VRMM FOI TEAM SCANNING

FOI reference 08/252, 08 258, 08 243, 08 242, 08261 08 253

Generic case folder ref GFOI-00052546, 00052314, 00052415, 00052414, 00052611, 00052542

Title of document "Co proxamol copies 16.01.08 - 30.06.08 redacted

Date sent for scanning 28 July 2008

[redacted] Please add to outputs for all 6 FOI cases.

SCANNING ADVICE NOTE FROM XEROX

POOR QUALITY ORIGINAL/S

[redacted]

HOUSE OF COMMONS

LONDON SW1A 0AA

RECEIVED
27 MAR 2008

DEPT OF HEALTH
RECEIVED
28 MAR 2008
CORRESPONDENCE
PRIVATE OFFICE CC30

Rt Hon Dawn Primarolo MP
Minister of State for Public Health
Department of Health
Richmond House
79 Whitehall
London SW1A 2NS

Our Reference : [redacted]

25 March 2008

Dear Dawn,

I have been contacted by my constituent [redacted] of [redacted] regarding the availability of co-proxamol.

[redacted] is reliant on co-proxamol for [redacted] osteo-arthritis; and they are concerned about the withdrawal of this drug which has been beneficial [redacted] My constituent's letter is enclosed for your reference.

I would appreciate it if you could address my constituents' concerns.

I look forward to your response.

Yours,

[redacted]

[redacted]

[redacted]

Home Phone [redacted]
E-Mail [redacted]

Wednesday, March 19, 2008

Your Reference: [redacted]

Dear [redacted]

Thank you for replying to my E-mail concerning the withdrawal of the licence for Co-proxamol. The reason that I contacted you is that despite Dawn Primerolo's statement of 18th December 2007 (Hansard 18 Dec 2007 : Column715) the named patient system is simply not working!

My disabled wife has been taking Co-proxamol for about 12 years to relieve the symptoms of severe osteo-arthritis in both knees. Over this period of time she has tried many other analgesics which have all proved to be ineffective in pain suppression and have usually been accompanied by very unpleasant side effects. Many Consultant Rheumatologists and GPs agree that there are a considerable number of patients for whom Co-proxamol is the most effective method of pain relief and at least two GPs believe that my wife is one of those patients. Also she has been advised not to consider replacement knee surgery due to other medical problems. Unfortunately her GP has now reluctantly ceased prescribing Co-proxamol due to pressure from senior members of the practice, despite the fact that she and I are willing to sign disclaimers to absolve the prescriber from any responsibility. Consequently she suffers constant and often excruciating pain combined with sleepless nights. It is very distressing to see her in so much pain and frustrating to know that some relief could be obtained with a legal but unobtainable prescription. It is ironic that it is probably much easier to obtain cannabis, cocaine, heroin etc. than Co-proxamol.

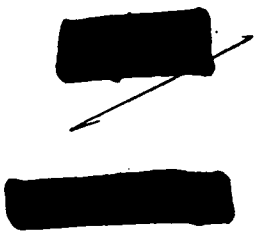
The MHRA reason for de-licensing this drug is stated to be due to the number of suicides performed with it – what they do not seem to realise is that Co-proxamol is not the cause of suicide but only the method! Will the sale of rope soon be banned to prevent people hanging themselves!

According to NHS Direct there are still 5000-6000 deaths by suicide in the UK each year and therefore if only 300-400 are carried out with Co-proxamol it is obvious that there are many other methods still available. I believe that the withdrawal of this drug will possibly cause some pain-ridden persons to take their own life.

It is possible to purchase generic Co-proxamol from off shore pharmacies via the Internet but we are very reluctant to take that route. However my wife and I are now getting so desperate and depressed over this situation that we are willing to consider any solution. Is there any prospect that the named patient system can be made to work?

I would appreciate your thoughts and comments on this illogical and punitive ruling of the MHRA. Is there anything you can do to prevent my wife suffering more than is necessary?

Yours,



Home

[redacted]

Office

[redacted]

HOUSE OF COMMONS
LONDON SW1A 0AA
0207[redacted]

[redacted] M.P.

28 March 2008

Rt Hon Dawn Primarolo MP
Minister of State
Department of Health
Richmond House
79 Whitehall
London
SW1A 2NS

Dear Dawn

I have been approached by my constituent [redacted] She is a retired nurse and has until recently been prescribed co-proxamol for the severe pain that she suffers. As you know, co-proxamol has now been removed from the list of drugs prescribed by the NHS for reasons of safety. I understand there have been between 300 and 400 deaths due to deliberate overdosing and some inadvertent overdosing. However, the alternative drugs available to [redacted], such as co-codamol are neither effective nor safe, as she is currently on Warfarin. She insists that she is well able to control her own intake of co-proxamol, but her GP has indicated that he will not prescribe it because of the advice from the Department of Health, that it would be the responsibility of the GP should the dose be exceeded, with the consequences I mentioned.

She wonders if either it would be possible to produce an indemnity form for the patient to sign, indicating that the patient would take responsibility for staying within the dosage level, or alternatively, whether the packaging of this drug could be changed so that, like with the contraceptive pill, it is far easier to stay within the prescribed dose.

As I understand it, this drug is available across the counter in Spain and [redacted] could purchase this over the internet. However, as you will be aware, drugs traded on the internet may well either be counterfeit or not the dose stated on the packaging or in some cases actually not even containing that drug at all and containing a different drug which has been incorrectly labelled. I have cautioned her against purchasing the drugs across the internet, however such her desperation, my fear is that without some form of indemnity form for patients to sign, t[redacted]

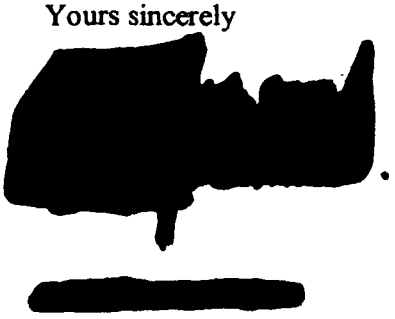
If necessary, please reply to:

[redacted]

this may well be the unfortunate consequence. [redacted] tells me that although her GP trusts her to stay within the drugs rate, the practice policy is not to prescribe this as pressure from other patients who may not act as responsibly, could be resultant from this.

I look forward to hearing from you shortly.

Yours sincerely



HOUSE OF COMMONS

LONDON SW1A 0AA

Rt. Hon. Alan Johnson MP
Secretary of State
Department of Health
Richmond House
79 Whitehall
LONDON SW1A 2NS

7th April 2008
My Ref: [redacted]
Please quote on all correspondence

Dear Alan

[redacted]

Withdrawal of Co-proxamol

Please find enclosed a copy of correspondence I have received from the above named constituent.

I have been corresponding with [redacted] on this subject since September 2006 and also enclose a copy of the last reply I received from your Department on this issue in May 2007.

Although there is provision in law for the supply of unlicensed co-proxamol on the NHS, [redacted] doctor is not willing to prescribe it to her. I have written to him asking him to reconsider.

I would appreciate it if you could give an indication of the likelihood the Government will reverse this decision and also any advice for my constituent, who is codeine intolerant, to be able to obtain co-proxamol on the NHS.

I look forward to hearing from you.

Yours sincerely

[redacted]

[redacted]

Phone: [redacted]

Email: [redacted]

Monday 31 March 2008

Dear [redacted]

I believe that [redacted] is trying to get the goevernment to reverse its policy of having co-proxamol totally withdrawn since the end of 2007.

Can I ask you if you will please, please support this campaign - I have no replacement painkillers at all, which I can tolerate, for arthritis and fibromyalgia.

Yours sincerely,

[redacted]

1d1ad72fc04db514b4bf/a4ab34b18fb98b1b0429
(Signed with an electronic signature in accordance with subsection 7(3) of the Electronic Communications Act 2000.)

[redacted] M.P.

House of Commons
London, SW1A 0AA

[redacted] (Private Office - a.m. only)
[redacted] (FAX - 24hr)
020 7219[redacted] (House of Commons)
020 7219[redacted] (Members' messages)
website: www[redacted]co.uk

06/05/2008

The Rt Hon Dawn Primarolo MP
Minister of State
Department of Health
Richmond House
79 Whitehall
LONDON SW1A 2NS

Dear Dawn,

[redacted]

Re: Co-proxamol

Following representations on behalf of my constituent [redacted] of the above address I took the trouble to pass a copy of your response of the 10th April to [redacted] General Practitioner.

You will no doubt wish to offer a substantive response to the observations made by Dr [redacted] in the accompanying reply to my letter and your own comments.

