sulfate	MXL 30mg capsules (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Morphine sulfate	MXL 60mg capsules (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Morphine sulfate	MXL 120mg capsules (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Morphine sulfate	MXL 90mg capsules (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Tramadol hydrochloride	Zamadol SR 50mg capsules (Meda Pharmaceuticals)	4070200	Opioid Analgesics
Tramadol hydrochloride	Zamadol SR 100mg capsules (Meda Pharmaceuticals)	4070200	Opioid Analgesics
Morphine Sulphate	Morphine sulphate 24 60mg Modified-release capsule	4070200	Opioid Analgesics
Morphine sulfate	Morphine 15mg modified-release tablets	4070200	Opioid Analgesics
Morphine sulfate	Morphine 5mg modified-release tablets	4070200	Opioid Analgesics
Hydromorphone hydrochloride	Palladone 1.3mg capsules (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Morphine sulfate	Morphine 100mg modified-release granules sachets sugar free	4070200	Opioid Analgesics
Methadone hydrochloride	Methadone 1mg/ml oral solution sugar free	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Tramadol hydrochloride	Tramadol 100mg effervescent powder sachets sugar free	0	Unknown
Oxycodone hydrochloride	OxyNorm liquid 5mg/5ml oral solution (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Oxycodone hydrochloride	OxyContin 40mg modified-release tablets (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Oxycodone Hydrochloride	Oxynorm 10mg/ml Solution for injection (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Diamorphine hydrochloride	Diamorphine 10mg Tablet (Aurum Pharmaceuticals)	4070200	Opioid Analgesics
Morphine Sulphate	Morphine sulphate 12 60mg Modified-release capsule	4070200	Opioid Analgesics
Oxycodone hydrochloride	OxyNorm 10mg capsules (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Oxycodone hydrochloride	OxyContin 80mg modified-release tablets (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Buprenorphine hydrochloride	Subutex 2mg sublingual tablets (RB Pharmaceuticals)	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Buprenorphine	BuTrans 10micrograms/hour transdermal patches (Napp Pharmaceuticals)	4070200	Opioid Analgesics

Morphine sulfate	MXL 150mg capsules (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Dihydrocodeine tartrate	Df118 50mg/ml Injection (Martindale Pharmaceuticals)	4070200	Opioid Analgesics
Dextromoramide tartrate	Palfium 10mg tablets (Roche Products)	0	Unknown
Pentazocine Lactate	Pentazocine 30mg/ml injection	4070200	Opioid Analgesics
Morphine Anhydrous	Morphine 10mg/ml Tincture	4070200	Opioid Analgesics
Morphine sulfate	Sevredol 10mg Suppository (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Pentazocine hydrochloride	Fortral 50mg Capsule (Sanofi-Synthelabo)	4070200	Opioid Analgesics
Oxycodone hydrochloride	Oxycodone hydrochloride 30mg suppositories	0	Unknown
Fentanyl	Durogesic 100micrograms transdermal patches (Janssen-Cilag)	4070200	Opioid Analgesics
Meptazinol hydrochloride	Meptid 100mg/1ml solution for injection ampoules (Almirall)	4070200	Opioid Analgesics
Tramadol hydrochloride	Zydol 50mg soluble tablets (Grunenthal)	4070200	Opioid Analgesics
Papaveretum	Papaveretum 15.4mg/1ml solution for injection ampoules	4070200	Opioid Analgesics
Tramadol hydrochloride	Zydol 100mg/2ml solution for injection ampoules (Grunenthal)	4070200	Opioid Analgesics
Morphine sulfate	Oramorph 30mg/5ml oral solution unit dose vials (Boehringer Ingelheim)	4070200	Opioid Analgesics
Oxycodone hydrochloride	Oxycodone 10mg/ml oral solution sugar free	4070200	Opioid Analgesics
Tramadol hydrochloride	Tramadol 100mg/2ml solution for injection ampoules	4070200	Opioid Analgesics
Tramadol hydrochloride	Tramadol 75mg modified-release tablets	0	Unknown
Tramadol hydrochloride	Tramadol 50mg effervescent powder sachets sugar free	0	Unknown
Buprenorphine	Buprenorphine 70micrograms/hour transdermal patches	4070200	Opioid Analgesics
Morphine Sulphate	Morphine sulphate 24 30mg Modified-release capsule	4070200	Opioid Analgesics
Methadone hydrochloride	Methadone 10mg/ml oral solution sugar free	4105200	Drugs Used In Substance Dependence - Opioid Dependence
Tramadol hydrochloride	Tramadol 50mg orodispersible tablets sugar free	4070200	Opioid Analgesics
Tramadol hydrochloride	Tramadol 300mg modified-release tablets	4070200	Opioid Analgesics
Tramadol hydrochloride	Tramadol 400mg modified-release tablets	4070200	Opioid Analgesics
Morphine sulfate	Morcap SR 20mg capsules (Hospira UK)	0	Unknown
Meptazinol hydrochloride	Meptazinol 100mg/1ml solution for injection ampoules	4070200	Opioid Analgesics
Morphine sulfate	Morphine 200mg modified-release tablets	4070200	Opioid Analgesics
Fentanyl citrate	Fentanyl 200microgram lozenges	4070200	Opioid Analgesics
Fentanyl	Durogesic DTrans 12micrograms transdermal patches (Janssen-Cilag)	4070200	Opioid Analgesics
Cyclizine hydrochloride/			
Dipipanone hydrochloride	Dipipanone 10mg / Cyclizine 30mg tablets	4070200	Opioid Analgesics
Dextropropoxyphene Napsylate	Dextropropoxyphene 60mg capsules	4070200	Opioid Analgesics
Morphine sulfate	Morphine sulfate 15mg/1ml solution for injection ampoules	4070200	Opioid Analgesics
Morphine sulfate	Morphine 60mg modified-release granules sachets sugar free	4070200	Opioid Analgesics
Morphine sulfate	Morphine sulfate 10mg suppositories	4070200	Opioid Analgesics
Morphine sulfate	MST Continus Suspension 100mg granules sachets (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Codeine Phosphate/Ibuprofen	Ibuprofen and codeine 200mg + 12.5mg Tablet	04070200/10010100	Opioid Analgesics/Non-steroidal Anti-inflammatory Drugs
Morphine sulfate	Oramorph 100mg/5ml oral solution unit dose vials (Boehringer Ingelheim)	4070200	Opioid Analgesics
Morphine sulfate	MST Continus Suspension 30mg granules sachets (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Buprenorphine hydrochloride	Subutex 0.4mg sublingual tablets (RB Pharmaceuticals)	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Fentanyl citrate	Actiq 200microgram lozenges with integral oromucosal applicator (Teva UK)	4070200	Opioid Analgesics
Morphine sulfate	Zomorph 10mg modified-release capsules (ProStrakan)	4070200	Opioid Analgesics
Morphine sulfate	Zomorph 30mg modified-release capsules (ProStrakan)	4070200	Opioid Analgesics
Morphine sulfate	Morphine sulfate 20mg/1ml solution for injection ampoules	4070200	Opioid Analgesics
Morphine sulfate	Morphine sulfate 30mg/1ml solution for injection ampoules	4070200	Opioid Analgesics
Morphine sulfate	Morphine sulfate 60mg/2ml solution for injection ampoules	4070200	Opioid Analgesics
Buprenorphine	BuTrans 20micrograms/hour transdermal patches (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Diamorphine hydrochloride	Diamorphine 15mg/5ml Oral solution (Manufacturer unknown)	4070200	Opioid Analgesics
Morphine Sulphate	Morcap sr 20mg Modified-release capsule (Faulding Pharmaceuticals (Dbl))	4070200	Opioid Analgesics
Tramadol hydrochloride	Zamadol 50mg capsules (Meda Pharmaceuticals)	4070200	Opioid Analgesics
Morphine Sulphate	Morphine sulphate 24 200mg Modified-release capsule	4070200	Opioid Analgesics
Morphine Sulphate	Morphine sulphate 100mg Modified-release capsule	4070200	Opioid Analgesics
Morphine Sulphate	Morphine sulphate 12 100mg Modified-release capsule	4070200	Opioid Analgesics
Morphine sulfate	Zomorph 100mg modified-release capsules (ProStrakan)	4070200	Opioid Analgesics
Methadone Hydrochloride	Methadone 10mg/ml Injection	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Morphine sulfate	Morphine sulfate 30mg/5ml oral solution unit dose vials sugar free	4070200	Opioid Analgesics
Morphine sulfate	Morphine 30mg modified-release granules sachets sugar free	4070200	Opioid Analgesics
Phenazocine Hydrobromide	Phenazocine hydrobromide 5mg tablet	4070200	Opioid Analgesics

Tramadol hydrochloride	Tramadol 50mg capsules (Galen)	4070200	Opioid Analgesics
Fentanyl	Durogesic DTrans 100micrograms transdermal patches (Janssen-Cilag)	4070200	Opioid Analgesics
Fentanyl citrate	Fentanyl 1.2mg lozenges	4070200	Opioid Analgesics
Diamorphine Hydrochloride	Diamorphine 10mg/5ml oral solution	4070200	Opioid Analgesics
Papaveretum	Papaveretum 7.7mg/1ml solution for injection ampoules	4070200	Opioid Analgesics
Codeine phosphate	Codeine phosphate powder	50030000	Extemporaneous Item
Morphine Sulphate	Morphine sulphate 24 90mg Modified-release capsule	4070200	Opioid Analgesics
Hydromorphone hydrochloride	Hydromorphone 2mg modified-release capsules	4070200	Opioid Analgesics
Diamorphine hydrochloride	Diamorphine hydrochloride powder	4070200	Opioid Analgesics
Hydromorphone hydrochloride	Hydromorphone 8mg modified-release capsules	4070200	Opioid Analgesics
Morphine sulfate	Morphine 50mg tablets	4070200	Opioid Analgesics
Morphine sulfate	Zomorph 200mg modified-release capsules (ProStrakan)	4070200	Opioid Analgesics
Morphine sulfate	Zomorph 60mg modified-release capsules (ProStrakan)	4070200	Opioid Analgesics
Codeine phosphate	Codeine 6.75mg/5ml oral solution	01040200/03090100/04070200	Antimotility Drugs/Cough Suppressants/Opioid Analgesics
Morphine Sulphate	Morphine sulphate 10mg/ml Injection	4070200	Opioid Analgesics
Tramadol hydrochloride	Zydol XL 300mg tablets (Grunenthal)	4070200	Opioid Analgesics
Morphine sulfate	Oramorph sr 30mg Tablet (Boehringer Ingelheim)	4070200	Opioid Analgesics
Morphine tartrate/Cyclizine tartrate	Morphine tartrate 10mg/1ml / Cyclizine tartrate 50mg/1ml solution for injection ampoules	4070200	Opioid Analgesics
Tramadol hydrochloride	Zydol XL 200mg tablets (Grunenthal)	4070200	Opioid Analgesics
Fentanyl	Tilofyl 75micrograms/hour transdermal patches (Tillomed Laboratories)	4070200	Opioid Analgesics
Nalbuphine Hydrochloride	Nubain 10mg/ml Injection (Bristol-Myers Squibb Pharmaceuticals)	4070200	Opioid Analgesics
Pethidine hydrochloride	Pethidine 100mg/2ml solution for injection ampoules	4070200	Opioid Analgesics
Phenazocine Hydrobromide	Narphen 5mg Tablet (Smith & Nephew Healthcare)	4070200	Opioid Analgesics
Pethidine hydrochloride	Pethidine 50mg Tablet (Roche Products)	4070200	Opioid Analgesics
Morphine tartrate/ Cyclizine tartrate	Morphine tartrate 15mg/1ml / Cyclizine tartrate 50mg/1ml solution for injection ampoules	4070200	Opioid Analgesics
Methadone hydrochloride	Methadone 50mg/1ml solution for injection ampoules	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Dextromoramide Tartrate	Dextromoramide 5mg/ml injection	4070200	Opioid Analgesics
Pentazocine lactate	Pentazocine 50mg suppositories	0	Unknown
Morphine sulfate	Oramorph sr 60mg Tablet (Boehringer Ingelheim)	4070200	Opioid Analgesics
Methadone Hydrochloride	Physeptone 10mg/ml Injection (Martindale Pharmaceuticals)	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Morphine sulfate	MXL 200mg capsules (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Morphine sulfate	Sevredol 20mg/ml concentrated oral solution (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Morphine Sulphate	Morphine sulphate 12 200mg Modified-release capsule	4070200	Opioid Analgesics
Fentanyl citrate	Actiq 400microgram lozenges with integral oromucosal applicator (Teva UK)	4070200	Opioid Analgesics
Morphine anhydrous/ Peppermint oil	J Collis Browne's mixture (Thornton & Ross)	01020200/04070200	Other Antispasmodics/Opioid Analgesics
Pethidine hydrochloride/ Promethazine hydrochloride	Pamergan P100 solution for injection 2ml ampoules (Martindale Pharmaceuticals)	4070200	Opioid Analgesics
Morphine sulfate	SRM-RHOTARD 10mg Modified-release tablet (Pharmacia)	4070200	Opioid Analgesics
Morphine sulfate	SRM-RHOTARD 30mg Modified-release tablet (Pharmacia)	4070200	Opioid Analgesics
Morphine sulfate	Oramorph sr 100mg Tablet (Boehringer Ingelheim)	4070200	Opioid Analgesics
Diamorphine hydrochloride	Diamorphine 10mg tablets	4070200	Opioid Analgesics
Morphine sulfate	Morcap SR 100mg capsules (Hospira UK)	4070200	Opioid Analgesics
Morphine sulfate	Morphgesic SR 10mg tablets (AMCo)	4070200	Opioid Analgesics
Dextropropoxyphene napsylate	Dextropropoxyphene 60mg capsules	0	Unknown
Morphine Sulphate	Morcap sr 50mg Modified-release capsule (Faulding Pharmaceuticals (Dbl))	4070200	Opioid Analgesics
Pethidine hydrochloride/ Promethazine hydrochloride	Pethidine 100mg/2ml / Promethazine 50mg/2ml solution for injection ampoules	4070200	Opioid Analgesics
Nalbuphine Hydrochloride	Nalbuphine hc 10mg/ml Injection	4070200	Opioid Analgesics
Morphine sulfate	Morphine sulfate 100mg/5ml oral solution unit dose vials sugar free	4070200	Opioid Analgesics
Codeine Phosphate/Papaverine Hydrochloride/Morphine Hydrochloride			
Hydrochloride	Omnopon 10mg Tablet (Roche Products)	4070200	Opioid Analgesics
Morphine sulfate	Morphgesic SR 30mg tablets (AMCo)	4070200	Opioid Analgesics
Morphine sulfate	Morphgesic SR 60mg tablets (AMCo)	4070200	Opioid Analgesics
Morphine sulfate	Morphgesic SR 100mg tablets (AMCo)	4070200	Opioid Analgesics

