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NHS
Mid Essex
Clinical Commissioning Group

Policy Statement: Prescribing of Co-Proxamol is not supported

Mid-Essex Clinical Commissioning Group does not support the prescribing of Co-Proxamol Tablets 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 Historically, it was used widely for the treatment of mild-to-moderate pain until its licence in the UK was withdrawn in 2007 by the Medicines and Healthcare products Regulatory Agency (MHRA) because of safety concerns. It is estimated that the withdrawal of co-proxamol from the UK has saved around 300–400 lives each year from self-poisoning, around a fifth of which were accidental.

Recommendations:

- **Do not** initiate co-proxamol in any patient
- **Review** all patients still being prescribed co-proxamol with a view to assess their pain management and switch them to an alternative pain management regime (either drug or non-drug treatment)
- If a patient is unable to stop co-proxamol, **refer them to a specialist** for a review of their pain management and support to switch to suitable alternatives

If a patient is still unable to switch to a suitable alternative after being reviewed by a specialist pain team, request for continuation of co-proxamol in primary care will only be granted in exceptional clinical circumstances. These should be submitted to MECCG.PIMMS@nhs.net

Rationale for switching from co-proxamol to an alternative pain medicine

- There is no robust clinical evidence that co-proxamol is more effective than full strength paracetamol 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 was positive
- Clinical data from the USA has shown that dextropropoxyphene can result in cardiac rhythm abnormalities (PR and QT interval prolongation and widened QRS complexes), even at normal therapeutic doses
- 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 that for tricyclic antidepressants and 28.1 times that for paracetamol
- Co-proxamol is an unlicensed medicine so quality and safety of the product cannot be guaranteed. All prescribing responsibility rests solely with the prescriber

Providers commissioned to provide services on behalf of Mid-Essex CCG are reminded that they are required to follow the Mid-Essex CCG formulary and prescribing guidance as detailed in their contract (Medicines Management Service Specification).

See Mid-Essex CCG website – Medicines optimisation page for all prescribing guidance:
http://midessexccg.nhs.uk/your-health-services/medicines-optimisation

Prescribers who wish to continue to prescribe co-proxamol despite these recommendations may wish to seek advice from their Medical Defense Union.

Title	**Co-Proxamol Policy statement**
Document reference	Co-ProxamolPOL201803V5.0 Final
Updated by	Medicines Optimisation Team, Mid Essex CCG
References:	MHRA Drug Safety Update (Dextro)propoxyphene: new studies confirm cardiac risks https://www.gov.uk/drug-safety-update/-dextro-propoxyphene-new-studies-confirm-cardiac-risks PrescQIPP Bulletin 194 January 2018 version 2 https://www.prescqipp.info/b194-co-proxamol/category/90-co-proxamol BMJ Effect of withdrawal of co-proxamol on prescribing and deaths from drug poisoning in England and Wales: time series analysis 18th June 2009 http://www.bmj.com/content/338/bmj.b2270.abstract
Approved by	Mid Essex Medicines Management Committee
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Previous version	Key Changes
March 2014	Changes to format
Feb 2015	Addition of risk of QT prolongation and re wording.
Feb 2017	Addition of advice to seek advice from MDU if choose to continue prescribing co-proxamol
Co-proxamolPOL2017final V4.0	Addition of recommendation to review all existing patients and if clinically appropriate; switch to an alternative analgesia, if unable to switch, request for continuation should be sent to the mid Essex CCG's medicines management team