

## Information about changes to medicines or treatments on the NHS: **Changes to co-proxamol prescribing**

The NHS will be asking doctors to stop or greatly reduce the prescribing of some medicines from December 2017. This is because the medicines are:

- Not as safe as other medicines OR
- Not as good (effective) as other medicines OR
- More expensive than other medicines that do the same thing.

### **One of these medicines is co-proxamol.**

This document will explain why the changes are happening and where you can get more information and support.

### **Why will co-proxamol not be prescribed anymore?**

In 2007 the Medicines and Healthcare products Regulatory Agency (MHRA) stopped the licence\* for co-proxamol because of safety concerns. The lethal dose of co-proxamol is quite low and it is even more lethal if taken with alcohol or other drugs. Death from co-proxamol overdose can occur quickly, even before you can be treated in hospital. The risk of dying after a co-proxamol overdose is 28 times higher than from a paracetamol overdose.

Also, co-proxamol is not considered to work well enough and other drugs do a better job of reducing pain. Since the licence was stopped the price of co-proxamol has increased, so it is not good value for money. The price is too high for a drug that doesn't work as well as others.

\*Having a licence means that a medicine has passed tests to ensure that it is effective, safe and manufactured to appropriate quality standards. As co-proxamol does not have a UK licence, patients and doctors can no longer be sure that this is the case.

### **Did the MHRA say that a small group of patients would still need co-proxamol because other medicines would not be suitable?**

The MHRA did say this when they first published their advice in 2005 but they pointed out that co-proxamol would not have a licence, and so its effectiveness, quality and safety could no longer be certain.

Pain treatments have changed in the 10 years since the co-proxamol licence was stopped. Pain specialists now say that patients on long-term pain relief

should be reviewed regularly and the amount of opioid medicine they take should be reduced if possible (co-proxamol is an opioid).

### **Why haven't other harmful painkillers been stopped?**

Co-proxamol was withdrawn because of both safety concerns and lack of effectiveness. There are other painkillers that may be more harmful than co-proxamol but they work much better, so doctors may consider that the risk of using them is justified. For co-proxamol, which doesn't work very well compared to other medicines, the risk of overdose is not worth taking.

### **What options are available instead of co-proxamol?**

Your doctor will talk to you about different painkiller options so that you can come to a joint decision about what option is best to relieve your pain.

Painkillers usually only reduce pain by 30% to 50%, so you can talk to your doctor about other things you can do to help manage your pain such as massage, ice or heat therapy and gentle exercise.

### **Where can I find more information and support?**

- You can speak to your local pharmacist, GP or the person who prescribed the medication to you
- National and local charities can offer advice and support, for example:
  - Pain Concern: 0300 1230789 <http://painconcern.org.uk/>
  - Pain UK: <https://painuk.org>
- The Patients Association can also offer support and advice: [www.patients-association.org.uk/](http://www.patients-association.org.uk/) or call 020 8423 8999
- Healthwatch: [www.healthwatch.co.uk](http://www.healthwatch.co.uk)

Find out more about the medicines that are being stopped or reduced:  
<https://www.england.nhs.uk/medicines/items-which-should-not-be-routinely-prescribed/>

Find out more about licensed and unlicensed medicines:  
<https://www.gov.uk/drug-safety-update/off-label-or-unlicensed-use-of-medicines-prescribers-responsibilities#a-licensed-medicine-meets-acceptable-standards-of-efficacy-safety-and-quality>