Codeine Phosphate/ Papaverine Hydrochloride/Morphine Hydrochloride	Papaveretum 10mg tablet	4070200	Opioid Analgesics
Hydromorphone hydrochloride	Palladone SR 16mg capsules (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Hydromorphone hydrochloride	Hydromorphone 16mg modified-release capsules	4070200	Opioid Analgesics
Tramadol hydrochloride	Dromadol SR 100mg tablets (Teva UK)	4070200	Opioid Analgesics
Morphine sulfate	Morphine sulfate 10mg/10ml solution for injection pre-filled syringes	4070200	Opioid Analgesics
Levorphanol Tartrate	Dromoran roche 1.5mg Tablet (Roche Products)	4070200	Opioid Analgesics
Tramadol hydrochloride	Zamadol Melt 50mg tablets (Meda Pharmaceuticals)	4070200	Opioid Analgesics
Morphine sulfate	Morphine sulfate 30mg suppositories	4070200	Opioid Analgesics
Morphine sulfate	Morphine sulfate 20mg suppositories	4070200	Opioid Analgesics
Tramadol hydrochloride	Tramake Insts 50mg sachets (Galen)	0	Unknown
Hydromorphone hydrochloride	Palladone SR 8mg capsules (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Hydromorphone hydrochloride	Palladone SR 24mg capsules (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Tramadol hydrochloride	Zydol XL 400mg tablets (Grunenthal)	4070200	Opioid Analgesics
Methadone hydrochloride	Physeptone 1mg/ml mixture sugar free (Martindale Pharmaceuticals)	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Tramadol hydrochloride	Dromadol SR 200mg tablets (Teva UK)	4070200	Opioid Analgesics
Tramadol hydrochloride	Zamadol SR 200mg capsules (Meda Pharmaceuticals)	4070200	Opioid Analgesics
Cocaine/Diamorphine Hydrochloride	Diamorphine hydrochloride and cocaine oral solution	4070200	Opioid Analgesics
Tramadol hydrochloride	Zydol XL 150mg tablets (Grunenthal)	4070200	Opioid Analgesics
Morphine sulfate	Rhotard Morphine SR 10mg tablets (Sovereign Medical)	4070200	Opioid Analgesics
Morphine sulfate	Rhotard Morphine SR 30mg tablets (Sovereign Medical)	4070200	Opioid Analgesics
Fentanyl	Tilofyl 50micrograms/hour transdermal patches (Tillomed Laboratories)	4070200	Opioid Analgesics
Morphine Sulphate	Morphine sulphate 24 120mg Modified-release capsule	4070200	Opioid Analgesics
Morphine sulfate	Filnarine SR 30mg tablets (Teva UK)	4070200	Opioid Analgesics
Morphine sulfate	MST Continus Suspension 200mg granules sachets (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Methadone hydrochloride	Methadone 20mg/ml oral solution sugar free	4105200	Drugs Used In Substance Dependence - Opioid Dependence
Dextromoramide Tartrate	Palfium 10mg Suppository (Roche Products)	4070200	Opioid Analgesics
Pethidine hydrochloride	Pethidine 50mg/5ml solution for injection ampoules	4070200	Opioid Analgesics
Tramadol hydrochloride	Dromadol SR 150mg tablets (Teva UK)	4070200	Opioid Analgesics
Alfentanil hydrochloride	Alfentanil 5mg/1ml solution for injection ampoules	15010403	Opioid Analgesics (in Anaesthesia)
Codeine phosphate	Codeine 15mg/5ml linctus (Thornton & Ross)	3090100	Cough Suppressants
Tramadol hydrochloride	Zamadol SR 150mg capsules (Meda Pharmaceuticals)	4070200	Opioid Analgesics
Diamorphine Hydrochloride	Diagesil 10mg Injection (Berk Pharmaceuticals)	4070200	Opioid Analgesics
Codeine phosphate	Codeine 15mg/5ml linctus (A A H Pharmaceuticals)	3090100	Cough Suppressants
Codeine phosphate	Codeine 15mg/5ml Oral solution (Approved Prescription Services)	03090100/04070200	Cough Suppressants/Opioid Analgesics
Methadone hydrochloride	Methadose 10mg/ml oral solution concentrate (Rosemont Pharmaceuticals)	4105200	Drugs Used In Substance Dependence - Opioid Dependence
Methadone hydrochloride	Methadose 20mg/ml oral solution concentrate (Rosemont Pharmaceuticals)	4105200	Drugs Used In Substance Dependence - Opioid Dependence
Tramadol hydrochloride	Tramake Insts 100mg sachets (Galen)	0	Unknown
Methadone hydrochloride	Methodex 1mg/ml Mixture (Link Pharmaceuticals)	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Morphine Sulphate	Morcap sr 100mg Modified-release capsule (Faulding Pharmaceuticals (Dbll))	4070200	Opioid Analgesics
Methadone hydrochloride	Methadone 50mg/2ml solution for injection ampoules	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Diamorphine Hydrochloride	Diaphine 100mg Injection (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Hydromorphone hydrochloride	Hydromorphone 24mg modified-release capsules	4070200	Opioid Analgesics
Alfentanil Hydrochloride	Alfentanil 500micrograms/ml injection	15010403	Opioid Analgesics (in Anaesthesia)
Morphine Sulphate	Morphine sulphate 20mg/ml Injection	4070200	Opioid Analgesics
Pethidine			
Hydrochloride/levallorphan	Pethidine with levallorphan tartrate injection	4070200	Opioid Analgesics
Fentanyl citrate	Fentanyl 1.6mg lozenges	4070200	Opioid Analgesics
Fentanyl Citrate	Sublimaze 50microgram/ml Injection (Janssen-Cilag)	04070200/15010403	Opioid Analgesics/Opioid Analgesics (in Anaesthesia)
Fentanyl citrate	Actiq 600microgram lozenges with integral oromucosal applicator (Teva UK)	4070200	Opioid Analgesics
Morphine Anhydrous	Nepenthe 8.4mg/ml Injection (Celltech Pharma Europe)	4070200	Opioid Analgesics
Codeine Phosphate	Codeine phosphate with other ingredient pastilles	3090100	Cough Suppressants
Dextromoramide Tartrate	Palfium 10mg/ml Injection (Roche Products)	4070200	Opioid Analgesics
Pentazocine lactate	Fortral 50mg suppositories (Sterwin Medicines)	0	Unknown
Dextropropoxyphene napsylate	Doloxene 60mg Capsule (Eli Lilly and Company)	4070200	Opioid Analgesics
Fentanyl citrate	Actiq 1.6mg lozenges with integral oromucosal applicator (Teva UK)	4070200	Opioid Analgesics

Methadone hydrochloride	Physeptone 1mg/ml mixture (Martindale Pharmaceuticals)	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Morphine sulfate	Filnarine SR 10mg tablets (Teva UK)	4070200	Opioid Analgesics
Morphine sulfate	Filnarine SR 100mg tablets (Teva UK)	4070200	Opioid Analgesics
Tramadol hydrochloride	Dromadol XL 300mg tablets (IVAX Pharmaceuticals UK)	4070200	Opioid Analgesics
Fentanyl citrate	Actiq 800microgram lozenges with integral oromucosal applicator (Teva UK)	4070200	Opioid Analgesics
Tramadol hydrochloride	Zamadol 24hr 200mg modified-release tablets (Meda Pharmaceuticals)	4070200	Opioid Analgesics
Morphine sulfate	Filnarine SR 60mg tablets (Teva UK)	4070200	Opioid Analgesics
	OXYCODONE	0	Unknown
Tramadol hydrochloride	Zamadol 24hr 150mg modified-release tablets (Meda Pharmaceuticals)	4070200	Opioid Analgesics
Morphine Sulphate	Morphine sulphate 24 150mg Modified-release capsule	4070200	Opioid Analgesics
Fentanyl	Tilofyl 100micrograms/hour transdermal patches (Tillomed Laboratories)	4070200	Opioid Analgesics
Methadone hydrochloride	Metharose 1mg/ml oral solution sugar free (Rosemont Pharmaceuticals)	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Morphine Sulphate	Moraxen 35mg Rectal tampon (Schwarz Pharma)	4070200	Opioid Analgesics
Alfentanil Hydrochloride	Rapifen 100microgram/ml Paediatric injection (Janssen-Cilag)	15010403	Opioid Analgesics (In Anaesthesia)
Diamorphine Hydrochloride	Diamorphine hydrochloride bpc 1973 3mg/5ml oral solution	4070200	Opioid Analgesics
Tramadol hydrochloride	Zamadol 24hr 300mg modified-release tablets (Meda Pharmaceuticals)	4070200	Opioid Analgesics
Dextromoramide Tartrate	Dextromoramide 10mg suppository	4070200	Opioid Analgesics
Diamorphine Hydrochloride	Diaphine 10mg Injection (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Morphine sulfate	Morphine 200mg modified-release granules sachets sugar free	4070200	Opioid Analgesics
Methadone hydrochloride	Physeptone 10mg/1ml solution for injection ampoules (Martindale Pharmaceuticals)	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Tramadol hydrochloride	Dromadol SR 75mg tablets (IVAX Pharmaceuticals UK)	0	Unknown
Pethidine Hydrochloride	Pethidine 50mg/ml Injection (Martindale Pharmaceuticals)	4070200	Opioid Analgesics
Diamorphine hydrochloride	Diamorphine 5mg/5ml oral solution	4070200	Opioid Analgesics
Fentanyl citrate	Actiq 1.2mg lozenges with integral oromucosal applicator (Teva UK)	4070200	Opioid Analgesics
Methadone hydrochloride	Methadone 2mg/5ml Oral solution (Martindale Pharmaceuticals)	3090100	Cough Suppressants
Tramadol hydrochloride	Tramadol 50mg capsules (IVAX Pharmaceuticals UK)	4070200	Opioid Analgesics
Morphine sulfate	Morphine sulfate powder	04070200/50030000	Opioid Analgesics/Extemporaneous Item
Methadone hydrochloride	Methadone 2mg/5ml linctus (Thornton & Ross)	3090100	Cough Suppressants
Morphine Sulphate	Morphine sulphate rapiject 1mg/ml Injection (International Medication Systems (UK))	4070200	Opioid Analgesics
Morphine Anhydrous	Morphine 8.4mg/ml elixir	4070200	Opioid Analgesics
Pethidine Hydrochloride	Pethidine powder	50000000	Ingredients
Diamorphine Hydrochloride	Diaphine 30mg Injection (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Methadone hydrochloride	Methadone 1mg/ml oral solution sugar free (Rosemont Pharmaceuticals)	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Levorphanol Tartrate	Levorphanol 1.5mg Tablet	4070200	Opioid Analgesics
Diamorphine Hydrochloride	Diagesil 500mg Injection (Berk Pharmaceuticals)	4070200	Opioid Analgesics
Diamorphine Hydrochloride	Diamorphine 10mg/5ml Oral solution (Manufacturer unknown)	4070200	Opioid Analgesics
Diamorphine Hydrochloride	Diamorphine hydrochloride 3mg/5ml oral solution	4070200	Opioid Analgesics
Fentanyl	Tilofyl 25micrograms/hour transdermal patches (Tillomed Laboratories)	4070200	Opioid Analgesics
Tramadol hydrochloride	Dromadol XL 200mg tablets (IVAX Pharmaceuticals UK)	4070200	Opioid Analgesics
Tramadol hydrochloride	Dromadol XL 150mg tablets (IVAX Pharmaceuticals UK)	4070200	Opioid Analgesics
Pethidine Hydrochloride	Pethidine 50mg/ml Injection (Auden McKenzie (Pharma Division))	4070200	Opioid Analgesics
Codeine phosphate	Codeine 30mg tablets (Wockhardt UK)	01040200/03090100/04070200	Antimotility Drugs/Cough Suppressants/Opioid Analgesics
Pentazocine lactate	Pentazocine 30mg/1ml solution for injection ampoules	4070200	Opioid Analgesics
Pentazocine lactate	Pentazocine 60mg/2ml solution for injection ampoules	4070200	Opioid Analgesics
Morphine Sulphate	Morphine sulfate 30mg/30ml solution for infusion vials	4070200	Opioid Analgesics
Codeine phosphate	Codeine 15mg tablets (Actavis UK)	01040200/03090100/04070200	Antimotility Drugs/Cough Suppressants/Opioid Analgesics
Tramadol hydrochloride	Dromadol XL 400mg tablets (IVAX Pharmaceuticals UK)	4070200	Opioid Analgesics
Pethidine hydrochloride	Pethidine 100mg/10ml solution for injection ampoules	4070200	Opioid Analgesics
Pethidine hydrochloride	Pethidine 50mg Tablet (Roche Products)	4070200	Opioid Analgesics
Codeine phosphate	Codeine 30mg tablets (IVAX Pharmaceuticals UK)	01040200/03090100/04070200	Antimotility Drugs/Cough Suppressants/Opioid Analgesics
Diamorphine hydrochloride	Diamorphine 15mg/5ml oral solution	4070200	Opioid Analgesics
Tramadol hydrochloride	Tramadol 50mg Capsule (Generics (UK))	4070200	Opioid Analgesics
Methadone hydrochloride	Methex 1mg/ml Mixture (Generics (UK))	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Alfentanil hydrochloride	Rapifen 5mg/ml Concentrate for solution for infusion (Janssen-Cilag)	15010403	Opioid Analgesics (In Anaesthesia)
Oxycodone hydrochloride	OxyNorm 10mg/1ml solution for injection ampoules (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Codeine phosphate	Codeine 3mg/5ml linctus paediatric (Thornton & Ross)	0	Unknown
Tramadol hydrochloride	Zamadol 24hr 400mg modified-release tablets (Meda Pharmaceuticals)	4070200	Opioid Analgesics
Morphine anhydrous	Opium tincture	0	Unknown

