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# Medicines Optimisation Update

## Co-proxamol

NHS

Cumbria

Clinical Commissioning Group

### What this includes:

Ensuring that patients on co-proxamol are actively being reviewed and changed to an alternative pain management regimes.

### Identifying the problem:

North East Commissioning Support Unit Medicines Optimisation site:

<http://medicines.necu.nhs.uk/download/co-proxamol-prescribing-guideline-2013/>

- Carry out a review of patients still being prescribed co-proxamol with a view to switch them to alternative pain management regimes
- Document clinical reason(s) for continuing to prescribe co-proxamol and efforts made to switch to suitable alternatives
- Highlight co-proxamol's potential for serious cardiac effects, even at therapeutic doses, and make the patient aware of the symptoms and what to do if they experience any of them.
- No new patients should be started on co-proxamol
- Co-proxamol should not be used for any acute pain indication
- Co-proxamol should not be used in patients under 18 years of age
- Co-proxamol is contra-indicated in particular groups of people and should not be prescribed for:
  - Patients who are alcohol-dependent or who are likely to consume alcohol whilst taking co-proxamol
  - Patients who are suicidal or have history of addiction

### **Background:**

Co-proxamol is an analgesic, containing a sub-therapeutic dose of paracetamol (325mg) and dextropropoxyphene 32.5mg per tablet. The licence for co-proxamol was withdrawn on the advice of the Committee on Safety of Medicines in 2005 amid serious concerns regarding its efficacy and toxicity. **Prescribers are reminded that when an unlicensed medicine is prescribed, the patient should be informed of this. Responsibility for the use of the drug and any adverse effects rests solely with the prescriber.**

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

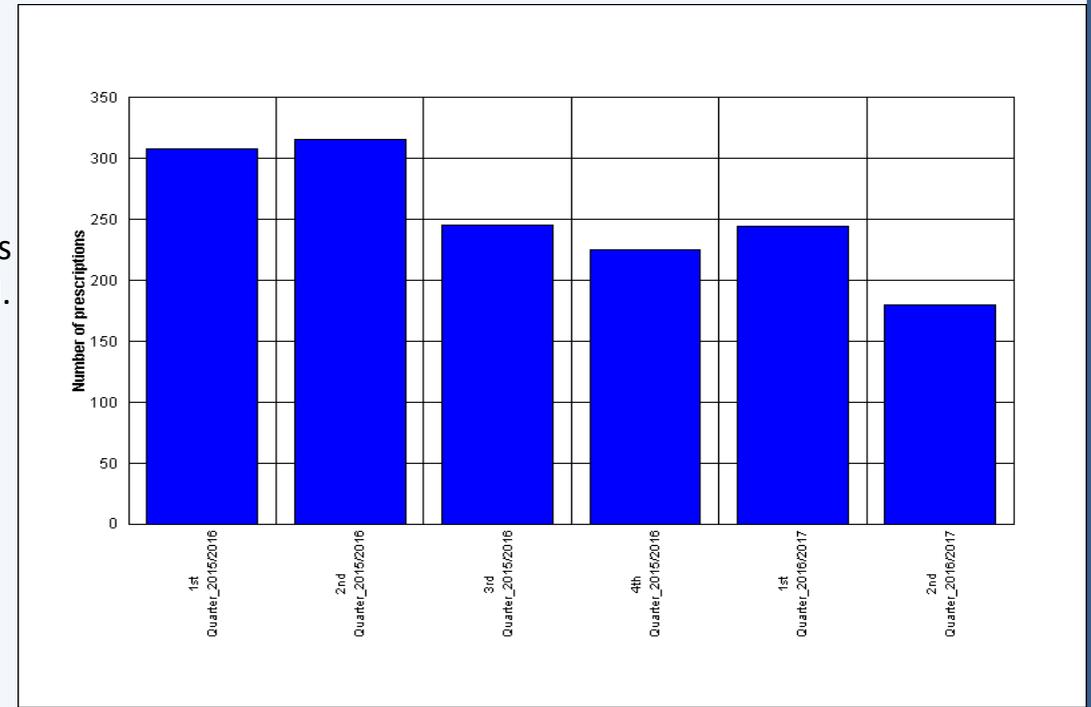
- There is no robust clinical evidence that co-proxamol is more effective than full strength paracetamol in either acute or chronic use.
- There is a risk of addiction and abuse associated with co-proxamol.
- No patient group has been identified in which the risk: benefit ratio of using co-proxamol is positive.
- Clinical data from the USA has shown that dextropropoxyphene can have serious effects on the electrical activity of the heart 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.

### Use and cost of co-proxamol in Cumbria

The use of co-proxamol in Cumbria has decreased but there are still about 60 prescriptions supplied each month.

Until December 2015, co-proxamol was listed in the Drug Tariff (£21/100 tablets). However, it is no longer listed and is charged as 'special' with significantly higher costs which cannot be contained.

For the year ending November 2016, Cumbria CCG spent over £95,000 on co-proxamol, equating to £244 per prescription item.



### Resources:

- Co-proxamol bulletin available from PresQIPP  
<https://www.prescqipp.info/newsfeed/bulletin-42-launched-reviewing-existing-co-proxamol-patients>
- MHRA document on alternative pain management strategies for mild to moderate pain;  
<http://webarchive.nationalarchives.gov.uk/20141205150130/http://mhra.gov.uk/home/groups/pl-a/documents/websitesresources/con019464.pdf>

### References:

1. <http://medicines.necu.nhs.uk/download/co-proxamol-prescribing-guideline-2013/>