With my best wishes.
Yours [redacted],

[redacted] MP

cc Dr [redacted]

Dr [redacted]
Dr [redacted]
Dr [redacted]
Dr [redacted]

[redacted]

Tel No: [redacted]
Fax No: [redacted]

25th April 2008

[redacted]

[redacted]
House of Commons
London
SW1A 0AA

Dear [redacted]

Re: [redacted] – DOB: [redacted]
[redacted]

Thank you for your letter and correspondence concerning [redacted]

I think that the situation is quite clear that the CSM has decided this medication is unsafe and it is presumably up to the Minister to decide whether she feels this decision is correct or incorrect, and whether to attempt to overturn the decision.

To pass the buck to General Practitioners is unhelpful in their relationships with their patients. As I am sure you are aware if I was to prescribe for one patient I would have to prescribe for any patient who requested it and the issues regarding the danger of the medication would then resurface.

I am not sure why the Minister wishes Doctors to take responsibility when she obviously can't.

Yours sincerely,

[redacted]

c.c. [redacted]
Rt Hon Dawn Primarolo MP, Minister of State, Department of Health,

[redacted] M.P.

HOUSE OF COMMONS
LONDON SW1A 0AA

The Rt Hon Dawn Primarolo
Minister of Health
Department of Health
Richmond House, 79 Whitehall
London SW1A 2NS

Our Ref: [redacted]

8 May 2008

Dear Dawn

[redacted]

Further to your reply of 22 January, I have received the enclosed copy email from my constituent, [redacted] regarding co-proxamol. As you will see, she is deeply disappointed to have received a letter from the Head of Practice at her GP's surgery advising her that she cannot now have co-proxamol partly because stocks have apparently run out, and partly because her PCT do not support this drug's distribution.

I enclose a previous email from [redacted] dated 1 April, in which she let me know of her delight that she had finally been given a prescription for co-proxamol, after months of having been refused this drug. Co-proxamol is the only drug [redacted] can tolerate for pain relief owing to allergies and asthma, for what she describes as a crippling bladder condition.

I would welcome your comments to the points raised by [redacted] and I look forward to hearing from you. I have also written to the Chief Executive of the PCT.

[redacted]

Enc

[redacted] (Constituency Manager to [redacted] MP)

From: [redacted]
Sent: 30 April 2008 12:22
To: [redacted] (Constituency Manager to [redacted] MP)
Subject: Co-proxamol

Dear [redacted]

I thought all that had happened was too good to be true.

I have just returned from holiday to find a letter from the head of practice at my surgery saying that I could not have co-proxamol because the PCT advises that they do not want GP's to prescribe unlicensed drugs and that now apparently stocks have run out.

I contacted the surgery yesterday and asked why had I been misled into believing I was a named patient.
The young receptionist who was given the job of breaking the bad news to me stuttered her way through the conversation basically saying no more co-proxamol and was that alright!
I said to her that no it wasn't alright and I requested an appointment with the head of practice, a [redacted]. She said that I had to see the practice manager because he wouldn't see me.

I am not sure what I am more cross about, the fact the I cannot become a named patient because of the PCT's decision or the fact that I have been hopelessly misled.

My patience has run out. I have decided to take this matter further and I am going to make a formal complaint to the NHS.

I feel that I have been badly treated, I went away on holiday thinking all was going to be OK and was lulled into a false sense of security. I even checked with the surgery receptionist before leaving that it was all put on my records and that I was a named patient which she confirmed was right.

Perhaps if you could pass this e-mail to Dawn Primarolo MP because I think that they are under the elusion that people like myself who cannot take anything other than co-proxamol are managing their pain effectively.
Not only am I in pain but my minds been blown. Can someone please tell these MP's and the MHRA that we CANNOT become named patients because of the PCT's governing what the GP's are allowed to do.

I am sorry to waffle on but I am so, so upset.

Kindest regards

[redacted]

[redacted] (Constituency Manager to [redacted] MP)

From: [redacted]ahoo.co.uk]
Sent: 01 April 2008 10:14
To: [redacted]Constituency Manager to [redacted] MP)
Subject: . Co-proxamol

Dear [redacted]

I am not usually prone to being speechless but I had a call from my doctor's surgery last week asking me to come in for a consultation with my temporary replacement GP (my usual one is having a baby).

She asked about what I was being prescribed for my ailment I said nothing because of the problems I have had with medications that didn't work or that I couldn't take.

She simply asked whether I was aware of the risks in taking co-proxamol I said yes and with that information she said she was prepared to make me a named patient and wrote out a prescription. She advised I would have to have smaller amounts at any one time but I don't think that really matters.

She also said that she had seen some information regarding this co-proxamol/named patient problem.

As I said, after all my letters for this just to happen, I am speechless. Is there going to be a breakthrough for all my fellow sufferers - and there are a lot.

THANK YOU for all your help - I am sure that it must have been your letters, copies of which were given to the surgery, that provoked a response.

The battle has been won.

Kindest regards

[redacted]

[redacted] MP [redacted]

HOUSE OF COMMONS
LONDON SW1A 0AA
020 7219 4198

RECEIVED
21 MAY 2008

14 May, 2008

Dear Dawn,

My constituent, [redacted] has written to me on behalf of his wife about the guidelines regarding the withdrawal of the drug Co-Proximal.

[redacted] has been taking this for some time and it suits her because other pain-killers cause her [redacted] This is undesirable for someone who has had an operation for [redacted] and she also has problems with codeine-based drugs.

There seems to be a discrepancy between rules used by different practices, and even within the same practice. Most doctors in our practice will not prescribe it, but one will. They understand from their GP that the drug now costs the NHS £21 for 100 tablets and they are suspicious that the reluctance to prescribe is linked to the cost, rather than to health grounds.

Could you please tell me if the drug has been withdrawn on the grounds of cost, or because of patients' needs and/or risk? Has data been gathered that proves that the drug has to be withdrawn from the NHS? If so, could you tell me why it is that the drug can be prescribed privately, if the concern is for the welfare of the patient, rather than the cost of drug?

Yours sincerely,

[redacted]

The Rt Hon Dawn Primarolo MP
Minister for Public Health
Department of Health
Richmond House
79 Whitehall
London SW1A 2NS

DEPT OF HEALTH
RECEIVED
22 MAY 2008
CORRESPONDENCE
PRIVATE OFFICE CC

HOUSE OF COMMONS

LONDON SW1A 0AA

Rt. Hon. Dawn Primarolo MP
Minister of State
Department of Health
Richmond House
79 Whitehall
LONDON SW1A 2NS

2nd June 2008
My Ref: [redacted]
Please quote on all correspondence

Dear Dawn

[redacted]

Withdrawal of Co-proxamol

I refer to your letter of 14th May in connection with the above and enclose a further response I have received from the above named constituent, which is self-explanatory.

I would appreciate it if you could give some specific clarification on the points raised in order that I can respond to my constituent's concerns.

I look forward to hearing from you.

Yours sincerely

[redacted]

[redacted]

23 May 2008

Your Ref. [redacted] Dawn Primolo

Dear [redacted]

Thank you for your continued efforts on my behalf regarding co-proxamol and the copy of the letter from Dawn Primolo.

Unfortunately Dawn is just re-iterating the same old stuff as her predecessors.

In the second line from the bottom of her letter she says "with continued use possible in exceptional circumstances..." – but does not explain in detail how this may take place given the advice to G.P.s from their union.

Continued use of the drug is not possible unless and until the Department of Health tells patients specifically how they may achieve this and what would constitute 'exceptional circumstances'.

I do not know what your personal view on this issue is or whether or not you support [redacted] M.P. and [redacted] M.P. in their efforts to get the matter reviewed but I would appreciate it if you could pass on the above point to Ms Primolo for *specific* clarification.
If she cannot do that then perhaps she could retract her statement that continued use of co-proxamol in exceptional circumstances is possible.

Yours sincerely,

[redacted]

From: [redacted]

HOUSE OF COMMONS
LONDON SW1A 0AA

DEPT OF HEALTH
RECEIVED
09 JUN 2008
CORRESPONDENCE
PRIVATE OFFICE CC26

04 June 2008

Rt Hon Dawn Primarolo MP
Minister of State
Department of Health
Richmond House
79 Whitehall
London SW1A 2NS

Dear Dawn,

Thank you for your reply of 14 May to the concerns of my constituent [redacted] about the withdrawal of co-proxamol. [redacted] has written in response and I should be most grateful if you would let me have your comments on the points my constituent raises.