Diamorphine Hydrochloride	Diagesil 5mg Injection (Berk Pharmaceuticals)	4070200	Opioid Analgesics
Pethidine Hydrochloride	Pethidine 100mg/2ml Injection (Roche Products)	4070200	Opioid Analgesics
Diamorphine hydrochloride	Diamorphine 5mg powder for solution for injection ampoules (Novartis)	4070200	Opioid Analgesics
Methadone hydrochloride	Methadone 10mg/1ml solution for injection ampoules	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Methadone Hydrochloride	Methadone 35mg/ml Injection	4105200	Drugs Used In Substance Dependence - Opioid Dependence
Codeine phosphate	Codeine 15mg/5ml linctus sugar free (A A H Pharmaceuticals)	3090100	Cough Suppressants
Dihydrocodeine tartrate	Dihydrocodeine 30mg tablets (Wockhardt UK)	4070200	Opioid Analgesics
Methadone hydrochloride	Methadone 1mg/ml oral solution (Martindale Pharmaceuticals)	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Pethidine Hydrochloride/			
Promethazine Hydrochloride	Promethazine hydrochloride 50mg with pethidine 100mg/2ml injection	03040102/04070200	Sedating Antihistamines/Opioid Analgesics
Dihydrocodeine tartrate	Dihydrocodeine 30mg tablets (IVAX Pharmaceuticals UK)	4070200	Opioid Analgesics
Tramadol Hydrochloride	Tramadol sr 150mg Modified-release tablet (Winthrop Pharmaceuticals)	4070200	Opioid Analgesics
Ethylmorphine hydrochloride	Collins 1.5mg/5ml elixir (Collins Elixir Co)	03090100/04070200	Cough Suppressants/Opioid Analgesics
Codeine phosphate	Codeine Oral solution (Berk Pharmaceuticals)	03090100/04070200	Cough Suppressants/Opioid Analgesics
Codeine phosphate	Codeine 15mg/5ml linctus sugar free (Pinewood Healthcare)	3090100	Cough Suppressants
Codeine phosphate	Codeine 15mg/5ml Oral solution (Celltech Pharma Europe)	03090100/04070200	Cough Suppressants/Opioid Analgesics
Codeine phosphate	Codeine 15mg/5ml linctus sugar free (Thornton & Ross)	3090100	Cough Suppressants
Codeine phosphate	Codeine 15mg/5ml Oral solution (William Ransom)	03090100/04070200	Cough Suppressants/Opioid Analgesics
Codeine phosphate	Codeine 15mg/5ml Oral solution (Rusco)	03090100/04070200	Cough Suppressants/Opioid Analgesics
Tramadol hydrochloride	Tramadol sr 100mg Modified-release tablet (Winthrop Pharmaceuticals)	4070200	Opioid Analgesics
Tramadol Hydrochloride	Tramadol sr 200mg Modified-release tablet (Winthrop Pharmaceuticals)	4070200	Opioid Analgesics
Codeine phosphate	Codeine 15mg tablets (A A H Pharmaceuticals)	01040200/03090100/04070200	Antimotility Drugs/Cough Suppressants/Opioid Analgesics
Codeine phosphate	Codeine Oral solution (Co-operative)	03090100/04070200	Cough Suppressants/Opioid Analgesics
Codeine phosphate	Codeine 30mg tablets (A A H Pharmaceuticals)	01040200/03090100/04070200	Antimotility Drugs/Cough Suppressants/Opioid Analgesics
Tramadol hydrochloride	Tramadol 50mg capsules (Actavis UK)	4070200	Opioid Analgesics
Codeine phosphate	Codeine 15mg/5ml Oral solution (Nucare Plc)	03090100/04070200	Cough Suppressants/Opioid Analgesics
Dihydrocodeine tartrate	Dihydrocodeine 30mg tablets (A A H Pharmaceuticals)	4070200	Opioid Analgesics
Codeine phosphate	Codeine 15mg tablets (Wockhardt UK)	01040200/03090100/04070200	Antimotility Drugs/Cough Suppressants/Opioid Analgesics
Morphine sulfate	Morphine sulfate 10mg/5ml oral solution (Martindale Pharmaceuticals)	4070200	Opioid Analgesics
Diamorphine Hydrochloride	Diamorphine hydrochloride 10mg Injection (Hillcross Pharmaceuticals)	4070200	Opioid Analgesics
Tramadol hydrochloride	Tramadol 50mg capsules (A A H Pharmaceuticals)	4070200	Opioid Analgesics
Codeine phosphate	Codeine 30mg tablets (Actavis UK)	01040200/03090100/04070200	Antimotility Drugs/Cough Suppressants/Opioid Analgesics
Tramadol hydrochloride	Tramadol 50mg capsules (Teva UK)	4070200	Opioid Analgesics
Dihydrocodeine tartrate	Dihydrocodeine 30mg tablets (Actavis UK)	4070200	Opioid Analgesics
Tramadol hydrochloride	Tramadol 50mg capsules (Genus Pharmaceuticals)	4070200	Opioid Analgesics
Dihydrocodeine tartrate	Dihydrocodeine 30mg tablets (Mylan)	4070200	Opioid Analgesics
Dihydrocodeine tartrate	Dihydrocodeine 30mg Tablet (Berk Pharmaceuticals)	4070200	Opioid Analgesics
Morphine Sulphate	Morphine sulphate 30mg/ml Injection (Celltech Pharma Europe)	4070200	Opioid Analgesics
Diamorphine hydrochloride	Diamorphine 10mg powder for solution for injection ampoules (Novartis)	4070200	Opioid Analgesics
Diamorphine hydrochloride	Diamorphine 30mg powder for solution for injection ampoules (Novartis)	4070200	Opioid Analgesics
Codeine phosphate	Codeine 30mg tablets (Kent Pharmaceuticals)	01040200/03090100/04070200	Antimotility Drugs/Cough Suppressants/Opioid Analgesics
Tramadol hydrochloride	Tramadol 50mg capsules (PLIVA Pharma)	4070200	Opioid Analgesics
Oxycodone hydrochloride	OxyNorm 20mg/2ml solution for injection ampoules (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Oxycodone hydrochloride	Oxycodone 20mg/2ml solution for injection ampoules	4070200	Opioid Analgesics
Morphine Sulphate	Morphine sulfate 50mg/50ml solution for infusion vials	4070200	Opioid Analgesics
Buprenorphine hydrochloride	Temgesic 300micrograms/1ml solution for injection ampoules (RB Pharmaceuticals)	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Fentanyl citrate	Fentanyl 100micrograms/2ml solution for injection ampoules	04070200/15010403	Opioid Analgesics/Opioid Analgesics (in Anaesthesia)
Oxycodone hydrochloride	Oxycodone 10mg/1ml solution for injection ampoules	4070200	Opioid Analgesics
Tramadol Hydrochloride	Tramadol 24 Modified-release tablet	4070200	Opioid Analgesics
Tramadol hydrochloride	Tramquel SR 100mg capsules (Beechmere Pharmaceuticals)	4070200	Opioid Analgesics
Alfentanil hydrochloride	Alfentanil 1mg/2ml solution for injection ampoules	15010403	Opioid Analgesics (in Anaesthesia)
Methadone hydrochloride	Methadone 20mg/2ml solution for injection ampoules	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Tramadol hydrochloride	Tradorec XL 200mg tablets (Paladin Labs Europe)	4070200	Opioid Analgesics
Tramadol hydrochloride	Tradorec XL 100mg tablets (Paladin Labs Europe)	4070200	Opioid Analgesics
Codeine phosphate	Codeine 25mg/5ml oral solution (Thornton & Ross)	01040200/03090100/04070200	Antimotility Drugs/Cough Suppressants/Opioid Analgesics
Tramadol hydrochloride	Larapam SR 100mg tablets (Sandoz)	4070200	Opioid Analgesics
Fentanyl citrate	Fentanyl 500micrograms/10ml solution for injection ampoules	04070200/15010403	Opioid Analgesics/Opioid Analgesics (in Anaesthesia)
Fentanyl	Matrifen 25micrograms/hour transdermal patches (Teva UK)	4070200	Opioid Analgesics

