

Position Statement; The prescribing of co-proxamol is not supported.

Castle Point and Rochford and Southend Clinical Commissioning Groups 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 Historically it was used widely for the treatment of mild-to-moderate pain, but it was withdrawn from the market due to safety concerns, poor efficacy and toxicity of the product. 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 prescribe co-proxamol in any new patients.**
- Existing patients should have their co-proxamol reviewed.
- Consider switching to either; paracetamol, co-codamol 8/500 or co-dydramol 10/500.

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 is in favour of co-proxamol.
- 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 central nervous system 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 the 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 Castle Point and Rochford and Southend CCGs are reminded that they are required to follow the Castle Point and Rochford and Southend CCGs formulary and prescribing guidance as detailed in their contract (Medicines Management Service Specification).

See Southend and Castle Point and Rochford CCGs websites – Medicines management for all prescribing guidance.

Reviewed and adapted for use from Mid Essex CCG Prescribing Policy Statements

Approved for use in Castle Point & Rochford and Southend CCGs	Drugs and Therapeutics Committee 1 st March 2017
Title	Co-proxamol for pain v1.0
Reference:	<p>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</p> <p>PrescQIPP Bulletin 42 May 2013 version 2 https://www.prescqipp.info/resources/send/90-co-proxamol/658-reviewingexistingco-proxamolpatientsbulletinv20</p> <p>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</p>