Yours ever

[redacted]

Telephone: 020 7219[redacted] Email: [redacted] Website: www[redacted]m

[redacted]

From: [redacted] on behalf [redacted]
Sent: 26 May 2008 19:48
To: [redacted]
Subject: FW: co-proxamol

From: [redacted] [mailto [redacted]
Sent: 24 May 2008 10:33
To: [redacted]
Subject: Re: co-proxamol

Dear [redacted]

Thank you for pursuing this with the Minister.

May I correct your understanding of what the current position is: my doctor HAS continued and is happy to prescribe this drug to me. The problem is that it has ceased to be manufactured as the result of Government action. I am not even permitted to enquire under what name it is available overseas. This is a clear case of 'nanny' control of us, and our rights as human beings, to pursue what help we can find to alleviate the pain we suffer. Any further assistance you can offer as, for instance, asking the Minister why we cannot be informed of other names under which it is marketed, would be appreciated. I have a letter from the Arthritis Society explaining their inability to help, as a non-medical society, to supply me with this information. The situation is ridiculous.

[redacted]

[redacted] M.P.

HOUSE OF COMMONS
LONDON SW1A 0AA

DEPT OF HEALTH
RECEIVED
08 JAN 2008
CORRESPONDENCE
PRIVATE OFFICE

The Rt Hon Dawn Primarolo
Minister of Health
Department of Health
Richmond House, 79 Whitehall
London SW1A 2NS

Our Ref: [redacted]

7 January 2008

Dear Rt Hon Dawn Primarolo,

[redacted]

I have received the enclosed copy letter from [redacted] MP regarding my constituent [redacted] problems with the withdrawal of co-proxamol.

I understand that you have agreed to write to the Medicines and Healthcare Products Regulatory Agency to ask if they will reconsider their decision to make co-proxamol available as a licensed drug.

I should be most grateful if you would let know the final decision of the MHRA in response to your letter to them in due course, so that I may in turn let [redacted] know the outcome of their reconsideration.

Yours sincerely,

[redacted]

pp [redacted]
(Signed in h[redacted] absence)

Enc

(3)

Ref: [redacted]

4th December 2007

HOUSE OF COMMONS
LONDON SW1A 0AA

[redacted] MP
House of Commons
London
SW1A 0AA

RECEIVED 03 [illegible] 2008

Dear [redacted],

RE: [redacted]

Thank you for your letter regarding your constituents' problems with the withdrawal of co-proxamol.

I would like to apologise for taking so long to get back to you. This was because I was waiting until I had a meeting with Health Minister [redacted] but this kept being rescheduled and finally took place on [redacted]

[redacted] and I met with [redacted] on [redacted] listened to our arguments as to why GPs should be allowed to continue to prescribe co-proxamol on licence to the small group of patients who have found no alternative. [redacted] pointed out that [redacted] did not have the power to overturn the Medicines and Healthcare Products Regulatory Agency (MHRA) decision.

However, the minister did agree to write to MHRA to ask if they will reconsider co-proxamol being available as a licensed drug under strict regulations as the numbers being prescribed have reduced significantly. However, ultimately it is down to the MHRA to make the final decision

The situation, therefore, remains the same. Co-proxamol will continue to be available on a "named patient basis" after the end of the year. It will be up to individual GPs or Specialists to make the decision to prescribe or not. Today in the House of Commons during Health questions I asked the Minister to confirm again that co-proxamol will be available on a named patient basis which she did.

I am sure this is not the news that your constituent would have liked but please assure her that I will continue to raise the question in parliament.

Best wishes,

[redacted]

[redacted] M.P.

HOUSE OF COMMONS
LONDON SW1A 0AA

The Rt Hon Dawn Primarolo MP
Minister of State
Department for Health
Richmond House
79 Whitehall
London
SW1A 2NS

24 January 2008

Dear Dawn

I enclose an email from [redacted] of [redacted]

[redacted] is concerned about the Government's decision to withdraw Co-proximal from the prescribed drugs list and I would be grateful for your comments on the issues he has raised.

Yours sincerely
[redacted]

Enclosure

Websites: www[redacted].com www[redacted].com Tel: 020 7219[redacted] Email: mail@[redacted].com
[redacted] *Office:* [redacted] Tel: [redacted]

[redacted]

From: [redacted]
Sent: 22 January 2008 15:08
To: [redacted]
Subject: FW: co-proxamol

From: [redacted] [mailto:[redacted]@btinternet.com]
Sent: 22 January 2008 15:01
To: pharmacovigilanceservice@mhra.gsi.gov.uk
Cc: [redacted]
Subject: co-proxamol

Will MHRA please take account of the widespread suffering now caused to arthritic **carers** who now have to add **continuous pain** to their other trials and tribulations. Recognise that there is a significant number of people for whom coproxamol **and only coproxamol** gives significant relief.

Why pick on us?

Is this still a hangover of the Dr.David Kelly murder cover-up theory?
The irrationality of the Agency's decision is making more people think so.
This is a cheap simple and effective drug, like Warfarin which I also use
Of course the doses must be carefully controlled, it is a prescription drug.

[redacted] BSc
[redacted]@btinternet.com
[redacted]

"PRIMAROLO, Dawn" <PRIMAROLOD@parliament.uk>
20/02/2008 10:38
To: [redacted]
cc:
bcc:
Subject: FW: PO0000273196

File Note July 2008.
As the correspondent cc'd their MP, a response was sent through the MP from minister
Recorded as MP/minister correspondence.

From: [redacted] [mailto[redacted]
Sent: 19 February 2008 14:24
To: [redacted]
Cc: PRIMAROLO, Dawn
Subject: DoH:PO0000273196

Thank you for your prompt action in soliciting a response from the DoH.

Dawn Primarolo's reply unfortunately consists of arguments well rehearsed both in Hansard and the wider health web. There are also in Hansard and on the web many well-rehearsed counter arguments including e.g. a poll of rheumatologists 94% of whom did not accept the MHRA arguments, e.g. that there are more deaths from tri-cyclic anti-depressants (which have not been de-licensed) and e.g. the currency of many other drugs where poor patient dose control and compliance is fatal like Warfarin & Insulin (both of which I personally use).

The last paragraph of Ms Primarolo's response is the most relevant to the current situation and reiterates her statement, in Hansard, Column715, on 18th December 2007 that the drug would still be available, to those for whom no alternative had been identified, into 2008.

The new factor appeared in January just ended when it became clear practices were NOT prepared to follow her suggested action since it involved, in their opinion, excessive Legal Jeopardy.

What is needed is for DoH to publicise, on the Internet, an Official Pro-Forma Consent form which can be completed, signed by the patient and submitted to the practice which will then be accepted as transferring Jeopardy from the prescriber to the individual patient (as is the practice for general anaesthetics).

This action could be taken immediately, there is no need for amended legislation, and would end the suffering of thousands of arthritis patients who fall in this afflicted category.

I have petitioned the Prime Minister to this effect but a Parliamentary Question on your part would add weight and maybe shorten our suffering.

[redacted] BSc
[redacted]
[redacted]
[redacted]

Inbound_Email_Body_287433

From: [redacted] [mailto:[redacted]
Sent: 06 March 2008 16:04
To: dhmail@dh.gsi.gov.uk
Cc: JOHNSON, Alan (MP); [redacted]
Subject: RE: Response to your Query : - Ref:DE00000283693 - FW: Co-proxamol withdrawal

Dear Mr [redacted] and other interested parties,

Thank you for your detailed reply which I have read in many forms before.

Can you please give me details of the research papers that appear to show that co-proxamol is no more effective than paracetamol in the recommended dose? I have very clear evidence from my mother that this is most certainly untrue and have also heard of many other people who are similarly dubious.

My mother has been made very ill indeed as a result of the withdrawal of co-proxamol. She is medically unable to take codeine and non-steroidal anti-inflamatories so her doctor prescribed Tramaset. The side effects were life-threatening so she had to come off it quickly and had dreadful withdrawal symptoms. Three weeks later, she is still too poorly to go out and needs my help with shopping (and I do mean groceries not leisure shopping!) Her doctor has now prescribed co-proxamol for her on a named patient basis but of course there is no guarantee that the supplies of the drug, once it it not licensed, will continue indefinitely. I am of the belief that if the supply of co-proxamol ceases because of this withdrawal, that would lead to my mother's premature death.

I wish to add here that my mother has been a health care professional, is of sound mind and is very aware of the issues involved. She herself wanted to find an alternative having read similar information to that below when the withdrawal was first announced. She is not, as your message seems to imply, emotionally dependant on the drug and would resent the implication that her pain is imagined when she is taking paracetamol in the recommended dose. (It takes the edge off for about 2 hours by the way. You can't take paracetamol 2 hourly without overdosing.)