Tramadol hydrochloride	Tradorec XL 300mg tablets (Paladin Labs Europe)	4070200	Opioid Analgesics
Fentanyl	Matrifen 100micrograms/hour transdermal patches (Teva UK)	4070200	Opioid Analgesics
Alfentanil hydrochloride	Alfentanil 5mg/10ml solution for injection ampoules	15010403	Opioid Analgesics (in Anaesthesia)
Fentanyl	Matrifen 50micrograms/hour transdermal patches (Teva UK)	4070200	Opioid Analgesics
Methadone hydrochloride	Methadone 50mg/5ml solution for injection ampoules	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Tramadol hydrochloride	Mabron 200mg modified-release tablets (Morningside Healthcare)	4070200	Opioid Analgesics
Tramadol Hydrochloride	Tramadol 50mg modified-release tablets	4070200	Opioid Analgesics
Tramadol hydrochloride	Zydol SR 50mg tablets (Grünenthal)	4070200	Opioid Analgesics
Tramadol hydrochloride	Tramquel SR 50mg capsules (Beechmere Pharmaceuticals)	4070200	Opioid Analgesics
Methadone hydrochloride	Methadone 5mg/ml oral solution	0	Unknown
Tramadol hydrochloride	Tramadol 150mg modified-release tablets	4070200	Opioid Analgesics
Tramadol hydrochloride	Tramadol 200mg modified-release tablets	4070200	Opioid Analgesics
Alfentanil hydrochloride	Alfentanil 0.1% nasal spray	4070200	Opioid Analgesics
Methadone hydrochloride	Physeptone 50mg/1ml solution for injection ampoules (Martindale Pharmaceuticals)	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Methadone hydrochloride	Physeptone 50mg/1ml solution for injection ampoules (Martindale Pharmaceuticals)	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Methadone hydrochloride	Methadone 35mg/3.5ml solution for injection ampoules	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Pethidine hydrochloride	Pethidine 50mg/1ml solution for injection ampoules (AMCo)	4070200	Opioid Analgesics
Fentanyl	Fentalis Reservoir 100micrograms/hour transdermal patches (Sandoz)	4070200	Opioid Analgesics
Fentanyl	Fentalis Reservoir 25micrograms/hour transdermal patches (Sandoz)	4070200	Opioid Analgesics
Tramadol hydrochloride	Mabron 100mg modified-release tablets (Morningside Healthcare)	4070200	Opioid Analgesics
Tramadol Hydrochloride	Tramadol (roi) Tablet	4070200	Opioid Analgesics
Fentanyl	Fentalis Reservoir 50micrograms/hour transdermal patches (Sandoz)	4070200	Opioid Analgesics
Fentanyl	Matrifen 12micrograms/hour transdermal patches (Teva UK)	4070200	Opioid Analgesics
Fentanyl	Mezolar Matrix 12micrograms/hour transdermal patches (Sandoz)	4070200	Opioid Analgesics
Fentanyl	Osmach 50micrograms/hour transdermal patches (Teva UK)	4070200	Opioid Analgesics
Fentanyl	Fentanyl 40micrograms/dose transdermal system	4070200	Opioid Analgesics
Pethidine hydrochloride	Pethidine 50mg capsules	4070200	Opioid Analgesics
Fentanyl	Mezolar Matrix 25micrograms/hour transdermal patches (Sandoz)	4070200	Opioid Analgesics
Pentazocine Lactate	Pentazocine 30mg/ml Injection (Sterwin Medicines)	4070200	Opioid Analgesics
Pethidine Hydrochloride	Pethidine 25mg Tablet (Roche Products)	4070200	Opioid Analgesics
Remifentanyl hydrochloride	Remifentanyl 1mg powder for solution for injection vials	15010403	Opioid Analgesics (in Anaesthesia)
Tramadol hydrochloride	Larapam SR 200mg tablets (Sandoz)	4070200	Opioid Analgesics
Buprenorphine Hydrochloride/			
Naloxone Hydrochloride	Naloxone hc 2mg + 8mg Tablet	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Fentanyl	Mezolar Matrix 75micrograms/hour transdermal patches (Sandoz)	4070200	Opioid Analgesics
Fentanyl	Matrifen 75micrograms/hour transdermal patches (Teva UK)	4070200	Opioid Analgesics
Fentanyl	Fentalis Reservoir 75micrograms/hour transdermal patches (Sandoz)	4070200	Opioid Analgesics
Dihydrocodeine tartrate	Dihydrocodeine 30mg tablets (Teva UK)	4070200	Opioid Analgesics
Alfentanil hydrochloride	Rapifen 1mg/2ml solution for injection ampoules (Janssen-Cilag)	15010403	Opioid Analgesics (in Anaesthesia)
Tramadol hydrochloride	Tramadol 50mg Capsule (Tillomed Laboratories)	4070200	Opioid Analgesics
Fentanyl	Mezolar Matrix 100micrograms/hour transdermal patches (Sandoz)	4070200	Opioid Analgesics
Tramadol hydrochloride	Zamadol 100mg/2ml solution for injection ampoules (Meda Pharmaceuticals)	4070200	Opioid Analgesics
Tramadol hydrochloride	Tramquel SR 200mg capsules (Beechmere Pharmaceuticals)	4070200	Opioid Analgesics
Dihydrocodeine tartrate	DF 118 Forte 40mg tablets (Martindale Pharmaceuticals)	4070200	Opioid Analgesics
Codeine phosphate	Galcodine 3mg/5ml linctus paediatric (Thornton & Ross)	30901100	Cough Suppressants
Fentanyl	Osmach 100micrograms/hour transdermal patches (Ratiopharm UK)	4070200	Opioid Analgesics
Fentanyl	Mezolar Matrix 50micrograms/hour transdermal patches (Sandoz)	4070200	Opioid Analgesics
Fentanyl	Osmach 25micrograms/hour transdermal patches (Teva UK)	4070200	Opioid Analgesics
Dextromoramide tartrate	Palfium 5mg Tablet (IDIS World Medicines)	4070200	Opioid Analgesics
Methadone hydrochloride	Eptadone 1mg/ml oral solution (Dee Pharmaceuticals)	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Ibuprofen/Codeine phosphate	Solpadeine Migraine Ibuprofen & Codeine tablets (Omega Pharma)	04070200/10010100	Opioid Analgesics/Non-steroidal Anti-inflammatory Drugs
Fentanyl citrate	Fentanyl 100microgram sublingual tablets sugar free	4070200	Opioid Analgesics
Naloxone Hydrochloride/			
oxycodone Hydrochloride	Oxycodone 10mg / Naloxone 5mg modified-release tablets	4070200	Opioid Analgesics
Naloxone Hydrochloride/			
oxycodone Hydrochloride	Targinact 10mg/5mg modified-release tablets (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Naloxone hydrochloride/			
Oxycodone hydrochloride	Targinact 20mg/10mg modified-release tablets (Napp Pharmaceuticals)	4070200	Opioid Analgesics

Naloxone hydrochloride	Oxycodone 20mg / Naloxone 10mg modified-release tablets	4070200	Opioid Analgesics
/Oxycodone hydrochloride	Marol 100mg modified-release tablets (Morningside Healthcare)	4070200	Opioid Analgesics
Tramadol hydrochloride	Abstral 100microgram sublingual tablets (ProStrakan)	4070200	Opioid Analgesics
Fentanyl citrate	Dihydrocodeine 30mg tablets (Zentiva)	4070200	Opioid Analgesics
Dihydrocodeine tartrate	Fentanyl 200microgram sublingual tablets sugar free	4070200	Opioid Analgesics
Fentanyl citrate	Marol 200mg modified-release tablets (Morningside Healthcare)	4070200	Opioid Analgesics
Tramadol hydrochloride	Fentanyl 100microgram buccal tablets sugar free	4070200	Opioid Analgesics
Fentanyl Citrate	Effentora 100microgram buccal tablets (Teva UK)	4070200	Opioid Analgesics
Fentanyl citrate	Marol 150mg modified-release tablets (Morningside Healthcare)	4070200	Opioid Analgesics
Tramadol hydrochloride	Abstral 200microgram sublingual tablets (ProStrakan)	4070200	Opioid Analgesics
Fentanyl citrate	Nobligan retard 100mg tablets (Grünenthal)	4070200	Opioid Analgesics
Tramadol hydrochloride	Abstral 800microgram sublingual tablets (ProStrakan)	4070200	Opioid Analgesics
Fentanyl citrate	Maxitram SR 200mg capsules (Chiesi)	4070200	Opioid Analgesics
Tramadol hydrochloride	Meptid 200mg tablets (Almirall)	4070200	Opioid Analgesics
Meptazinol hydrochloride	Effentora 200microgram buccal tablets (Teva UK)	4070200	Opioid Analgesics
Fentanyl citrate	Abstral 400microgram sublingual tablets (ProStrakan)	4070200	Opioid Analgesics
Fentanyl citrate	Fentanyl 200microgram buccal tablets sugar free	4070200	Opioid Analgesics
Tramadol hydrochloride	Tramulief SR 100mg tablets (AMCo)	4070200	Opioid Analgesics
Tramadol hydrochloride	Tramulief SR 200mg tablets (AMCo)	4070200	Opioid Analgesics
Tramadol hydrochloride	Tramulief SR 150mg tablets (AMCo)	4070200	Opioid Analgesics
Fentanyl Citrate	Fentanyl 400microgram sublingual tablets sugar free	4070200	Opioid Analgesics
Fentanyl Citrate	Effentora 400microgram buccal tablets (Teva UK)	4070200	Opioid Analgesics
Dihydrocodeine tartrate	Dihydrocodeine 10mg/5ml oral solution (Martindale Pharmaceuticals)	4070200	Opioid Analgesics
Tramadol hydrochloride	Tramadol 50mg capsules (Niche Generics)	4070200	Opioid Analgesics
Buprenorphine hydrochloride	Buprenorphine 2mg sublingual tablets sugar free (Teva UK)	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Buprenorphine hydrochloride	Buprenorphine 8mg sublingual tablets sugar free (Teva UK)	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Pethidine hydrochloride	Pethidine 50mg tablets (Martindale Pharmaceuticals)	4070200	Opioid Analgesics
Tramadol hydrochloride	Maxitram SR 100mg capsules (Chiesi)	4070200	Opioid Analgesics
Tramadol hydrochloride	Maxitram SR 50mg capsules (Chiesi)	4070200	Opioid Analgesics
Alfentanil Hydrochloride	Rapifen 500microgram/ml Injection (Janssen-Cilag)	15010403	Opioid Analgesics (In Anaesthesia)
Fentanyl citrate	Effentora 600microgram buccal tablets (Teva UK)	4070200	Opioid Analgesics
Buprenorphine hydrochloride	Buprenorphine 300micrograms/1ml solution for injection ampoules	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Fentanyl citrate	Abstral 600microgram sublingual tablets (ProStrakan)	4070200	Opioid Analgesics
Morphine sulfate	Morphine 30mg modified-release capsules	4070200	Opioid Analgesics
Fentanyl Citrate	Fentanyl 400microgram buccal tablets sugar free	4070200	Opioid Analgesics
Naloxone Hydrochloride/ oxycodone Hydrochloride	Oxycodone 5mg / Naloxone 2.5mg modified-release tablets	4070200	Opioid Analgesics
Naloxone Hydrochloride/ oxycodone Hydrochloride	Targinact 5mg/2.5mg modified-release tablets (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Oxycodone Hydrochloride	Oxycodone 50mg/1ml solution for injection ampoules	4070200	Opioid Analgesics
Tramadol hydrochloride	Tramadol 50mg capsules (Almus Pharmaceuticals)	4070200	Opioid Analgesics
Oxycodone hydrochloride	OxyNorm 50mg/1ml solution for injection ampoules (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Oxycodone hydrochloride/ Naloxone hydrochloride	Oxycodone 40mg / Naloxone 20mg modified-release tablets	4070200	Opioid Analgesics
Tramadol hydrochloride	Tramquel SR 150mg capsules (Beechmere Pharmaceuticals)	4070200	Opioid Analgesics
Tramadol hydrochloride	Maxitram SR 150mg capsules (Chiesi)	4070200	Opioid Analgesics
Tramadol hydrochloride	Larapam SR 150mg tablets (Sandoz)	4070200	Opioid Analgesics
Fentanyl Citrate	Fentanyl 300microgram sublingual tablets sugar free	4070200	Opioid Analgesics
Fentanyl citrate	Effentora 800microgram buccal tablets (Teva UK)	4070200	Opioid Analgesics
Oxycodone hydrochloride/ Naloxone hydrochloride	Targinact 40mg/20mg modified-release tablets (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Fentanyl citrate	Fentanyl 50micrograms/dose nasal spray	4070200	Opioid Analgesics
Fentanyl	Osmach 75micrograms/hour transdermal patches (Teva UK)	4070200	Opioid Analgesics
Codeine phosphate	Codeine 15mg/5ml Oral solution (Thornton & Ross)	03090100/04070200	Cough Suppressants/Opioid Analgesics
Fentanyl Citrate	Abstral 300microgram sublingual tablets (ProStrakan)	4070200	Opioid Analgesics
Fentanyl Citrate	Fentanyl 600microgram sublingual tablets sugar free	4070200	Opioid Analgesics
Codeine phosphate	Codeine 60mg tablets (Wockhardt UK)	01040200/03090100/04070200	Antimotility Drugs/Cough Suppressants/Opioid Analgesics

