NHS
Suffolk and
North East Essex

Position Statement for Medicines of Low Value

CO PROXAMOL

Summary

The Suffolk and North East Essex Integrated Care Board (SNEE ICB) does not support the prescribing of co-proxamol, in line with NHS England's national guidance on medicines of low clinical value.

Co-proxamol is classed as "Double Red" i.e., no prescribing in primary or secondary care

There are no patient exceptionalities identified

The license for co-proxamol was withdrawn globally in 2005 due to concerns about the high incidence of suicide.[1] The toxic effects of dextropropoxyphene on respiration or cardiac function are usually the cause of death[2] in addition to a range of safety issues (see below). As with all unlicensed medication, all liability for patients continuing to take co-proxamol lies with the prescriber.

DEPRESCRIBING ADVICE

- **Carry out a review of patients still being prescribed co-proxamol with a view to changing to an alternative pain management regime explaining the following to the patient[3]:**
  - Can have serious effects on the electrical activity of the heart (resulting in prolongation of the P-R and Q-T intervals, and widened QRS complexes), even at normal therapeutic doses
  - No evidence to suggest it is better than full dose paracetamol
  - Higher risk of addition and abuse
  - Dangerous in overdose with a low lethal dose and can be potentiated by alcohol and other CNS depressants
  - Death from co-proxamol overdose can occur rapidly
  - The risk of overdose can extend to others in the household of the person for whom the drug is prescribed
  - Assess the patient and use a pain score using the Brief Pain Inventory (click here)
- Switch the patient to paracetamol 500 mg tablets, at a dose of 1 gram up to four times daily (when required) and consider if a weak opioid (e.g., codeine phosphate 30-60mg every four hours when necessary) is required
- Alternatively, and if safe and appropriate, consider a switch to co-codamol 15mg/500mg tablets. Please note that the frail elderly are more susceptible to the side-effects of opioids
- Review this in one month, assess again using the Brief Pain Inventory (click here) and titrate up the weak opioid if necessary to achieve a similar or improved pain score as co-proxamol

Produced by the SNEE ICB Medicines Optimisation Teams (MOT) in collaboration with East Suffolk and North Essex NHS Foundation Trust (ESNEFT) and West Suffolk NHS Foundation Trust (WSFT) version 1.0

Approved by the SNEE Integrated Medicines Optimisation Sub-Committee (IMOC) November 2022 for review November 2024

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NEW PATIENTS

- **Do not initiate co-proxamol under any circumstances**
- Prescribe paracetamol 1g QDS where required and consider stepping up to a weak opioid e.g., codeine if pain is not managed well.

FURTHER SUPPORT

- National Patient Information Leaflets have been developed and can be supplied to patients to help support the deprescribing of these products (click here)
- Patients who wish to seek further clarification can be directed to Patient Advice and Liaison Service (PALS) via:
    - E-mail: sneeicb.pals@nhs.net
    - Telephone: 0800 389 6819

Reference

1. MHRA. Safety warnings, alerts and recalls for medicines: Co-proxamol. . [Online] 11 2007. https://www.gov.uk/drug-safety-update/co-proxamol-withdrawal-reminder-to-prescribers
2. Office for National Statistics. Statistical Bulletin: Deaths Related to Drug Poisoning in England and Wales, 2011. s.l. : 09, 2012
3. Co-proxamol bulletin. PrescQIPP. [Online] January 2018. [Cited: Monday August 2021.] https://www.prescqipp.info/umbraco/surface/authorisedmediasurface/index?url=%2fmedia%2f1241%2fb194-co-proxamol-20.pdf

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