



## Berkshire West Area Prescribing Committee Policy Statement

<b>Drug Name</b>	Paracetamol 325mg and dextropropoxyphene 32.5mg (Co-proxamol)		
<b>Indication under review</b>	Pain relief		
<b>Policy No:</b>	APC 146		
<b>Date of Issue:</b>	March 2017		
<b>Review Date:</b>	March 2020		
<b>Policy Statement:</b> Co-proxamol is not recommended for prescribing in new or existing patients within primary care.			
<b>Traffic Light Status</b>	<b>Brown</b>		
<b>Key Points considered:</b>			
<ul style="list-style-type: none"> <li>• Co-proxamol was withdrawn from the market on the advice of the Committee on Safety of Medicines (CSM) amid serious safety concerns in January 2005.</li> <li>• Prescribing of co-proxamol is costing approximately £330,000 per annum across the 4 Berkshire West CCGs.</li> <li>• This price is due to the fact that packs of co-proxamol 32.5mg/325mg tablets are no longer widely available and prescriptions are being fulfilled utilising Specials, averaging more than £120 per prescription.</li> <li>• The APC agreed that co-proxamol should not be prescribed for any new patients.</li> <li>• All patients currently on treatment should be reviewed with a view to switching them to an alternative pain management regimen. Simple codeine based products should be considered, referring patients to the pain clinic if no benefit is derived from codeine based products.</li> <li>• Any patients continuing on co-proxamol should have clinical reasons clearly documented including the efforts to switch to alternative treatments. Highlight to the patient that co-proxamol has a potential for serious cardiac side-effects even at therapeutic doses. Additionally make patients aware of the symptoms and what to do if they experience any of them.</li> <li>• Review safe keeping procedures for repeat prescriptions for co-proxamol as the number of forged prescriptions for this drug is on the increase.</li> </ul>			
<b>References</b>			
Bulletin 42- May 2013, PrescQIPP: Reviewing existing co-proxamol patients			
<b>Date taken to APC:</b>	1 <sup>st</sup> March 2017		
<b>Date Ratified by GPMOC on Behalf of the Board:</b>	15 <sup>th</sup> March 2017		

Berkshire West Area Prescribing Policies serve as a guide to clinicians. This does not overrule the clinical or budgetary responsibility of clinicians when considering treatment for individual patients.

<b>Brown</b>	<b>Green</b>	<b>Amber</b>	<b>Red</b>
These drugs have been reviewed and are not considered a cost effective use of scarce NHS resources	Medicines suitable for routine use. Primary care prescribers take full responsibility for prescribing	Medicines that should be initiated by a specialist and can be continued in primary care under a shared care agreement.	Medicines which should be prescribed by specialists only