I am certain my mother is not the only person whose life has been threatened by the withdrawal of co-proxamol. Can you please tell me how many people the " small group of patients who are finding it difficult to change from co-proxamol " represents?

Please examine the evidence more closely before you jeopardise other people's lives.

Yours sincerely
[redacted] [redacted]

[redacted]

Home Phone: [redacted]
E-Mail: [redacted]

Thursday, May 15, 2008

Your ref: TO00000307867

For attn. of [redacted]: Customer Service Centre

Dear [redacted]

Thank you for your letter of 13th May. I am however disappointed with your response as it appears that you did not read my letter dated 29th April carefully enough! Your second paragraph suggests that the withdrawal of co-proxamol is causing concern and inconvenience to my wife – my letter states that it is causing her constant and often excruciating pain combined with sleepless nights – hardly an incovenience!

Your final paragraph suggests that my wife should discuss the supply of unlicensed co-proxamol with her doctor – my letter makes it quite clear that she has already gone down that route with no success, as the Practice is adamant that as the situation stands they will not prescribe that particular drug. That is a decision which I believe has been taken with reluctance.

Finally, your letter does not answer my questions in the last two paragraphs of my letter ie. Is there any prospect that the named patient system can be made to work and is there anything that you (Dawn Primarolo) can do to prevent my wife suffering more than is necessary?

I look forward to your comments.

Yours hopefully,

[redacted]

[redacted]

[redacted] 2008

CORRESPONDENCE
PRIVATE OFFICE

[redacted]

Home Phone [redacted]
E-Mail [redacted]

Tuesday, April 29, 2008

Dear Ms Primarolo

Withdrawal of Co-proxamol

The reason that I am contacting you is that despite your statement of 18th December 2007 (Hansard 18 Dec 2007 : Column715) the named patient system is simply not working!

My disabled wife has been taking Co-proxamol for about 12 years to relieve the symptoms of severe osteo-arthritis in both knees. Over this period of time she has tried many other analgesics which have all proved to be ineffective in pain suppression and have usually been accompanied by very unpleasant side effects. Many Consultant Rheumatologists and GPs agree that there are a considerable number of patients for whom Co-proxamol is the most effective method of pain relief and at least two GPs believe that my wife is one of those patients. Also she has been advised not to consider replacement knee surgery due to other medical problems. Unfortunately her GP has now reluctantly ceased prescribing Co-proxamol due to pressure from senior members of the practice, despite the fact that she and I are willing to sign disclaimers to absolve the prescriber from any responsibility. Consequently she suffers constant and often excruciating pain combined with sleepless nights. It is very distressing to see her in so much pain and frustrating to know that some relief could be obtained with a legal but unobtainable prescription. It is ironic that it is probably much easier to obtain cannabis, cocaine, heroin etc. than Co-proxamol.

The MHRA reason for de-licensing this drug is stated to be due to the number of suicides performed with it – what they do not seem to realise is that Co-proxamol is not the cause of suicide but only the method! Will the sale of rope soon be banned to prevent people hanging themselves!

According to NHS Direct there are still 5000-6000 deaths by suicide in the UK each year and therefore if only 300-400 are carried out with Co-proxamol it is obvious that there are many other methods still available. I believe that the withdrawal of this drug will possibly cause some pain-ridden persons to take their own life. I also believe that many more people

have committed suicide with Amitriptyline tablets than with Co-proxamol – a drug which is freely prescribed to my wife and many thousands of other patients

It is possible to purchase generic Co-proxamol from off shore pharmacies via the Internet but we are very reluctant to take that route. However my wife and I are now getting so desperate and depressed over this situation that we are willing to consider <u>any</u> solution. Is there any prospect that the named patient system can be made to work?

I would appreciate your thoughts and comments on this illogical and punitive ruling of the MHRA. Is there anything <u>you</u> can do to prevent my wife suffering more than is necessary?

Yours,

[redacted]

DE286914[redacted]

Thank you for responding to my concerns regarding the prescribing of co-proxamol to the small minority of patients for whom there is no effective substitute.

The intention of DoH, that there should be supplies available for this minority of patients, is not being realised.

My GP's final advice was "well you'd better go buy it on the internet", which is what I, and many others, have now done.

The result is that I now have adequate supplies of two kinds of pill, neither of which resembles the time-honoured Distalgesic, plus also a fraud was attempted on my credit card which had to be barred, shredded and replaced.

We now have to accept the risk of taking these totally uncontrolled pills of Indian and Pakistani origin in place of the more limited risk of taking pills from a reliable, time-honoured source. I suppose if we need emergency treatment as a result, the NHS will not refuse?

There needs to be a better solution.

I cannot see why it is impossible to draw up a form to absolve the prescribing GP from legal liability whilst allowing him to exercise clinical judgement. His clinical judgement for the last decade was that this med. was safe to prescribe to me. The only change that has taken place is not to the med. but to the license (and, possibly, Dr.David Kelly's 'suicide') and this, the Practices have deduced, puts them in legal jeopardy. A legal problem must have a legal solution. It should not need an act of parliament to unscramble this paradox.

Please put this problem to your legal adviser(s) and act to restore reliable supplies.

[redacted]

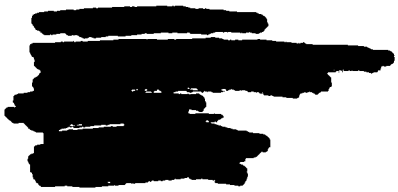
From: [redacted]
Sent: 22 January 2008 15:01
To: Pharmacovigilanceservice
Cc: [redacted]
Subject: co-proxamol

Will MHRA please take account of the widespread suffering now caused to arthritic **carers** who now have to add **continuous pain** to their other trials and tribulations. Recognise that there is a significant number of people for whom coproxamol **and only coproxamol** gives significant relief.

Why pick on us?

Is this still a hangover of the Dr.David Kelly murder cover-up theory?
The irrationality of the Agency's decision is making more people think so.

This is a cheap simple and effective drug, like Warfarin which I also use
Of course the doses must be carefully controlled, it is a prescription drug.



(see ICE 08/601)

RECORDED DELIVERY

[redacted]

0116 2375479

16 June 2008

The Director
Medicines and Healthcare Products Regulatory Agency
10-2 Market Towers
1 Nine Elms Lane
Vauxhall
London
SW8 5NQ

Dear Director

Concerned about the continuing management of my wife's pain (in 1987 she was found to have a [redacted] in her left arm, dealt with by extensive [redacted] I wrote to you on 29 May: copy letter attached.

The Agency, in removing the licence to manufacture co-proxamol, recognised that there would be some cases where the prescription of co-proxamol remained a necessity and made provision for practitioners to prescribe in such cases. This seems not to be working, her own general practitioner writing that 'for medico-legal reasons he would not have a leg to stand on' and 'a patient disclaimer....seems not to obviate a prescribing doctor from his responsibilities' (this a blanket statement with respect to all patients). It is proper that I should write to you for this situation is a direct reflection of the Agency's policies. In the end, I suppose, two issues need to be addressed:

(a) That you might give written assurance to her GP that, providing the conditions are met for the prescription of co-proxamol in her case, he would not suffer legal consequences.

(b) Whether there is some other route acceptable to the Agency for the procurement of co-procamol on a regular basis.

I would welcome your early response.

Yours sincerely

[redacted]

RECORDED DELIVERY

[redacted]

29 May 2008

The Director
Medicines and Healthcare Products Regulatory Agency
10-2 Market Towers
1 Nine Elms Lane
Vauxhall
London
SW8 5NQ

Dear Director

I wrote to NICE on 31 March, mistakenly it seems, about a return to the prescription of co-proxamol for my wife, [redacted] A copy of that letter is enclosed in explanation.

NICE eventually replied indicating that this was a matter within your purview, not theirs. In adumbrating the historical reasons for removing co-proxamol from general and particular use, the NICE letter ended '.....cancellation of licences at the end of 2007. After this time there is a provision for the supply of unlicensed co-proxamol on the responsibility of the prescriber. Patients wishing to go down this route should discuss this possibility with their doctor'.

[redacted] at the [redacted] Hospital has been responsible for some years now for the management of [redacted] pain. I wrote to her on 4 May exploring the possibility of securing the prescription of co-proxamol through her pain clinic or some other route. She has yet to reply to this letter (I enclose a copy of it).

[redacted] is anxious to return to co-proxamol as the analgesic of choice. It has served her well in the past when all other analgesics have been found wanting and even distressful. She is long adjusted to the notion that [redacted] guarantees lifelong pain but, at the same time, works sensibly to find relief. Co-proxamol consummately serves this purpose, supplemented by physiotherapy, exercises and massage.

