NHS
West Hampshire
Clinical Commissioning Group

Medicines Optimisation intervention brief

Medicines Optimisation Incentive Scheme 18/19 – NHSE (Items which should Not be routinely Prescribed in primary care) Interventions – co-proxamol

TITLE?
INP1.1 Deprescribe co-proxamol
WHAT?
In December 2017 NHS England[1] issued the following recommendations regarding co-proxamol: • Prescribers in primary care should not initiate co-proxamol for any new patient. • All existing patients should have their co-proxamol stopped as part of a review of their ongoing treatment
WHY?

• There are significant safety concerns
• Co-proxamol was fully withdrawn from the UK market in 2007. Any prescribing of the drug more recently has been as an unlicensed special.
• Since then further safety concerns have been raised which have resulted in co-proxamol being withdrawn in other countries
  ○ 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 times that for paracetamol
  ○ The risk of overdose can extend to others in the household of the person for whom the drug is prescribed
  ○ As an unlicensed medicine, all responsibility for prescribing of co-proxamol rests solely with the prescriber
  ○ Anecdotal evidence suggests that the number of forged co-proxamol prescriptions is on the increase

WHO?
• All patients prescribed co-proxamol
TIPS?
• Bear in mind that the elderly are more susceptible to the side-effects of opioids.

- Out Of Hours providers have been notified of this intervention

HOW?

- Search for all patients prescribed co-proxamol.
- Review and contact each patient as agreed with the individual practice, to determine whether ongoing analgesia is required.
- Alternative options to co-proxamol, two tablets four times a day, that could be considered are:[2]
    - Paracetamol 1g four times a day.
    - Codeine 30mg-60mg four times a day
    - Co-dydramol 10mg/500mg, two tablets four times a day
- Remove co-proxamol from the repeat prescription list and add an explanatory note to the patient consultation record.

SO WHAT?

- NHS England guidance implemented.

FURTHER INFORMATION

1. Items which should not routinely be prescribed in primary care: Guidance for CCGs. NHS England December 2017 https://www.england.nhs.uk/wp-content/uploads/2017/11/items-which-should-not-be-routinely-precscribed-in-pc-ccg-guidance.pdf
2. PrescQIPP. Review existing co-proxamol patients January 2018 https://www.prescqipp.info/component/jdownloads/send/90-co-proxamol/3891-bulletin-194-co-proxamol
3. WHCCG Policy Statement reference no. PS010