Mid and South Essex Health and Care Partnership

NHS

# MID AND SOUTH ESSEX MEDICINES OPTIMISATION COMMITTEE (MSEMOC)

## CO-PROXAMOL FOR THE MANAGEMENT OF PAIN

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

**Mid and South Essex CCGs do not support the prescribing of co-proxamol for the management of pain.**

Co-proxamol is an unlicensed analgesic, containing paracetamol 325mg and dextropropoxyphene 32.5mg. Historically, it was used widely for the treatment of mild-to-moderate pain until its licence in the UK was withdrawn in 2007 by the Medicines and Healthcare products Regulatory Agency (MHRA) because of safety concerns.

**Recommendations:**

- Do not initiate co-proxamol in any patient.
- Review existing patients prescribed co-proxamol and switch them to an alternative pain management regime (either drug or non-drug treatment).

**Rationale**

- The paracetamol contained in each tablet is at a lower dose (325mg) than in standard over the counter preparations (500mg).
- There is no robust clinical evidence that co-proxamol is more effective than full strength paracetamol used alone in either acute or chronic use.
- There is a risk of addiction and abuse associated with co-proxamol.
- No patient group has been identified in which the risk:benefit ratio of using co-proxamol is positive.
- Clinical data has shown that dextropropoxyphene, even at normal therapeutic doses, can have serious effects on the electrical activity of the heart.
- The lethal dose of co-proxamol is relatively low and can be potentiated by alcohol and other CNS depressants.
- Death from co-proxamol overdose can occur rapidly, even before hospital treatment can be received. The risk of dying after co-proxamol overdose is 2.3 times greater than that for tricyclic antidepressants and 28.1 times greater than that for paracetamol.
- Co-proxamol is now unlicensed and is only available on a 'named patient' basis, so all prescribing responsibility will rest solely on the prescriber. The unlicensed status also means it is a significant high cost, compared to other licensed more cost-effective alternatives.

Co-proxamol is considered to be low priority for prescribing, for which there is little evidence of effectiveness, cost-effectiveness or safety, and for which there are more suitable alternatives. Review patients prescribed co-proxamol and switch them to an alternative pain management regime.

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

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

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| **References** | ▪ MHRA Drug Safety Update (Dextro)propoxyphene: new studies confirm cardiac risks, December 2014: https://www.gov.uk/drug-safety-update/-dextro-propoxyphene-new-studies-confirm-cardiac-risks<br>▪ NHS England: Items which should not routinely be prescribed in primary care. June 2019: https://www.england.nhs.uk/wp-content/uploads/2019/08/items-which-should-not-routinely-be-prescribed-in-primary-care-v2.1.pdf<br>▪ PrescQIPP Bulletin 194: https://www.prescqipp.info/our-resources/bulletins/bulletin-194-co-proxamol/ |
| **Acknowledgements** | Mid and South Essex CCGs Medicines Management Teams |
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