It is clear from the NICE quotation (above) that MHRA understands there are some situations where co-proxamol use might still be appropriate. In terms of need, in terms of tried and tested suitability, in terms of personal understanding and responsibility, it is also clear that co-proxamol presents no risk for [redacted] and is right for her.

Could you, would you please, identify an approach which might secure this prescription for my wife.

We do not wish to explore dubious avenues like purchase outside a recognised system, for example, tablets whose manufacture is suspect: but we would be quite happy to meet any costs, so important is this to us.

I have written three times to one of the manufacturers [redacted] but they have chosen not to reply.

I do hope you can point to a way out of this difficulty.

Yours sincerely

[redacted]

RECORDED DELIVERY

[redacted]

31 March 2008

The Director
National Institute for Health and Clinical Excellence
Mid City Place
71 High Holborn
London
WC1V 6NA

Dear Sir

[redacted]

My wife, [redacted] was found in 1987 to have a [redacted] in her left arm. Because this particular [redacted] is known to [redacted] readily, [redacted].

You will know that once the [redacted] has been compromised lifelong pain ensues. Apart from pain intrinsic to the arm she has [redacted], so that for example she is fearful when in close physical contact with people.

Since 1987, [redacted] problems have been overseen with competence by the [redacted] Pain Clinic.

A difficulty has arisen which affects the efficacy of her medication. In the course of finding an analgesic of choice she found only one which satisfied her needs: Co-proxamol. There seems to be some unexplained conjunction between paracetamol and dextropropoxythene which makes it so suitable for her. She gets nothing like the same relief from paracetamol alone.

Perhaps I should say that, in the past, she has registered liver damage with other opioid analgesics, with phenytoin and with tegretol. Co-proxamol, on the other hand, does not cause her difficulty at all. Neither does she find it addictive, as some patients do. She does not drink alcohol, nor has she throughout her life.

My understanding is that the licence to manufacture co-proxamol was withdrawn at the end of 2007. The main ground, I gather, was its use as a means of committing suicide. I make no great comment about that except that those so inclined will find some other means and that, if there is any logic in that kind of argument, we would withdraw many other medicines. For example, in recent time. there have been a number of deaths incident upon the use of methadone, especially where children associated with the person of use are concerned. That has not been withdrawn, though the principle is much the same. Yet methadone rarely achieves its intended purpose.

Cannot some sensible way forward be found that will allow use by those who are known to find co-proxamol entirely satisfactory and gain great benefit from it?

It does appear that negative aspects have received undue preference with reference to the large number who find this medication indispensible.

And is there some alternative form of supply, say from abroad, for which the patient can take full responsibilty?

Yours sincerely

[redacted]

[redacted]

4 May 2008

[redacted]

Dear [redacted]

I am sorry to plague you yet again with [redacted] problems.

As you know the licence to manufacture co-proxamol was withdrawn at the end of 2007. Before that event I tried through my general practitioner to extend prescription beyond that date and, from then until now, I have been trying other means to source a supply (I have, for instance, written three times to [redacted] one of the main suppliers, who have ignored my letters; and tried to secure a supply from Denmark, to no avail).

I finally wrote to NICE (mistakenly as it turns out). Copies of the correspondence are enclosed.

The final paragraphs of NICE's letter appear to indicate that there is available a supply of unlicensed co-proxamol. Our own GP has sent a circular to all patients stating that for medico-legal reasons he will not so prescribe even against a form of indemnity. The only 'other healthcare professional' responsible for [redacted] care is yourself.

Can you tell me please how it is possible to access this unlicensed supply? We are certain that co-proxamol alone fits her needs and we are, of course, prepared to meet whatever cost is involved.

[redacted] has now had her [redacted] It is not surprising that she has yet to gain any benefit: that will come. [redacted]

I hope you might offer some solution as to the supply of co-proxamol.

Best Wishes

Sincerely

[redacted]

Tel: [redacted]

From: [redacted]
Sent: 15 March 2008 12:14
To: [redacted]
Cc: [redacted]@parliament.uk
Subject: FW: Co-proxamol - Ref DE286914

To: [redacted]@mhra.gsi.gov.uk

From: [redacted] [mailto [redacted]@btinternet.com]
Sent: 14 March 2008 18:16
To: [redacted]
Subject: RE: Co-proxamol - Ref DE286914

Further to my previous reply:

Firstly I apologise for not recognising that the "response" to which you referred was, in fact, not a statement in The House but [redacted] private email communication to me (which I later recognised).

Secondly let me suggest that, since MHRA's action was based solely on a small minority of problems caused by patient non-compliance, you go back to [redacted] with the suggestion that patients sign a "Compliance Contract" rather than a "consent form" as I originally suggested. This, I believe, would legally formalise the situation concerning patient non-compliance which has been the sole basis for MHRA's action, which is causing so much widespread distress now in 2008, and would re-empower the affected patients. The sevenfold increase in cost to the NHS would remedy itself as the patient take-up of the drug returned to the 60000 level, which still pertained late in 2007, if the appropriate procurement controls were reapplied.

[redacted]

From: [redacted] [mailto [redacted]@btinternet.com]
Sent: 13 March 2008 10:43
To: [redacted]
Subject: RE: Co-proxamol - Ref DE286914

Thank you for taking the trouble to explore the legal aspect and reply.

Could your office please give me a (preferably internet) reference to [redacted] statement of the 5th of March 2008 as I am unable to find it in Hansard or under his name.
I do not accept his conclusion. Physicians have been exercising their clinical judgement unanimously in favour of co-proxamol for decades. What has changed is that MHRA no longer trust the **patient** to comply. Thus a consent form is entirely appropriate, as I see it.

We are now being obliged to consume bizarre internet medications of dubious origin, content and efficacy.

[redacted]

Subject: RE: Co-proxamol - Ref DE286914

The type of misuse which you now cite as a reason for de-licensing could be covered quite easily by incorporating a clause in my suggested "Patient Compliance Contract" where the patient accepts total responsibility for preventing the abuse of the prescribed medication by any other person including children and the demented.

I cannot understand why there is such determined resistance to the prescription of this straightforward drug. I am, for example, prescribed Warfarin and Insulin, where the mis-use implications are every bit as serious, without any interference from the MHRA
It is well-known that all medications should be stored out of reach of children or other vulnerable persons and not passed on to others with similar symptoms.

I am now obliged to dose myself with "Darvin" from Pakistan which, whilst effective, produces dyspeptic side effects which concern my GP.

[redacted]

From: [redacted] [mailt[redacted]world.com]
Sent: 20 March 2008 09:53
To: [redacted]
Subject: Withdrawal of coproximal

Dear [redacted]

I am writing to you about the withdrawal of coproximal and ask that along with many others, that the decision to withdraw the drug is overturned.

I, like many patients have been on Coproximal for about 18 years, I suffer from [redacted]. I am a responsible person, I would certainly never abuse a drug, or commit suicide. I do not drink, so that's not a problem whilst taking the drug. Basically Coproximal is the only drug that gives me, along with good pain relief a 'slight lift in energy' which allows me a couple of hours a day of relatively normal life. My GP had agreed to continue prescribing Co-Proximal to me on a named patient basis following the drugs' withdrawal, this was in December. When I attended for a repeat prescription in January he told me that he could no longer prescribe it, even though he had previously agreed that I could have it, albeit paying privately for it. I had also agreed that if there was a medico-legal issue I would sign a waiver form, even get it set up by a solicitor if necessary - all this suddenly to no avail. I was not withdrawn from Coproximal, only put on DF118 which do not help me at all. I am furious, hurt and let down - I know all the arguments for withdrawing the drug, I worked for many years in the medical field, I am an intelligent woman, and resent being treated like a child that can't be trusted. Although my GP told me that I would not be able to find anyone to prescribe it to me locally, I have found two GPs locally who are still happy to prescribe it on a named patient basis, unfortunately they are unable to take on new patients and prescribe it, so there are obviously some more reasonable GP's out there prepared to treat the patient on an individual basis.

The argument that Paracetamol is as effective as Coproximal is laughable, after all, if that was true, all the patients on Co-Proximal didn't need to visit to their doctors in the first place, they could have just popped to the chemist and bought OTC paracetemol!!!

My life has now changed totally, it hasn't been good for many years, but Co-Proximal gave me a little better quality of life.

Please please reconsider the decision and treat patients as individuals not numbers!