Codeine phosphate	Codeine Oral solution (Family Health)	03090100/04070200	Cough Suppressants/Opioid Analgesics
Codeine phosphate	Codeine 30mg tablets (Teva UK)	01040200/03090100/04070200	Antimotility Drugs/Cough Suppressants/Opioid Analgesics
Pethidine Hydrochloride	Pethidine 100mg/2ml Injection (C P Pharmaceuticals)	4070200	Opioid Analgesics
Codeine phosphate	Codeine 15mg tablets (Teva UK)	01040200/03090100/04070200	Antimotility Drugs/Cough Suppressants/Opioid Analgesics
Methadone hydrochloride	Methadone 1mg/ml oral solution (Rosemont Pharmaceuticals)	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Morphine hydrochloride	Morphine hcl 15mg Suppository (Martindale Pharmaceuticals)	4070200	Opioid Analgesics
Morphine sulfate	Morphine sulphate 10mg Suppository (Aurum Pharmaceuticals)	4070200	Opioid Analgesics
Morphine sulfate	Morphine sulphate 15mg Suppository (Celltech Pharma Europe)	4070200	Opioid Analgesics
Methadone hydrochloride	Methadone 1mg/ml Mixture (Macarthy Medical)	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Methadone hydrochloride	Methadone 1mg/ml Mixture (Macarthy Medical)	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Diamorphine hydrochloride	Diamorphine 30mg powder for solution for injection ampoules (Wockhardt UK)	4070200	Opioid Analgesics
Diamorphine hydrochloride	Diamorphine 30mg powder for solution for injection ampoules (Wockhardt UK)	4070200	Opioid Analgesics
Morphine sulfate	Morphine sulfate 10mg/1ml solution for injection ampoules (Martindale)	4070200	Opioid Analgesics
Tramadol hydrochloride	Tramadol 100mg modified-release tablets (A A H Pharmaceuticals)	4070200	Opioid Analgesics
Fentanyl	Victanyl 100micrograms/hour transdermal patches (Actavis UK)	4070200	Opioid Analgesics
Buprenorphine Hydrochloride/			
Naloxone Hydrochloride	Naloxone hc 500micrograms + 2mg Tablet	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Pentazocine lactate	Fortral 30mg/1ml solution for injection ampoules (Zentiva)	4070200	Opioid Analgesics
Dihydrocodeine tartrate	Df118 30mg Tablet (Martindale Pharmaceuticals)	4070200	Opioid Analgesics
Tramadol hydrochloride/			
Paracetamol	Tramadol 37.5mg / Paracetamol 325mg effervescent tablets sugar free	4070200	Opioid Analgesics
Tramadol hydrochloride/			
Paracetamol	Tramacet 37.5mg/325mg effervescent tablets (Grunenthal)	4070200	Opioid Analgesics
Morphine Sulphate	Morphine sulphate 10mg Modified-release capsule	4070200	Opioid Analgesics
Fentanyl citrate	Fentanyl 800microgram sublingual tablets sugar free	4070200	Opioid Analgesics
Fentanyl citrate	Fentanyl 600microgram buccal tablets sugar free	4070200	Opioid Analgesics
Fentanyl	Victanyl 75micrograms/hour transdermal patches (Actavis UK)	4070200	Opioid Analgesics
Fentanyl	Osmanil 75micrograms/hour transdermal patches (Zentiva)	4070200	Opioid Analgesics
Fentanyl	Osmanil 25micrograms/hour transdermal patches (Zentiva)	4070200	Opioid Analgesics
Pethidine Hydrochloride	Pethidine 50mg/ml intramuscular injection (Roche Products)	4070200	Opioid Analgesics
Codeine phosphate	Codeine 15mg/5ml Oral solution (Actavis UK)	03090100/04070200	Cough Suppressants/Opioid Analgesics
Tramadol hydrochloride	Tramadol 150mg modified-release tablets (A A H Pharmaceuticals)	4070200	Opioid Analgesics
Diamorphine hydrochloride	Diamorphine 10mg powder for solution for injection ampoules (Wockhardt UK)	4070200	Opioid Analgesics
Fentanyl Citrate	Instanyl 100micrograms/dose nasal spray (Takeda UK)	4070200	Opioid Analgesics
Fentanyl	Osmanil 50micrograms/hour transdermal patches (Zentiva)	4070200	Opioid Analgesics
Tramadol hydrochloride	Tramadol sr 50mg Capsule (Hillcross Pharmaceuticals)	4070200	Opioid Analgesics
Methadone Hydrochloride	Methadone Oral solution	4070200	Opioid Analgesics
Morphine sulfate	Morphine sulfate 10mg/1ml suspension for injection vials	4070200	Opioid Analgesics
Alfentanil hydrochloride	Rapifen Intensive Care 5mg/1ml solution for injection ampoules (Janssen-Cilag)	15010403	Opioid Analgesics (in Anaesthesia)
Codeine phosphate	Codeine phosphate Oral solution (William Ransom)	01040200/04070200	Antimotility Drugs/Opioid Analgesics
Tramadol hydrochloride	Tramadol 50mg capsules (Zentiva)	4070200	Opioid Analgesics
Codeine phosphate	Codeine 15mg tablets (Ranbaxy (UK))	01040200/03090100/04070200	Antimotility Drugs/Cough Suppressants/Opioid Analgesics
Fentanyl Citrate	Instanyl 200micrograms/dose nasal spray (Takeda UK)	4070200	Opioid Analgesics
Morphine sulfate	Morphine 100mg modified-release capsules	4070200	Opioid Analgesics
Morphine sulfate	Morphine 200mg modified-release capsules	4070200	Opioid Analgesics
Alfentanil hydrochloride	Rapifen 5mg/10ml solution for injection ampoules (Janssen-Cilag)	15010403	Opioid Analgesics (in Anaesthesia)
Methadone hydrochloride	Eptadone 5mg/ml oral solution (Dee Pharmaceuticals)	0	Unknown
Fentanyl citrate	Sublimaze 500micrograms/10ml solution for injection ampoules (Janssen-Cilag)	04070200/15010403	Opioid Analgesics/Opioid Analgesics (in Anaesthesia)
Fentanyl citrate	Sublimaze 500micrograms/10ml solution for injection ampoules (Janssen-Cilag)	04070200/15010403	Opioid Analgesics/Opioid Analgesics (in Anaesthesia)
Tramadol hydrochloride	Mabron 150mg modified-release tablets (Morningside Healthcare)	4070200	Opioid Analgesics
Fentanyl	Osmanil 12micrograms/hour transdermal patches (Zentiva)	4070200	Opioid Analgesics
Fentanyl	Victanyl 50micrograms/hour transdermal patches (Actavis UK)	4070200	Opioid Analgesics
Pentazocine lactate	Fortral 60mg/2ml solution for injection ampoules (Zentiva)	4070200	Opioid Analgesics
Fentanyl Citrate	Fentanyl 200micrograms/dose nasal spray	4070200	Opioid Analgesics
Pethidine Hydrochloride	Pethidine injection	4070200	Opioid Analgesics
Fentanyl Citrate	PecFent 100micrograms/dose nasal spray (ProStrakan)	4070200	Opioid Analgesics
Fentanyl	Osmanil 100micrograms/hour transdermal patches (Zentiva)	4070200	Opioid Analgesics
Fentanyl	Victanyl 25micrograms/hour transdermal patches (Actavis UK)	4070200	Opioid Analgesics

Fentanyl citrate	Instanyl 50micrograms/dose nasal spray (Takeda UK)	4070200	Opioid Analgesics
Morphine sulfate	Morphine 60mg modified-release capsules	4070200	Opioid Analgesics
Oxycodone hydrochloride	OxyContin 30mg modified-release tablets (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Oxycodone hydrochloride	OxyContin 60mg modified-release tablets (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Oxycodone hydrochloride	OxyContin 15mg modified-release tablets (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Oxycodone hydrochloride	Oxycodone 15mg modified-release tablets	4070200	Opioid Analgesics
Tapentadol hydrochloride	Tapentadol 200mg modified-release tablets	4070200	Opioid Analgesics
Tapentadol hydrochloride	Tapentadol 50mg tablets	4070200	Opioid Analgesics
Oxycodone hydrochloride	Oxycodone 30mg modified-release tablets	4070200	Opioid Analgesics
Oxycodone hydrochloride	OxyContin 120mg modified-release tablets (Napp Pharmaceuticals)	4070200	Opioid Analgesics
Fentanyl Citrate	Fentanyl 100micrograms/dose nasal spray	4070200	Opioid Analgesics
Oxycodone hydrochloride	Oxycodone 60mg modified-release tablets	4070200	Opioid Analgesics
Tapentadol hydrochloride	Palexia 50mg tablets (Grunenthal)	4070200	Opioid Analgesics
Tapentadol hydrochloride	Palexia SR 50mg tablets (Grunenthal)	4070200	Opioid Analgesics
Tapentadol Hydrochloride	Tapentadol 100mg modified-release tablets	4070200	Opioid Analgesics
Tapentadol Hydrochloride	Tapentadol 150mg modified-release tablets	4070200	Opioid Analgesics
Tapentadol Hydrochloride	Palexia SR 100mg tablets (Grunenthal)	4070200	Opioid Analgesics
Tapentadol Hydrochloride	Tapentadol 50mg modified-release tablets	4070200	Opioid Analgesics
Tapentadol hydrochloride	Palexia 75mg tablets (Grunenthal)	4070200	Opioid Analgesics
Tapentadol Hydrochloride	Palexia SR 150mg tablets (Grunenthal)	4070200	Opioid Analgesics
Oxycodone Hydrochloride	Oxycodone 120mg modified-release tablets	4070200	Opioid Analgesics
Tramadol hydrochloride	Tramadol 200mg modified-release capsules (A A H Pharmaceuticals)	4070200	Opioid Analgesics
Fentanyl citrate	PecFent 400micrograms/dose nasal spray (ProStrakan)	4070200	Opioid Analgesics
Tapentadol hydrochloride	Tapentadol 75mg tablets	4070200	Opioid Analgesics
Fentanyl citrate	Fentanyl 800microgram buccal tablets sugar free	4070200	Opioid Analgesics
Fentanyl	Fencino 12micrograms/hour transdermal patches (DB Ashbourne)	4070200	Opioid Analgesics
Fentanyl	Fencino 50micrograms/hour transdermal patches (DB Ashbourne)	4070200	Opioid Analgesics
Methadone hydrochloride	Physeptone 20mg/2ml solution for injection ampoules (Martindale Pharmaceuticals)	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Tramadol Hydrochloride	Tramadol 100mg/ml oral drops	4070200	Opioid Analgesics
Tramadol hydrochloride	Zeridame SR 150mg tablets (Actavis UK)	4070200	Opioid Analgesics
Fentanyl	Fencino 75micrograms/hour transdermal patches (DB Ashbourne)	4070200	Opioid Analgesics
Fentanyl	Fencino 100micrograms/hour transdermal patches (DB Ashbourne)	4070200	Opioid Analgesics
Tapentadol hydrochloride	Palexia SR 200mg tablets (Grunenthal)	4070200	Opioid Analgesics
Fentanyl	Fencino 25micrograms/hour transdermal patches (DB Ashbourne)	4070200	Opioid Analgesics
Codeine phosphate	Codeine 60mg tablets (Ranbaxy (UK))	01040200/03090100/04070200	Antimotility Drugs/Cough Suppressants/Opioid Analgesics
Papaveretum	Omnopon 15.4mg/ml Injection (Roche Products)	4070200	Opioid Analgesics
Morphine sulfate	Filnarine SR 200mg tablets (Teva UK)	4070200	Opioid Analgesics
Tapentadol Hydrochloride	Tapentadol 250mg modified-release tablets	4070200	Opioid Analgesics
Fentanyl	Fentanyl 75micrograms/hr Transdermal patch (Sandoz)	4070200	Opioid Analgesics
Tapentadol hydrochloride	Palexia SR 250mg tablets (Grunenthal)	4070200	Opioid Analgesics
Morphine sulfate	Morphine sulfate 10mg/10ml solution for injection Minijet pre-filled syringes (UCB)	4070200	Opioid Analgesics
Diamorphine Hydrochloride	Diamorphine hydrochloride 10mg Injection (Approved Prescription Services)	4070200	Opioid Analgesics
Diamorphine Hydrochloride	Diamorphine hydrochloride 30mg Injection (Hillcross Pharmaceuticals)	4070200	Opioid Analgesics
Methadone hydrochloride	Methadone 1mg/ml oral solution sugar free (Martindale Pharmaceuticals)	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Morphine sulfate	Morphine 90mg modified-release capsules	4070200	Opioid Analgesics
Fentanyl Citrate	Fentanyl 400micrograms/dose nasal spray	4070200	Opioid Analgesics
Tramadol Hydrochloride	Tramadol (roi) Tablet	4070200	Opioid Analgesics
Morphine sulfate	Morphine 150mg modified-release capsules	4070200	Opioid Analgesics
Codeine phosphate	Codeine phosphate 15mg Tablet (Wockhardt UK)	01040200/04070200	Antimotility Drugs/Opioid Analgesics
Morphine sulfate	Morphine 120mg modified-release capsules	4070200	Opioid Analgesics
Codeine phosphate	Codeine phosphate 30mg Tablet (Wockhardt UK)	01040200/04070200	Antimotility Drugs/Opioid Analgesics
Morphine sulfate	M-eslon 10mg Capsule (Trinity Pharmaceuticals)	4070200	Opioid Analgesics
Codeine phosphate	Codeine 30mg tablets (Ranbaxy (UK))	01040200/03090100/04070200	Antimotility Drugs/Cough Suppressants/Opioid Analgesics
Codeine Phosphate	Codeine phosphate oral solution	01040200/03090100	Antimotility Drugs/Cough Suppressants
Tramadol hydrochloride	Tramadol 200mg modified-release tablets (A A H Pharmaceuticals)	4070200	Opioid Analgesics
Pethidine hydrochloride	Pethidine 100mg/2ml solution for injection ampoules (Martindale Pharmaceuticals)	4070200	Opioid Analgesics
Dihydrocodeine tartrate	Dihydrocodeine 30mg tablets (Almus Pharmaceuticals)	4070200	Opioid Analgesics
Codeine phosphate	Codeine 15mg tablets (Almus Pharmaceuticals)	0	Unknown

