

The prescribing of co-proxamol is not supported for acute or chronic pain

Thurrock CCG, and Basildon and Brentwood CCG do not support the prescribing of co-proxamol for acute or chronic pain.

Co-proxamol is an analgesic, containing paracetamol 325mg and dextropropoxyphene 32.5mg. Co-proxamol (dextropropoxyphene and paracetamol) was withdrawn from the UK market in 2005 amidst safety concerns in therapeutic use, abuse potential and a lack of evidence of efficacy:

- 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 Thurrock CCG and Basildon and Brentwood CCG are reminded that they are required to follow the local joint formulary and prescribing guidance, or relevant Medicines Management agreement.

Position Statement No.	29
Title	The prescribing of co-proxamol is not supported for acute or chronic pain
References	<p>1. 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>2. PrescQIPP Bulletin 42 May 2013 version 2 https://www.prescqipp.info/resources/send/90-co-proxamol/658-reviewingexistingco-proxamolpatientsbulletinv20</p> <p>3. NHS England guidance on '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</p>
Acknowledgements	N/A
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Author	Medicines Management Team
Approved by	<p>Basildon and Brentwood CCG: Prescribing Subgroup, Patient Quality and Safety Committee, Board</p> <p>Thurrock CCG: Medicines Management and Safety Group, Patient Quality and Safety Committee, Transformation and Sustainability Committee, Board</p>
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