Regards

[redacted]

[redacted]

From: [redacted]@ntlworld.com]
Sent: 31 March 2008 17:23
To: [redacted]
Cc: [redacted]parliament.uk; [redacted]@parliament.uk
Subject: Co-proxamol withdrawal

Dear [redacted]

Thank you for the reply to my e-mail.
My postal address is

[redacted]

I would be very interested in seeing the papers. In particular, the research purporting to show that co-proxamol is no more effective a pain killer than paracetamol.

I do understand the difficulty of balance when making decisions such as that of withdrawing co-proxamol. However, unknown factors sometimes show up once a decision is taken. Whilst I am delighted that the number of deaths involving co-proxamol has decreased, I am not surprised since it is not available to so many people. Can you prove that there has been an overall decrease in the suicide rate and that people haven't resorted to other suicide methods? I would be also interested to know how many accidental deaths have been caused by inappropriate painkillers being prescribed to people like my mother who was very ill indeed after a bad reaction to Tramaset.

I am also naturally concerned for myself and the future of co-proxamol. I already know that I am intolerant to many of the alternative painkillers and have arthritis myself. At the moment, I am not in need of more pain relief than paracetamol can provide but the future looks pretty bleak for me as I get older and am not already an existing co-proxamol user.

I look forward to reading the papers with interest.
Yours sincerely

[redacted]

From: [redacted]
Sent: 09 April 2008 15:55
To: [redacted]
Cc: [redacted]@parliament.uk; [redacted]@parliament.uk
Subject: RE: DE 0000287433

Dear [redacted]

Thank you so much for taking the trouble to send me the interesting papers from the CSM. Having read them myself, I came to the conclusion that the arguments put forward to ban co-proxamol were very weak indeed. I was particularly grieved by the use of the word "misery" when referring to the many people suffering chronic pain and the dismissive approach to such misery.
In fact I felt so emotional about it that I asked my husband to look at the papers in a more scientific way and I attach his comments and proposals.
I do hope the MHRA can see fit to reconsider their decision in the light of the distress they have caused.

Thank you

For the attention of : - The complaints Department at MHRA

Dear Sir/Madam,

Please see the enclosed e-mail forwarded to [redacted] of the [redacted] PCT on 19/04/08 .

As you will see from this e-mail , I have gone to considerable lengths to attempt to continue being a recipient of Co-Proxamol pain killers , for the reasons stated in my e-mail to [redacted]

Although I continued to receive Co-Proxamol prescriptions until the end of March 2008 . I was advised by th[redacted] Medical Centre Pharmacist on 17/04/08 that , I would no longer receive Co-Proxamol prescriptions via my GP Practice due to a decision made by [redacted] PCT on 30/03/2008 .

This has come as a bolt out of the blue especially because I have been house-bound since [redacted] following a major operation to [redacted]

Recovery is now a very slow affair and my GP Practice were fully aware of my current situation.

I feel in the circumstances that my GP Practice should have advised me a lot earlier , of their intentions regarding Co-Proxamol , so that I had a better chance of making alternative arrangements or seeking futher advice .

This I find this totally unsatisfactory .

Thank you for your assistance.

Yours faithfully ,

[redacted]

------ Original Message ------

From: [redacted]
To: [redacted]
Sent: Saterday , April 19, 2008 6.23PM
Subject: Co-Proxamol

Dear [redacted] ,

I wrote to [redacted] MP , N.I.C.E. , & the M.H.R.A on 17/01/2008 , sending copies to yourself and my GP Practice , regarding the intention of the MHRA to remove Co-Proxamol from the list of GP prescribable drugs .

I have received letters back from [redacted] & N.I.C.E. regarding this matter and from information received plus recent telephone conversations with both NICE & MHRA , it would appear that provision was made for those few individuals (for whom Paracetamol was ineffective and Co-Codramol and Co-Dydramol could not be prescribed due to the high Codine content) , to remain as recipients of CoProxamol , after the removal of Co-Proxamol as a generally prescribed drug .

It would also appear that the responsibiliy was placed on GP Practices to inform their relevent PCT's , of patients with this problem in order for those few patients who were left to continue with Co-Proxamol .

Following several consultations with my GP at [redacted] Medical Centre , I was referred to a Consultant at the [redacted] , to assess my suitability mentally and otherwise .(bearing

in mind the the ongoing problems with Co-Proxamol). It was considered that I was a suitable Patient and the Consultant adviced my GP accordingly in writing , also I advised my G.P. that I was fully prepared to sign any Legal Disclaimer that my GP might require , to issue a prescrition for a non - licenced drug .

Co-Proxamol continued to be prescribed to me until 30/03/2008 whereupon according to the Practice Pharmacist , it was stopped without futher consultation .

My predicument is that, it has already been confirmed that Paracetemol is ineffective and that high Codine content pain-killers cannot be used as they drastically effect my [redacted].

I had ar[redacted]

I cannot understand the reluctance of the [redacted] PCT to contiue funding Co-Proxamol bearing in mind that the current cost of 100 tablets is £29.65p (or £355.80p per annum) . Whereas Co-Proxamol ' s total removal will possibly cost the PCT considerably more as I will quickly lose my current independance and mobility .

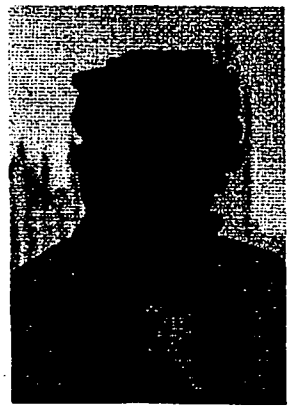
A reply would be appreciated .

Yours faithfully ,

[redacted]

[redacted] MP

Working for [redacted]



[redacted]

Information Centre
MHRA
1 Nine Elms Lane
London
SW8 5NQ

Our Ref: [redacted]

Your Ref:

21 February 2008

Dear [redacted]

Re: [redacted]

Further to my previous correspondence regarding the above named constituent, I have received the enclosed response, the contents of which are self explanatory.

I would be grateful if you could look into the points raised by my constituent.

Thank you very much for your assistance with this matter.

With best wishes

Yours sincerely

[redacted]

[redacted] MP for [redacted]

[redacted]

Tel: [redacted] **Fax:** [redacted]

[redacted]**@parliament.uk**

www.[redacted]**co.uk**

[redacted]

3rd February 2008.

Re : Co-proxamol Your Ref: [redacted]

Dear [redacted]

Thank you for your letter of 5th February 2007.

As you will no doubt be aware co-proxamol has now been withdrawn from the market and is now an unlicensed drug. Following recommendation from the [redacted] PCT I was, therefore, recently refused a repeat prescription.

The prescribed alternatives have caused me great distress because of their side effects. I have enclosed a copy of these which I have furnished to the Arthritis Care Organization.

Following a discussion with my GP today he has kindly restored my prescription for co-proxamol as being the only medication suitable for my condition. I thank you, therefore, for the interest which you showed in my situation and the excellent advice you gave me.

However, there are two concerns which arise. Firstly, how many other sufferers will be denied this medication, and find themselves in a similar situation ; and secondly for how long will co-proxamol be available when the manufacturers decide that this medication is not profitable?

Yours sincerely,

[redacted]

HOUSE OF COMMONS
LONDON SW1A 0AA

[redacted] MP

[redacted]

Medicines and Healthcare products Regulatory Agency
Market Towers
1 Nine Elms Lane
London **SW8 5NQ**

28 May 2008 Our ref: [redacted]

Dear [redacted]

RE: [redacted]

Please find enclosed a copy of the email that I have received from the above constituent. As you will see [redacted] is extremely unhappy about the withdrawal of Co Proxamol as she advises that she has taken them for a number of years and would never have had any quality of life without them.

I would be grateful if you could look into this matter and forward me your comments.

Yours sincerely

[redacted]

[redacted]

1. Log e Ack
02 JUN 2008 [redacted]
2. to [redacted]
cc [redacted]

3. BF HIL 11/06.

[redacted]

From: [redacted]
Sent: 25 April 2008 11:10
To: [redacted]
Subject: FW: Letter from your constituent [redacted]

-----Original Message-
From: [redacted]
Sent: 24 April 2008 19:16
To: [redacted]
Subject: Letter from your constituent [redacted]

[redacted]

Phone: [redacted]

Thursday 24 April 2008

Dear [redacted] i am writing about the withdrawal of co proxamol i have been taking them for a number of years now and would never have had any quality of life without them i won,t go into details at this time i have been told they are the same as taking paracetamol i think these medical people must think we are all imberseals the only good thing paracetamol are any good for are hangovers and the real reason they are stopping them is because they are a lot more exspensive than paracetamol and that some people are taking them with alcohol and any one with half a brain knows are very dangerouse and it says so on the packet if any one else tells me that paracetamol are the best for me ime going to blow a fuse co proxamol have only 300gms of paracetamol in them which is not really good foy anyone,s liver but every other alternative have 500gms of paracetamol witch i am sure would be very unhealthy for anyones liver over a long time i am now thinking of going to the european court of human rights because i am sick of getting dictated to not only from the medical profession its every where you turn somone is telling you what to do so iam going to do what i think is right for me and millions of other sufferers who cannot take any thing else only co proxamol and i wont stop until some one listens and acts

Yours sincerely [redacted]

2b948bf1482311b999b9/dcb2f4b7f695742a1508
(Signed with an electronic signature in accordance with subsection 7(3) of the Electronic Communications Act 2000.)