Pethidine hydrochloride	Pethidine 100mg/2ml solution for injection ampoules (Actavis UK)	4070200	Opioid Analgesics
Codeine phosphate	Codeine 60mg tablets (Actavis UK)	01040200/03090100/04070200	Antimotility Drugs/Cough Suppressants/Opioid Analgesics
Diamorphine hydrochloride	Diamorphine 5mg powder for solution for injection vials (Teva UK)	4070200	Opioid Analgesics
Fentanyl citrate	Fentanyl 100micrograms/2ml solution for injection ampoules (Martindale Pharma)	04070200/15010403	Opioid Analgesics/Opioid Analgesics (in Anaesthesia)
Diamorphine hydrochloride	Diamorphine 5mg powder for solution for injection ampoules	4070200	Opioid Analgesics
Diamorphine hydrochloride	Diamorphine 5mg powder for solution for injection vials	4070200	Opioid Analgesics
Diamorphine hydrochloride	Diamorphine 10mg powder for solution for injection ampoules	4070200	Opioid Analgesics
Diamorphine hydrochloride	Diamorphine 30mg powder for solution for injection ampoules	4070200	Opioid Analgesics
Fentanyl	Durogesic DTrans 50micrograms transdermal patches (Waymade Healthcare Plc)	4070200	Opioid Analgesics
Morphine sulfate	Morphine sulfate 10mg/1ml solution for injection ampoules	4070200	Opioid Analgesics
Diamorphine hydrochloride	Diamorphine 10mg powder for solution for injection vials	4070200	Opioid Analgesics
Diamorphine	Diamorphine 30mg powder for solution for injection vials	4070200	Opioid Analgesics
Diamorphine hydrochloride	Diamorphine 100mg powder for solution for injection ampoules	4070200	Opioid Analgesics
Diamorphine	Diamorphine 100mg powder for solution for injection vials	4070200	Opioid Analgesics
Codeine phosphate	Codeine 3mg/5ml linctus paediatric	0	Unknown
Tramadol hydrochloride	Marol 150mg modified-release tablets (Teva UK)	4070200	Opioid Analgesics
Tramadol hydrochloride	Marol 100mg modified-release tablets (Teva UK)	4070200	Opioid Analgesics
Oxycodone hydrochloride	OxyContin 5mg modified-release tablets (DE Pharmaceuticals)	4070200	Opioid Analgesics
Oxycodone hydrochloride	OxyContin 20mg modified-release tablets (Lexon (UK))	4070200	Opioid Analgesics
Oxycodone hydrochloride	OxyNorm 20mg/2ml solution for injection ampoules (Waymade Healthcare Plc)	4070200	Opioid Analgesics
Oxycodone hydrochloride	OxyNorm 5mg capsules (Lexon (UK))	4070200	Opioid Analgesics
Morphine sulfate	Morphine sulfate 10mg/1ml solution for injection ampoules (A A H Pharmaceuticals)	4070200	Opioid Analgesics
Oxycodone hydrochloride	OxyNorm 5mg capsules (DE Pharmaceuticals)	4070200	Opioid Analgesics
Buprenorphine hydrochloride	Subutex 2mg sublingual tablets (Lexon (UK))	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Codeine phosphate	Codeine phosphate 15mg Tablet (Celltech Pharma Europe)	01040200/04070200	Antimotility Drugs/Opioid Analgesics
Codeine phosphate	Codeine 15mg tablets (Alliance Healthcare (Distribution))	01040200/03090100/04070200	Antimotility Drugs/Cough Suppressants/Opioid Analgesics
Morphine sulfate	Morphine sulfate 10mg/1ml solution for injection ampoules (UCB Pharma)	4070200	Opioid Analgesics
Dihydrocodeine tartrate	Dihydrocodeine 30mg tablets (Bristol Laboratories)	4070200	Opioid Analgesics
Codeine phosphate	Codeine 60mg tablets (A A H Pharmaceuticals)	01040200/03090100/04070200	Antimotility Drugs/Cough Suppressants/Opioid Analgesics
Fentanyl	Fentanyl 12micrograms/hour transdermal patches (A A H Pharmaceuticals)	4070200	Opioid Analgesics
Oxycodone hydrochloride	OxyNorm 10mg/1ml solution for injection ampoules (Waymade Healthcare Plc)	4070200	Opioid Analgesics
Oxycodone hydrochloride	OxyContin 10mg modified-release tablets (Mawdsley-Brooks & Company)	4070200	Opioid Analgesics
Tramadol hydrochloride	Marol 200mg modified-release tablets (Teva UK)	4070200	Opioid Analgesics
Fentanyl	Durogesic DTrans 12micrograms transdermal patches (Mawdsley-Brooks & Company)	4070200	Opioid Analgesics
Tramadol hydrochloride	Tramadol 100mg modified-release capsules (Alliance Healthcare (Distribution))	4070200	Opioid Analgesics
Fentanyl	Fentanyl 25micrograms/hour transdermal patches (Phoenix Healthcare Distribution)	4070200	Opioid Analgesics
Codeine phosphate	Codeine 30mg tablets (Alliance Healthcare (Distribution))	01040200/03090100/04070200	Antimotility Drugs/Cough Suppressants/Opioid Analgesics
Oxycodone hydrochloride	OxyNorm 20mg capsules (DE Pharmaceuticals)	4070200	Opioid Analgesics
Oxycodone hydrochloride	OxyNorm 10mg/1ml solution for injection ampoules (Mawdsley-Brooks & Company)	4070200	Opioid Analgesics
Codeine phosphate	Codeine 30mg tablets (Bristol Laboratories)	01040200/03090100/04070200	Antimotility Drugs/Cough Suppressants/Opioid Analgesics
Oxycodone hydrochloride	OxyNorm 10mg capsules (Waymade Healthcare Plc)	4070200	Opioid Analgesics
Oxycodone hydrochloride	OxyContin 80mg modified-release tablets (Mawdsley-Brooks & Company)	4070200	Opioid Analgesics
Codeine phosphate	Codeine 15mg tablets (Bristol Laboratories)	01040200/03090100/04070200	Antimotility Drugs/Cough Suppressants/Opioid Analgesics
Fentanyl citrate	Fentanyl 100micrograms/2ml solution for injection ampoules (AMCo)	04070200/15010403	Opioid Analgesics/Opioid Analgesics (in Anaesthesia)
Oxycodone hydrochloride	Longtec 5mg modified-release tablets (Qdem Pharmaceuticals)	4070200	Opioid Analgesics
Oxycodone hydrochloride	Longtec 10mg modified-release tablets (Qdem Pharmaceuticals)	4070200	Opioid Analgesics
Oxycodone hydrochloride	Longtec 40mg modified-release tablets (Qdem Pharmaceuticals)	4070200	Opioid Analgesics
Pethidine hydrochloride	Pethidine 100mg/10ml solution for injection ampoules (Alliance Healthcare)	4070200	Opioid Analgesics
Tramadol hydrochloride	Tramadol 50mg capsules (Bristol Laboratories)	4070200	Opioid Analgesics
Oxycodone hydrochloride	OxyNorm 10mg capsules (DE Pharmaceuticals)	4070200	Opioid Analgesics
Tramadol hydrochloride	Tramadol 50mg capsules (Accord Healthcare)	4070200	Opioid Analgesics
Oxycodone hydrochloride	OxyContin 10mg modified-release tablets (Lexon (UK))	4070200	Opioid Analgesics
Codeine phosphate	Codeine 15mg tablets (Kent Pharmaceuticals)	01040200/03090100/04070200	Antimotility Drugs/Cough Suppressants/Opioid Analgesics
Codeine phosphate	Codeine 25mg/5ml oral solution (A A H Pharmaceuticals)	01040200/03090100/04070200	Antimotility Drugs/Cough Suppressants/Opioid Analgesics
Codeine phosphate	Codeine 15mg tablets (Sigma Pharmaceuticals Plc)	01040200/03090100/04070200	Antimotility Drugs/Cough Suppressants/Opioid Analgesics
Tramadol hydrochloride	Tramadol 100mg modified-release capsules (A A H Pharmaceuticals)	4070200	Opioid Analgesics
Hydromorphone hydrochloride	Hydromorphone 10mg/1ml solution for injection ampoules	4070200	Opioid Analgesics
Morphine sulfate	Morphine sulfate 5mg/5ml solution for injection ampoules	4070200	Opioid Analgesics

Oxycodone hydrochloride	OxyContin 10mg modified-release tablets (DE Pharmaceuticals)	4070200	Opioid Analgesics
Oxycodone hydrochloride	Longtec 20mg modified-release tablets (Qdem Pharmaceuticals)	4070200	Opioid Analgesics
Diamorphine hydrochloride	Diamorphine 10mg powder for solution for injection vials (Teva UK)	4070200	Opioid Analgesics
Morphine hydrochloride	Morphine hydrochloride 10mg/5ml oral solution (Special Order)	4070200	Opioid Analgesics
Diamorphine hydrochloride	Diamorphine 10mg powder for solution for injection ampoules (Actavis UK)	4070200	Opioid Analgesics
Codeine phosphate	Codeine 60mg tablets (Alliance Healthcare (Distribution))	01040200/03090100/04070200	Antimotility Drugs/Cough Suppressants/Opioid Analgesics
Ibuprofen/Codeine phosphate	Ibuprofen and codeine 200mg+12.8mg Tablet (Almus Pharmaceuticals)	04070200/10010100	Opioid Analgesics/Non-steroidal Anti-inflammatory Drugs
Morphine sulfate	Morphine 10mg modified-release tablets (Sigma Pharmaceuticals Plc)	4070200	Opioid Analgesics
Pethidine Hydrochloride	Pethidine oral liquid	4070200	Opioid Analgesics
Morphine sulfate	Morphine sulfate 10mg/1ml solution for injection ampoules (Hameln Pharmaceuticals)	4070200	Opioid Analgesics
Pethidine hydrochloride	Pethidine 50mg/1ml solution for injection ampoules (A A H Pharmaceuticals)	4070200	Opioid Analgesics
Codeine phosphate	Codeine phosphate 60mg Tablet (Wockhardt UK)	01040200/04070200	Antimotility Drugs/Opioid Analgesics
Morphine Sulphate	Morphine sulphate Capsule	4070200	Opioid Analgesics
Tramadol hydrochloride	Tramadol 50mg modified-release capsules (A A H Pharmaceuticals)	4070200	Opioid Analgesics
Pethidine Hydrochloride	Pethidine capsule	4070200	Opioid Analgesics
Dihydrocodeine tartrate	Dihydrocodeine 30mg tablets (Kent Pharmaceuticals)	4070200	Opioid Analgesics
Morphine sulfate	Morphine sulfate 30mg suppositories (Martindale Pharmaceuticals)	4070200	Opioid Analgesics
Morphine Sulphate	Morphine sulphate Oral solution	4070200	Opioid Analgesics
Oxycodone hydrochloride	Longtec 80mg modified-release tablets (Qdem Pharmaceuticals)	4070200	Opioid Analgesics
Pethidine hydrochloride	Pethidine 50mg tablets (Actavis UK)	4070200	Opioid Analgesics
Buprenorphine	Transtec 52.5micrograms/hour transdermal patches (DE Pharmaceuticals)	4070200	Opioid Analgesics
Fentanyl	Fentanyl 50micrograms/hour transdermal patches (A A H Pharmaceuticals)	4070200	Opioid Analgesics
Morphine sulfate	Morcap SR 50mg capsules (Hospira UK)	0	Unknown
Morphine sulfate	Morphine 20mg modified-release capsules	0	Unknown
Diamorphine hydrochloride	Diamorphine 500mg powder for solution for injection ampoules	4070200	Opioid Analgesics
	Nubain 10mg/1ml solution for injection ampoules (Bristol-Myers Squibb Pharmaceuticals)	0	Unknown
Nalbuphine hydrochloride	Codeine 15mg tablets (Phoenix Healthcare Distribution)	01040200/03090100/04070200	Antimotility Drugs/Cough Suppressants/Opioid Analgesics
Codeine phosphate	Morphine sulfate 50mg/50ml solution for infusion vials (A A H Pharmaceuticals)	4070200	Opioid Analgesics
Morphine sulfate	Dihydrocodeine 10mg tablets	03090100/04070200	Cough Suppressants/Opioid Analgesics
Dihydrocodeine Tartrate	Diamorphine 500mg powder for solution for injection vials	4070200	Opioid Analgesics
Diamorphine	Fentanyl 100micrograms/hour transdermal patches (Phoenix Healthcare Distribution)	4070200	Opioid Analgesics
Fentanyl	Methadone 1mg/ml oral solution sugar free (Thornton & Ross)	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Methadone hydrochloride	Morphine sulphate 15mg/ml Injection (Celltech Pharma Europe)	4070200	Opioid Analgesics
Morphine sulfate	Pethidine 50mg/ml Injection (Roche Products)	4070200	Opioid Analgesics
Pethidine Hydrochloride	Pethidine 10mg/ml Injection (Martindale Pharmaceuticals)	4070200	Opioid Analgesics
Pethidine Hydrochloride	Pethidine 50mg Capsule (Martindale Pharmaceuticals)	4070200	Opioid Analgesics
Pethidine hydrochloride	Codeine 60mg/1ml solution for injection ampoules (A A H Pharmaceuticals)	4070200	Opioid Analgesics
Codeine phosphate	Morphine sulphate Injection	4070200	Opioid Analgesics
Morphine Sulphate	Morphine sulfate 10mg/2ml solution for injection ampoules	4070200	Opioid Analgesics
Morphine sulfate	Zamadol SR 200mg capsules (Lexon (UK))	4070200	Opioid Analgesics
Tramadol hydrochloride	Morphine sulfate 50mg/50ml solution for infusion vials (Martindale Pharmaceuticals)	4070200	Opioid Analgesics
Morphine sulfate	Codeine 30mg tablets (Phoenix Healthcare Distribution)	01040200/03090100/04070200	Antimotility Drugs/Cough Suppressants/Opioid Analgesics
Codeine phosphate	Alfentanil 5mg/5ml buccal spray	4070200	Opioid Analgesics
Alfentanil Hydrochloride	Oxylan 10mg modified-release tablets (Chanelle Medical UK)	4070200	Opioid Analgesics
Oxycodone hydrochloride	Fentanyl 25micrograms/hour transdermal patches (Sigma Pharmaceuticals Plc)	4070200	Opioid Analgesics
Fentanyl	BuTrans 5micrograms/hour transdermal patches (Waymade Healthcare Plc)	4070200	Opioid Analgesics
Buprenorphine	Morphine sulfate 10mg/5ml oral solution (A A H Pharmaceuticals)	4070200	Opioid Analgesics
Morphine sulfate	Codeine 15mg tablets (Almus Pharmaceuticals)	01040200/03090100/04070200	Antimotility Drugs/Cough Suppressants/Opioid Analgesics
Codeine phosphate	Pethidine 50mg tablets (A A H Pharmaceuticals)	4070200	Opioid Analgesics
Pethidine hydrochloride	Oxylan 10mg modified-release tablets (Actavis UK)	4070200	Opioid Analgesics
Oxycodone hydrochloride	Oxylan 20mg modified-release tablets (Actavis UK)	4070200	Opioid Analgesics
Oxycodone hydrochloride	Codeine 60mg tablets (Teva UK)	01040200/03090100/04070200	Antimotility Drugs/Cough Suppressants/Opioid Analgesics
Codeine phosphate	Buprenorphine hydrochloride	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Buprenorphine hydrochloride	Codeine 30mg tablets (Waymade Healthcare Plc)	01040200/03090100/04070200	Antimotility Drugs/Cough Suppressants/Opioid Analgesics
Codeine phosphate	Morphine sulfate 15mg/1ml solution for injection ampoules (UCB Pharma)	4070200	Opioid Analgesics
Morphine sulfate	Morphine sulfate 15mg/1ml solution for injection ampoules (Wockhardt UK)	4070200	Opioid Analgesics
Morphine sulfate	Codeine 10mg/5ml oral solution	01040200/03090100/04070200	Antimotility Drugs/Cough Suppressants/Opioid Analgesics
Codeine phosphate			

