

26 March 2010



Dear Healthcare Professional

Update on the withdrawal of dextropropoxyphene-containing medicines

In February 2010 Medsafe informed you about the decision to withdraw medicines containing dextropropoxyphene (Capadex and Paradex).^{1,2} This decision followed a review by the Medicines Adverse Reaction Committee which concluded that, overall, the risks of these medicines exceed their benefits.³

In recognition that there are a significant number of patients currently taking dextropropoxyphene-containing medicines, Medsafe consulted with representatives from the Royal New Zealand College of General Practitioners on the logistics of transferring patients to other analgesics. As a result the consents to distribute **Capadex and Paradex will be revoked on 1 August 2010.**

From 1 August 2010, Capadex or Paradex can only be legally supplied in New Zealand under the provisions in the Medicines Act 1981 that relate to the supply of unapproved medicines (sections 25 and 29). Further information regarding use of these provisions and your obligations when using unapproved medicines is available on the Medsafe website at: <http://www.medsafe.govt.nz/profs/riss/unapp.asp>

The manufacturers of Capadex and Paradex have been informed of the Medsafe decision, and PHARMAC has advised Medsafe that it is unlikely that funding of these medicines will continue beyond 1 August 2010.

In the period leading up to the withdrawal of Capadex and Paradex, Medsafe advises that these medicines should not be prescribed to patients who are not currently taking them. Additionally it is advised that doctors review the analgesic requirements of patients currently taking Paradex or Capadex at the earliest opportunity.

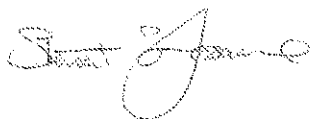
The Best Practice Advocacy Centre (bpac^{NZ}) has recently issued the following advice for transferring patients from dextropropoxyphene-containing medicines:⁴

- Most patients can be transferred to full doses of paracetamol alone. If pain relief is not sufficient, the next step is to add a weak opioid such as codeine (or use a combined paracetamol/codeine preparation). Alternatively, codeine alone could be trialed.

- Oxycodone should not be prescribed in place of dextropropoxyphene unless there has been inadequate response to a weak opioid such as codeine. Oxycodone is a strong opioid and is only indicated as an alternative to morphine at step three on the WHO analgesic ladder.⁵

As dextropropoxyphene is a weak opioid it is possible that some patients may experience a withdrawal reaction upon discontinuation of treatment. Should a patient experience a severe withdrawal reaction advice may be sought from a local alcohol and drug dependency service.

Yours sincerely



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Medsafe

Footnotes

1. Capadex and Paradex are the only dextropropoxyphene-containing medicines available in New Zealand.
2. A copy of the February 2010 Dear Healthcare Professional letter is available at: <http://www.medsafe.govt.nz/hot/alerts/Dextropropoxyphene.asp>
3. Further information on the dextropropoxyphene withdrawal is available on the Medsafe website:
 - A summary of the Medicines Adverse Reactions Committee's discussion on dextropropoxyphene is included in the minutes of the December 2009 meeting, available on the Medsafe website at: <http://www.medsafe.govt.nz/profs/adverse.asp>
 - A "Question and Answer" document is available at: www.medsafe.govt.nz/hot/media/2010/QandACapadexandParadex.asp
 - Medsafe's review of the benefits and risks of dextropropoxyphene-containing medicines is available at: www.medsafe.govt.nz/hot/media/2010/MedsafeReviewDextropropoxyphene.pdf
4. Anon. 2010. Dextropropoxyphene-containing medicines to be withdrawn. *Best Practice Journal* 26: 44 available at: <http://www.bpac.org.nz/magazine/2010/march/snippets.asp#dextro>
5. bpac^{NZ} have published information on the pharmacological treatment of chronic pain in *Best Practice Journal* at: <http://www.bpac.org.nz/magazine/2008/september/chronic.asp>