[redacted]

Vigilance & Risk Management
Medicines Division 2/5/08
Tel. [redacted]

Dear [redacted]

Thank you so very much for taking the time to discuss with me the question of CO-PROXAMOL last Tuesday and also for posting to me your very informative letter and the MHRA's drug safety update. It arrived the very next morning.

This morning I saw my G.P. and discussed with him the possibility of further prescriptions for CO PROXAMOL. He said he and his practice partners will not prescribe the drug whilst it remains unlicensed and neither could he send me to a pain clinic.

However, he did consider the possibility of another drug

namely PREGABALIN which I shall start on later today Hopefully this will solve my problem. If it does not I shall write to the Minister of State for the Department of Health about my difficulties, but meanwhile I am... deeply grateful for all your help.

Yours sincerely

[redacted]

RECEIVED
01 JUL 2008

[redacted]

25.06.08

Dear Mr. [redacted]

Thankyou for your letter regarding the co-proxamal tablets.

I was very interested in the explanation and realise how dangerous they could be even by 'accident'.

Thankyou again

Yours sincerely

[redacted]

[redacted]

From: [redacted]@[redacted]
Sent: 17 April 2008 18:24
To: MHRA Information Centre
Subject: FW: [redacted] - co-proxamol prescribing
Follow Up Flag: Follow up
Flag Status: Yellow

Dear Sir,

I am a GP in [redacted] with a patient who is struggling to find a substitute for co-proxamol. Your website says "We recognise that there is a small group of patients who are likely to find it very difficult to change from co-proxamol or where alternatives appear not to be effective or suitable. For these patients, following cancellation of the licences at the end of 2007 there is a provision for the supply of unlicensed co-proxamol, on the responsibility of the prescriber. " Can you tell me what I need to do other than continue writing GP10's for co-proxamol? Do I need to record this in a special way?

Thanks,

[redacted]

[redacted]

From: [redacted]
Sent: 11 June 2008 06:16
To: [redacted]

Subject: "Co-proxamol withdrawal to prevent 300 deaths per year in UK"
Follow Up Flag: Follow up
Flag Status: Yellow

Is the danger with painkillers like Darvon and Darvocet a political question?

New study says: "Co-proxamol withdrawal to prevent 300 deaths per year in UK"

Dear Friend,

I wrote to you a while ago about the danger with painkillers like Darvon/Darvocet/Co-Proxamol and Distalgesic – containing the substance (dextro) PROPOXYPHENE. (DXP). Then I also sent you the links to YouTube and Wikipedia where we inform about the drug that has been around since 1957. We have done research on DXP since 1993, and thanks to us quite hard restrictions - when DXP was to be prescribed – have been implemented in Sweden as well as in UK. In this mail I will inform you about two new studies that show what has happened when Darvon/Darvocet/Co-Proxamol and Distalgesic were withdrawal, how many lives have been saved.

Recently a study from The Medical Product Agency in Sweden was presented. Unfortnutly the study is at the moment just in Swedish, but I will show you a picture that shows how the numbers of death due to DXP-drugs was reduced after the restrictions were implemented 2001 and 2005. During the years 1992-1999 some 200 persons were poisoned to death every year due to poisoning from DXP in Sweden. In year 2006 some 50 persons were poisoned to death. During the years – 2001 – 2006 - approximately 500-600 "have been saved" from dying from DXP.

[redacted]

The consumption of DXP in Sweden has been reduced 70-80 percent since restrictions were implemented.

[redacted]

Today I red an article **Co-proxamol withdrawal has reduced suicide from drugs in Scotland,** from the years 2000-2004 compare to 2006 and the decrease will continue. "Co-proxamol was responsible for 21.8% of deaths between 2000 and 2004, but only 7.8% in 2006", Co-proxamol = Darvon, Darvocet or Distalgesic. The article is published in Br J Clin Pharmacol. 2008 May 16. You find a report of the article here - " Co-proxamol withdrawal to prevent 300 deaths per year in UK http://www.pulsetoday.co.uk/story.asp?sectioncode=23&storycode=4119203&c=2

and the summary is here:

http://www.safetylit.org/citations/index.php?fuseaction=citations.viewdetails&citationIds%5B%5D=citjournalarticle_87535_1

Two articles from the two different countries are saying the same thing – when restrictions are implemented hundreds of lives have been saved.

We know that during the year 2004 there were 24 millions prescription of Propoxyphene in US, and in kg – for 2004 - it was **110 041 kg** – and in **UK** it was **20 001 kg**. In Sweden the yearly consumption of propoxyphene during the years 1992-1999 was **2400 kg** every year. This 2400 kg per years caused 200 fatal deaths every year in Sweden. (The consumption of propoxyphene in kg - according to INCB - The International Narcotic Control Board, Vienna).

I also send you the link to Wikipedia and Dextropropoxyphene/Propoxyphene

http://en.wikipedia.org/wiki/Dextropropoxyphene (English version)

In Sweden the "DXP-question" was raised in the parliament fem - six times – in different ways. I think it is very important for politicians to pay attention to this very difficult and very sad story, the story about "unnecessary" fatal deaths due to a badpainkiller. Political influence is important to stop this fatal drug. As you see hundreds of lives have already been saved in UK and in Sweden –

and it will soon be thousand of save lives when the true will appear to people in FDA in US. As you know, Public Citizen sent a petition to FDA February 28th 2006, [redacted] and FDA promised an answer after six months, that was in the end of August 2006. We still have not got an answer. Why??

The [redacted] need your support – and this support could save lives.

With kind regards

[redacted]

[redacted]

From: [redacted]
Sent: 20 May 2008 15:18
To: MHRA Information Centre
Cc: [redacted]

Request

"Information MHRA holds which records how a decision was reached to withdraw co-proxamol along with Drug analysis prints for each year co-proxamol was on the UK market"

[redacted]

From: [redacted]
Sent: 05 April 2008 10:58
To: MHRA Information Centre
Subject: Replied - alternative to coproxamol
Follow Up Flag: Follow up
Flag Status: Yellow

I am 77 years old, female and registered disabled. I have had [redacted] and [redacted] for 10+ years and during that time I have taken coproxamol with no ill-effects. I am unable to tolerate NSAIDS (anaphylactic shock) and my GP refuses point-blank to prescribe coproxamol. Urgent advice please.

[redacted]

[redacted]

From: [redacted]
Sent: 18 April 2008 11:27
To: MHRA Information Centre
Subject: FW: [redacted] - co-proxamol
Follow Up Flag: Follow up
Flag Status: Yellow

Good Morning,

I have had a query from a community pharmacy regarding Co-proxamol. The wholesaler is still supplying generic co-proxamol with a Product license/ marketing authorisation (PL) number.

I note you guidance http://www.nelm.nhs.uk/Record%20Viewing/viewRecord.aspx?id=588567 which states that the wholesalers have been asked for a voluntary withdrawal of co-proxamol with marketing authorisation number from the end of December

'However, the agency states that following withdrawal of the MAs, it will remain legal to continue to supply co-proxamol released into the normal distribution chain prior to 31 December 2007 up until the product expiry date on the label has passed. '

In light of the statement (in italics above) I would like to clarify if it is therefore **not** legal to supply co-proxamol with a MA/PL number if it is supplied to the pharmacy after the end of December 07 as in this case.

Thanks in advance for your help,

Kind Regards,

[redacted]

[redacted]

From: [redacted]
Sent: 26 April 2008 11:08
To: MHRA Information Centre
Subject: Replied - Co-proxamol prescribing

Follow Up Flag: Follow up
Flag Status: Yellow

Can you please inform me as to the exact position of the availability of Co-proxamol and the restrictions on prescribing, particularly in primary care. There seems to be great confusion amomgst prescribers as to their ability to use this drug for their patients.