Oxycodone hydrochloride	Oxycodone 5mg/5ml oral solution	4070200	Opioid Analgesics
Oxycodone hydrochloride	Lynlor 20mg capsules (Actavis UK)	4070200	Opioid Analgesics
Tramadol hydrochloride	Zeridame SR 100mg tablets (Actavis UK)	4070200	Opioid Analgesics
Codeine phosphate	Codeine 15mg/5ml linctus sugar free (DE Pharmaceuticals)	3090100	Cough Suppressants
Pethidine hydrochloride	Pethidine 50mg/5ml solution for injection ampoules (A A H Pharmaceuticals)	4070200	Opioid Analgesics
Oxycodone hydrochloride	Lynlor 5mg capsules (Actavis UK)	4070200	Opioid Analgesics
Buprenorphine hydrochloride	Buprenorphine 2mg sublingual tablets sugar free (A A H Pharmaceuticals)	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Diamorphine hydrochloride	Diamorphine 10mg tablets (A A H Pharmaceuticals)	4070200	Opioid Analgesics
Morphine sulfate	Morphine sulfate 10mg suppositories (Martindale Pharmaceuticals)	4070200	Opioid Analgesics
Tramadol hydrochloride	Tramadol 50mg modified-release capsules (DE Pharmaceuticals)	4070200	Opioid Analgesics
Oxycodone hydrochloride	Oxylan 20mg modified-release tablets (Chanelle Medical UK)	4070200	Opioid Analgesics
Diamorphine hydrochloride	Diamorphine 3mg/5ml oral solution	4070200	Opioid Analgesics
Morphine sulfate	Morphine sulfate 1mg/1ml solution for injection ampoules	4070200	Opioid Analgesics
Pethidine hydrochloride	Pethidine 50mg tablets (Alliance Healthcare (Distribution))	4070200	Opioid Analgesics
Buprenorphine	BuTrans 10micrograms/hour transdermal patches (Waymade Healthcare Plc)	4070200	Opioid Analgesics
	Generic Migravele tablets	04070200/04070401	Opioid Analgesics/Treatment Of Acute Migraine
Methadone sulfate	Morphine sulfate 5mg/1ml solution for injection ampoules	4070200	Opioid Analgesics
Oxycodone hydrochloride	Lynlor 10mg capsules (Actavis UK)	4070200	Opioid Analgesics
Morphine hydrochloride	Morphine hydrochloride 10mg/5ml oral solution	4070200	Opioid Analgesics
Codeine phosphate	Codeine 15mg/5ml linctus sugar free (Kent Pharmaceuticals)	3090100	Cough Suppressants
Fentanyl citrate	Fentanyl 400microgram buccal films sugar free	4070200	Opioid Analgesics
	BuTrans 20micrograms/hour transdermal patches (Waymade Healthcare Plc)	4070200	Opioid Analgesics
Methadone	Methadone 100mg capsules	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Buprenorphine	Hapoctasin 70micrograms/hour transdermal patches (Actavis UK)	4070200	Opioid Analgesics
Fentanyl	Fentanyl 200microgram buccal films sugar free	4070200	Opioid Analgesics
Buprenorphine	Hapoctasin 52.5micrograms/hour transdermal patches (Actavis UK)	4070200	Opioid Analgesics
Fentanyl	Fentanyl 37.5microgram/hour transdermal patches	4070200	Opioid Analgesics
Fentanyl	Mezolar Matrix 37.5microgram/hour transdermal patches (Sandoz)	4070200	Opioid Analgesics
Morphine sulfate	Morphine sulfate 10mg/5ml oral solution (Alliance Healthcare (Distribution))	4070200	Opioid Analgesics
Buprenorphine	Transtec 35micrograms/hour transdermal patches (Mawdsley-Brooks & Company)	4070200	Opioid Analgesics
Fentanyl citrate	Fentanyl 100micrograms/2ml solution for injection ampoules (A A H Pharmaceuticals)	04070200/15010403	Opioid Analgesics/Opioid Analgesics (in Anaesthesia)
Oxycodone hydrochloride	Shortec 10mg capsules (Qdem Pharmaceuticals)	4070200	Opioid Analgesics
Buprenorphine hydrochloride	Buprenorphine 2mg sublingual tablets sugar free (Actavis UK)	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Dihydrocodeine tartrate	Dihydrocodeine 30mg tablets (Waymade Healthcare Plc)	4070200	Opioid Analgesics
Dihydrocodeine tartrate	Dihydrocodeine 30mg tablets (Ranbaxy (UK))	4070200	Opioid Analgesics
Bucizine hydrochloride/			
Paracetamol/Codeine phosphate	Generic Migravele Pink tablets	04070200/04070401	Opioid Analgesics/Treatment Of Acute Migraine
Buprenorphine hydrochloride	Tephine 200microgram sublingual tablets (Sandoz)	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Alfentanil hydrochloride	Alfentanil 500micrograms/1ml solution for injection ampoules	04070200/15010403	Opioid Analgesics/Opioid Analgesics (in Anaesthesia)
Morphine sulfate	Morphine sulfate 5mg/10ml solution for injection ampoules	4070200	Opioid Analgesics
Tramadol hydrochloride	Tramadol 50mg modified-release capsules (Waymade Healthcare Plc)	4070200	Opioid Analgesics
Oxycodone hydrochloride	Shortec 5mg capsules (Qdem Pharmaceuticals)	4070200	Opioid Analgesics
Oxycodone hydrochloride	Shortec 20mg capsules (Qdem Pharmaceuticals)	4070200	Opioid Analgesics
Buprenorphine	Hapoctasin 35micrograms/hour transdermal patches (Actavis UK)	4070200	Opioid Analgesics
Oxycodone hydrochloride	Oxylan 40mg modified-release tablets (Chanelle Medical UK)	4070200	Opioid Analgesics
Remifentanyl hydrochloride	Remifentanyl 5mg powder for solution for injection vials	15010403	Opioid Analgesics (in Anaesthesia)
Fentanyl	Fentanyl 25micrograms/hour transdermal patches (A A H Pharmaceuticals)	4070200	Opioid Analgesics
	Codeine 30mg suppositories	4070200	Opioid Analgesics
	Morphine 0.1% in Intrasis gel	4070200	Opioid Analgesics
Morphine sulfate	Morphine sulfate 500micrograms/5ml oral solution	4070200	Opioid Analgesics
Codeine phosphate	Codeine 15mg tablets (Waymade Healthcare Plc)	01040200/03090100/04070200	Antimotility Drugs/Cough Suppressants/Opioid Analgesics
Diamorphine hydrochloride	Diamorphine 5mg powder for solution for injection ampoules (Actavis UK)	4070200	Opioid Analgesics
Tramadol hydrochloride	Tilodol SR 200mg tablets (Sandoz)	4070200	Opioid Analgesics
	Tapentadol 20mg/ml oral solution sugar free	4070200	Opioid Analgesics
Fentanyl	Fentanyl 25micrograms/hour transdermal patches (Waymade Healthcare Plc)	4070200	Opioid Analgesics
Buprenorphine	Transtec 35micrograms/hour transdermal patches (Sigma Pharmaceuticals Plc)	4070200	Opioid Analgesics
Methadone hydrochloride	Methadone 5mg capsules	03090100/04070200/04105200	Cough Suppressants/Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Morphine sulfate	Morphine sulfate 5mg/5ml oral solution	4070200	Opioid Analgesics

Codeine phosphate	Codeine 15mg tablets (DE Pharmaceuticals)	01040200/03090100/04070200	Antimotility Drugs/Cough Suppressants/Opioid Analgesics
Codeine phosphate	Codeine 15mg/5ml linctus (Waymade Healthcare Plc)	3090100	Cough Suppressants
	Opiodur 12micrograms/hour transdermal patches (Pfizer)	4070200	Opioid Analgesics
Codeine phosphate	Codeine 60mg tablets (Waymade Healthcare Plc)	01040200/03090100/04070200	Antimotility Drugs/Cough Suppressants/Opioid Analgesics
Buprenorphine hydrochloride	Tephine 400microgram sublingual tablets (Sandoz)	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Fentanyl	Fentanyl 12micrograms/hour transdermal patches (Waymade Healthcare Plc)	4070200	Opioid Analgesics
	Morphine sulfate 50mg/50ml solution for infusion vials (Alliance Healthcare (Distribution))	4070200	Opioid Analgesics
Morphine sulfate	Tramadol 50mg capsules (Phoenix Healthcare Distribution)	4070200	Opioid Analgesics
Tramadol hydrochloride	Mylafent 75micrograms/hour transdermal patches (Mylan)	4070200	Opioid Analgesics
Fentanyl	Morphine sulfate 30mg/1ml solution for injection ampoules (A A H Pharmaceuticals)	4070200	Opioid Analgesics
Morphine sulfate	Morphine 30mg modified-release tablets (Sigma Pharmaceuticals Plc)	4070200	Opioid Analgesics
Morphine sulfate	Morphine sulfate 10mg/1ml solution for injection ampoules (Wockhardt UK)	4070200	Opioid Analgesics
Morphine sulfate	Morphine sulfate 50mg/50ml solution for infusion vials (Torbay Pharmaceuticals)	4070200	Opioid Analgesics
Tramadol hydrochloride	Tramadol 50mg capsules (Morningside Healthcare)	4070200	Opioid Analgesics
	Recivit 267microgram sublingual tablets (Grunenthal)	4070200	Opioid Analgesics
Morphine sulfate	Morphine sulfate 100mg/50ml solution for infusion vials (A A H Pharmaceuticals)	4070200	Opioid Analgesics
Tapentadol hydrochloride	Palexia 20mg/ml oral solution (Grunenthal)	4070200	Opioid Analgesics
Tramadol hydrochloride	Tramadol 50mg capsules (Sigma Pharmaceuticals Plc)	4070200	Opioid Analgesics
Oxycodone hydrochloride	Reltebon 40mg modified-release tablets (Actavis UK)	4070200	Opioid Analgesics
Oxycodone hydrochloride	Reltebon 20mg modified-release tablets (Actavis UK)	4070200	Opioid Analgesics
Morphine sulfate	Morphine sulfate 20mg/2ml solution for injection ampoules	4070200	Opioid Analgesics
Oxycodone hydrochloride	Reltebon 10mg modified-release tablets (Actavis UK)	4070200	Opioid Analgesics
Oxycodone hydrochloride	Reltebon 5mg modified-release tablets (Actavis UK)	4070200	Opioid Analgesics
Morphine sulfate	Morphine sulfate 2.5mg/5ml solution for injection ampoules	4070200	Opioid Analgesics
Codeine phosphate	Codeine 30mg tablets (DE Pharmaceuticals)	01040200/03090100/04070200	Antimotility Drugs/Cough Suppressants/Opioid Analgesics
Oxycodone hydrochloride	Reltebon 80mg modified-release tablets (Actavis UK)	4070200	Opioid Analgesics
Buprenorphine hydrochloride	Buprenorphine 200microgram sublingual tablets sugar free (A A H Pharmaceuticals)	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Morphine hydrochloride	Morphine hydrochloride 1mg/1ml solution for injection ampoules	4070200	Opioid Analgesics
Methadone hydrochloride	Methadone hydrochloride powder	50030000	Extemporaneous Item
Buprenorphine hydrochloride	Buprenorphine 4mg sublingual tablets sugar free	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Tramadol			
hydrochloride/Paracetamol	Tramacet 37.5mg/325mg tablets (Waymade Healthcare Plc)	4070200	Opioid Analgesics
Buprenorphine hydrochloride	Buprenorphine 6mg sublingual tablets sugar free	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Buprenorphine hydrochloride	Buprenorphine 8mg sublingual tablets sugar free (Zentiva)	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Tramadol hydrochloride	Tramadol 100mg modified-release capsules (Waymade Healthcare Plc)	4070200	Opioid Analgesics
Fentanyl	Fentanyl 12micrograms/hour transdermal patches (Phoenix Healthcare Distribution)	4070200	Opioid Analgesics
Pethidine hydrochloride	Pethidine 50mg/1ml solution for injection ampoules (Alliance Healthcare (Distribution))	4070200	Opioid Analgesics
Oxycodone hydrochloride	OxyContin 40mg modified-release tablets (DE Pharmaceuticals)	4070200	Opioid Analgesics
Oxycodone hydrochloride	Reltebon 30mg modified-release tablets (Actavis UK)	4070200	Opioid Analgesics
Fentanyl	Fentanyl 133microgram sublingual tablets sugar free	4070200	Opioid Analgesics
Fentanyl citrate	Fentanyl 2.5mg/50ml solution for infusion vials	04070200/15010403	Opioid Analgesics/Opioid Analgesics (in Anaesthesia)
Morphine sulfate	Morphine sulfate 10mg/1ml solution for injection ampoules (DE Pharmaceuticals)	4070200	Opioid Analgesics
Codeine phosphate	Codeine 1mg suppositories	4070200	Opioid Analgesics
Morphine sulfate	Morphine sulfate 10mg/5ml oral solution (Actavis UK)	4070200	Opioid Analgesics
Codeine phosphate	Codeine phosphate powder (Martindale Pharmaceuticals)	50030000	Extemporaneous Item
Buprenorphine hydrochloride	Subutex 2mg sublingual tablets (DE Pharmaceuticals)	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Oxycodone hydrochloride	Reltebon 60mg modified-release tablets (Actavis UK)	4070200	Opioid Analgesics
Tramadol hydrochloride	Tramadol 50mg modified-release capsules (J M McGill)	4070200	Opioid Analgesics
Dihydrocodeine tartrate	Dihydrocodeine 10mg/5ml oral solution (Waymade Healthcare Plc)	4070200	Opioid Analgesics
Codeine phosphate	Codeine 15mg tablets (Crescent Pharma)	01040200/03090100/04070200	Antimotility Drugs/Cough Suppressants/Opioid Analgesics
Oxycodone hydrochloride	Oxylan 5mg modified-release tablets (Chanelle Medical UK)	4070200	Opioid Analgesics
Buprenorphine hydrochloride	Buprenorphine 400microgram sublingual tablets sugar free (Teva UK)	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Oxycodone hydrochloride	Reltebon 15mg modified-release tablets (Actavis UK)	4070200	Opioid Analgesics
Oxycodone hydrochloride	Longtec 30mg modified-release tablets (Qdem Pharmaceuticals)	4070200	Opioid Analgesics
Morphine sulfate	Morphine sulfate 2mg/5ml oral solution	4070200	Opioid Analgesics
Oxycodone hydrochloride	Longtec 15mg modified-release tablets (Qdem Pharmaceuticals)	4070200	Opioid Analgesics
Tramadol	Tramadol 37.5mg / Paracetamol 325mg tablets (A A H Pharmaceuticals)	4070200	Opioid Analgesics

hydrochloride/Paracetamol			
Tramadol hydrochloride	Tramadol 100mg modified-release capsules (Ennogen Healthcare)	4070200	Opioid Analgesics
Oxycodone hydrochloride	Longtec 60mg modified-release tablets (Qdem Pharmaceuticals)	4070200	Opioid Analgesics
Tramadol hydrochloride	Tramadol 100mg modified-release capsules (Icarus Pharmaceuticals)	4070200	Opioid Analgesics
Codeine phosphate	Codeine 60mg/1ml solution for injection ampoules (Alliance Healthcare (Distribution))	4070200	Opioid Analgesics
Codeine phosphate	Codeine 30mg tablets (Sigma Pharmaceuticals Plc)	01040200/03090100/04070200	Antimotility Drugs/Cough Suppressants/Opioid Analgesics
Morphine sulfate	Morphine sulfate 50mg/1ml solution for injection ampoules	4070200	Opioid Analgesics
Morphine sulfate	Morphine sulfate 50mg/5ml solution for injection ampoules	4070200	Opioid Analgesics
	Longtec 120mg modified-release tablets (Qdem Pharmaceuticals)	4070200	Opioid Analgesics
Buprenorphine hydrochloride	Gabup 8mg sublingual tablets (Martindale Pharmaceuticals)	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
Morphine sulfate	Morphine sulfate 10mg/10ml solution for injection ampoules	4070200	Opioid Analgesics
Tramadol hydrochloride	Maneo 100mg modified-release tablets (Mylan)	4070200	Opioid Analgesics
Oxycodone hydrochloride	Oxycodone 5mg/5ml oral solution sugar free (Wockhardt UK)	4070200	Opioid Analgesics
Codeine phosphate	Codeine 30mg tablets (Crescent Pharma)	01040200/03090100/04070200	Antimotility Drugs/Cough Suppressants/Opioid Analgesics
Buprenorphine hydrochloride	Buprenorphine 2mg sublingual tablets sugar free (Sigma Pharmaceuticals Plc)	04070200/04105200	Opioid Analgesics/Drugs Used In Substance Dependence - Opioid Dependence
	Mylafent 12micrograms/hour transdermal patches (Mylan)	4070200	Opioid Analgesics
Codeine phosphate	Codeine 30mg tablets (Mawdsley-Brooks & Company)	01040200/03090100/04070200	Antimotility Drugs/Cough Suppressants/Opioid Analgesics
Tramadol hydrochloride	Tramadol 50mg capsules (Kent Pharmaceuticals)	4070200	Opioid Analgesics
Codeine phosphate	Codeine 60mg tablets (DE Pharmaceuticals)	01040200/03090100/04070200	Antimotility Drugs/Cough Suppressants/Opioid Analgesics
Fentanyl	Mylafent 50micrograms/hour transdermal patches (Mylan)	4070200	Opioid Analgesics
Diamorphine hydrochloride	Diamorphine 5mg powder for solution for injection ampoules (A A H Pharmaceuticals)	4070200	Opioid Analgesics
Oxycodone hydrochloride	Abtard 30mg modified-release tablets (DB Ashbourne)	4070200	Opioid Analgesics
Oxycodone hydrochloride	Abtard 20mg modified-release tablets (DB Ashbourne)	4070200	Opioid Analgesics
Fentanyl	Fentanyl 100micrograms/hour transdermal patches (A A H Pharmaceuticals)	4070200	Opioid Analgesics
Fentanyl	Fentanyl 267microgram sublingual tablets sugar free	4070200	Opioid Analgesics
Dihydrocodeine tartrate	Dihydrocodeine 30mg/5ml oral solution	4070200	Opioid Analgesics
Oxycodone hydrochloride	Abtard 40mg modified-release tablets (DB Ashbourne)	4070200	Opioid Analgesics
Oxycodone hydrochloride	Abtard 80mg modified-release tablets (DB Ashbourne)	4070200	Opioid Analgesics
Tramadol hydrochloride	Tramadol 50mg modified-release capsules (Cubic Pharmaceuticals)	4070200	Opioid Analgesics
Z-drugs			
Zopiclone	Zopiclone 7.5mg tablets	4010100	Hypnotics
Zopiclone	Zopiclone 3.75mg tablets	4010100	Hypnotics
Zolpidem tartrate	Zolpidem 5mg tablets	4010100	Hypnotics
Zolpidem tartrate	Stilnoct 5mg tablets (Sanofi)	4010100	Hypnotics
Zopiclone	Zimovane 7.5mg tablets (Sanofi)	4010100	Hypnotics
Zolpidem tartrate	Stilnoct 10mg tablets (Sanofi)	4010100	Hypnotics
Zopiclone	Zimovane LS 3.75mg tablets (Sanofi)	4010100	Hypnotics
Zopiclone	Zileze 3.75 tablets (Opus Pharmaceuticals)	4010100	Hypnotics
Zaleplon	Sonata 10mg capsules (Meda Pharmaceuticals)	4010100	Hypnotics
Zaleplon	Zaleplon 10mg capsules	4010100	Hypnotics
Zolpidem tartrate	Zolpidem 10mg tablets	4010100	Hypnotics
Zaleplon	Zaleplon 5mg capsules	4010100	Hypnotics
Zaleplon	Sonata 5mg capsules (Meda Pharmaceuticals)	4010100	Hypnotics
Zopiclone	Zopiclone 3.75mg/5ml oral suspension	4010100	Hypnotics
Zopiclone	Zileze 7.5 tablets (Opus Pharmaceuticals)	4010100	Hypnotics
Zopiclone	Zopiclone 7.5mg tablets (Actavis UK)	4010100	Hypnotics
Zopiclone	Zopiclone 3.75mg tablets (Actavis UK)	4010100	Hypnotics
Zolpidem tartrate	Zolpidem 5mg Tablet (Winthrop Pharmaceuticals)	4010100	Hypnotics
Zopiclone	Zopiclone 3.75mg tablets (IVAX Pharmaceuticals UK)	4010100	Hypnotics
Zopiclone	Zopiclone 3.75mg tablets (Mylan)	4010100	Hypnotics
Zolpidem tartrate	Zolpidem 10mg tablets (A A H Pharmaceuticals)	4010100	Hypnotics
Zolpidem tartrate	Zolpidem 5mg tablets (A A H Pharmaceuticals)	4010100	Hypnotics
Zopiclone	Zopiclone 7.5mg tablets (IVAX Pharmaceuticals UK)	4010100	Hypnotics
Zopiclone	Zopiclone 7.5mg tablets (Mylan)	4010100	Hypnotics
Zolpidem tartrate	Zolpidem 10mg tablets (Mylan)	4010100	Hypnotics
Zopiclone	Zopiclone 7.5mg tablets (PLIVA Pharma)	4010100	Hypnotics
Zopiclone	Zopiclone 3.75mg tablets (A A H Pharmaceuticals)	4010100	Hypnotics

Zopiclone	Zopiclone 3.75mg tablets (Teva UK)	4010100	Hypnotics
Zopiclone	Zopiclone 7.5mg tablets (Teva UK)	4010100	Hypnotics
Zopiclone	Zopiclone 7.5mg tablets (Kent Pharmaceuticals)	4010100	Hypnotics
Zopiclone	Zopiclone 3.75mg tablets (Kent Pharmaceuticals)	4010100	Hypnotics
Zolpidem tartrate	Zolpidem 10mg tablets (IVAX Pharmaceuticals UK)	4010100	Hypnotics
Zolpidem tartrate	Zolpidem 5mg tablets (Teva UK)	4010100	Hypnotics
Zolpidem tartrate	Zolpidem 5mg tablets (IVAX Pharmaceuticals UK)	4010100	Hypnotics
Zolpidem tartrate	Zolpidem 10mg Tablet (Winthrop Pharmaceuticals)	4010100	Hypnotics
Zopiclone	Zopiclone 7.5mg tablets (A A H Pharmaceuticals)	4010100	Hypnotics
Zolpidem tartrate	Zolpidem 10mg tablets (Teva UK)	4010100	Hypnotics
Zopiclone	Zopiclone 7.5mg tablets (Sandoz)	4010100	Hypnotics
Zopiclone	Zopiclone 3.75mg/5ml oral solution	4010100	Hypnotics
Zopiclone	Zimovane 7.5mg tablets (Lexon (UK))	4010100	Hypnotics
Zopiclone	Zopiclone 3.75mg tablets (Almus Pharmaceuticals)	4010100	Hypnotics
Zopiclone	Zopiclone 7.5mg/5ml oral suspension	4010100	Hypnotics
Zopiclone	Zopiclone 7.5mg/5ml oral solution	4010100	Hypnotics
Zopiclone	Zopiclone 7.5mg tablets (Sigma Pharmaceuticals Plc)	4010100	Hypnotics
Zolpidem tartrate	Zolpidem 10mg tablets (Zentiva)	4010100	Hypnotics
Zopiclone	Zopiclone 7.5mg tablets (Phoenix Healthcare Distribution)	4010100	Hypnotics