With thanks

[redacted]
Consultant in Chronic Pain Management
[redacted]

e-mail: [redacted]

[redacted]

From: [redacted]@[redacted]
Sent: 04 March 2008 15:45
To: MHRA Information Centre
Subject: replied - coproxamol versus morphine
Follow Up Flag: Follow up
Flag Status: Yellow

Dear Sir or Madam,

With regards to the guidelines published in 2004 advising on the switching of patients from coproxamol to other analgesics am I correct in thinking that you would advocate the use of morphine, oxycodone or fentanyl in patients with chronic long term pain such as those with severe osteoarthritis of the spine and osteoporotic collapse even though these patients were well controlled on coproxamol?

My concern is that for patients stabilised on coproxamol, often over many years, the switch to such powerful analgesia with the increased risks of side effects (especially nausea and sedation) and addictive properties, despite the recent BMJ article suggesting addiction in these patients is less of a problem than first thought, would cause such patients to be subjected to a greater risk from medication than if they were to continue on coproxamol. I agree that alternative analgesics up to and including dihydrocodeine together with full dose paracetamol, NSAI and anti-convulsants such as gabapentin is appropriate but that if the patient was still suffering from pain or unacceptable side effects a switch back to coproxamol at this stage would be more appropriate.

I appreciate that the prescriber will still be responsible for any adverse effects should he chose to prescribe coproxamol but medico-legally he should be on safe ground providing he has tried all other alternatives. My question is should all other alternatives include the stronger opiates (ie. Morphine, pethidine, fentanyl, buprenorphine, oxycodone)? - especially in patients previously well controlled on coproxamol previously.

Thankyou for your advice,

Yours faithfully,

[redacted]

[redacted]

From: [redacted]
Sent: 02 March 2008 16:57
To: MHRA Information Centre
Subject: [redacted]Press Office,[redacted],[redacted]- Co-Proxamol on YouTube and Dextropropoxyphene on Wikipedia
Follow Up Flag: Follow up
Flag Status: Yellow

Dear Friend,

I hereby send you the script to my [redacted]video and the link to Wikipedia and Dextropropoxyphene

http://en.wikipedia.org/wiki/Dextropropoxyphene (English version)

http://sv.wikipedia.org/wiki/Dextropropoxifen (Swedish version)

Up to now 844 persons have looked at the video,

This is a message From

[redacted]

Friends,

I would like to tell you a story, a very sad story about a painkiller that has beenaround in the American society since 1957 – that is exactly 50 years. The name ofthe drug is DARVON or DARVON-N or DARVOCET. It is basically the same drug. InEurope the drug is called DISTALGESIC or CO-PROXAMOL. The working substance inthe drug is PROPOXYPHENE or DEXTROPROPOXYPHENE as we call it in Europe.

We think drugs - containing PROPOXYPHENE - are the worst drugs ever, among prescribed drugs. No single drug in the history has caused so many fatal deaths asthese drugs have done during the last 50 years.

How come I can sit here and say that? Are you supposed to believe me?

[redacted] And to get our alarming data outside the academic world, we also wrote a popular science version of our research [redacted]

We think we have studied the consequences of using PROPOXYPHENE in a quite proper way, and therefore we will tell this sad story about a drug that probably have killed more people than any drug in the history.

One of the Big Pharmas in US, Eli Lilly "invented" PROPOXYPHENE in 1953 and it tooksome years before it came out on the market. There was a need for a painkiller without side effects in the early 50s – and Lilly found PROPOXYPHENE. Have you heard this story before - a drug without side effects???

The drug was called DARVON – I am sure you have heard about it - and it became immediately very popular. It was not for the pain killing effects the drug became a financial success. Later on, studies showed that the pain killing effect was not better than aspirin or acetaminophen – like Tylenol. The users felt good, because DARVONi s an opiate – close to methadone, morphine and heroin – and it influence you rbrain, you feel good. The drug influences your Central Nervous System.

As I told you before, we have studied PROPOXYPHENE[redacted] Our main resultwas that during the investigated years 1992 – 1999 - 8 years - 200 persons in Sweden, were poisoned to death every year due to PROPOXYPHENE – poisoning. 200 persons died every year because they used a very popular painkiller and we thingthis was very alarming. Sweden is a quite small country we have just about 9 millioni nhabitants. In United States there are soon 300 million inhabitants and we knew, thanks to international statistics, that the American people used even more

PROPOXYPHENE that the Swedish people did. Is it therefore possible for us to assume that there is more that 30 times as many fatal deaths in United States as in Sweden.

Yes, we think so.

If we look at the consumption of PROPOXYPHENE in United States compared to Sweden, we find some very interesting figures. The average consumption of PROPOXYPHENE in Sweden - during the investigated years 1992-1999 - was 2 400kg/year. In United States you consumed an average of 99 400 kg/year. It is morethan 41 times as much in US than in Sweden. Is it possible that the numbers of fataldeaths in US are 4 times more??? What do you think?

Here are some more figures. We know that consuming 2 400 kg/year in Sweden, caused 200 fatal death every year. You can say that it became one fatal death for consuming every 12 kilograms in Sweden. I think you understand and accept the metaphor. How many fatal death could that be if you consumed 99 400 kilogram ayear in US??

The numbers are so high, you will not even think about them. And it gets even worse if you think back 50 years, consuming 80 – 90 - 100 000 kilograms a year in50 years!!! In 2005 the consumption was 110 040 kg.

I will also mention some figures about the PROPOXYPHENE-situation in United Kingdom. They have also had huge problems with fatal poisonings due to PROPOXYPHENE. In the year 2004, some 1,5 million persons got 7,5 million prescriptions on their version of PROPOXYPHENE, namely CO-PROXAMOL. These 7,5 million prescriptions became more than 900 000 000 CO-PROXAMOL pills. In the same yearthere were around 24 million prescriptions in United States, these 24 million prescriptions became almost 3 billion pills containing PROPOXYPHENE. This is 3 followed by nine zeros...

The medical product authorities in UK; the MHRA, decided January the 31st, 2005 that PROPOXYPHENE – products would be phased out in the country till the end of the year. They did not succeed doing that. Why, there were so many problems to stop using the drug for the users, so many side effects, so much suffering to get rid of the drug.

MHRA then decided the drug to be out of the market in the end of the year 2006,but they did not succeed this time either. Today - the MHRA are saying that thedrug definitive will be out of the market last December this year. Will they do that??? I do hope so.

Why do not the US authorities inform the American society about these harming drugs? We can put the answer in just two worlds, THE LAW. We have different laws in Sweden and in US. In Sweden we have one federal law for all four branches of the forensic medicine, which are medicine, chemistry, psychiatric and genetics.

In United States you have different laws in different states. In some states you havethe old English system of CORONERS – and they are more investigators than medical doctors, you also have the MEDICAL EXAMINER SYSTEM, and they are medical doctors,
but usually not specialists in forensic medicine.

And most important of all, in Sweden, the medical doctors take a blood test of all dead persons that come to the forensic medicine station. And these blood tests areall screened for every legal drug there is in Sweden, and that includes PROPOXYPHENE.
Thanks to that routine we find our PROPOXYPHENE-cases, and unfortunately you do not find so many PROPOXYPHENE cases.

In Unites States, the decision to take a blood test is on the level of every one of the3 200 counties in the country. And by many reasons the needed blood tests aremostly not taken. I think this is a big problem for your country, you loose lots ofimportant information in many areas of medicine, missing the prevalence of PROPOXYPHE is just one.

I would like say a few more worlds about who are responsible for these tragedies, the many fatalities due to poisoning from PROPOXYPHENE. The manufacturers are as I said earlier - ELI LILLY. The have earned billions of dollar during the last 47 or48 years. Why do I not say the last 50 years?

The reason I say 47 or 48 years is that ELI LILLY sold the rights to their brands DARVON and the others - to some less known US pharmaceutical companies. And thesecompanies were apparently not aware of our research. If they have known about this research, they would have been stupid to get into this crazy business of a drug thatkills. LILLY has known about research since 1999 – at least in Sweden. We have printed proof for that.

LILLY is afraid of the consequences when the drug will be banned. They are afraid of how many people that will sue them because they have lost some dear ones, a father, a mother, a brother, a sister, a cousin, an aunt, an uncle or just a very closefriend – that have died after that they have used a painkiller, fore example DARVON,DARVON-N or DARVOCET.

Do you remember VIOXX?? This drug was withdrawn from the market in 2004. The manufacturer, MERCK & Co, said that there was in increasing risk to get heart problem when using VIOXX. They talked about increasing risk,we talk about fatal deaths,
thousands of fatal deaths – just in United States. Now MERCK & CO has to pay billions of dollars in damages.

You can say, that ELI LILLY, almost to the last minute - earned millions of dollarsevery year on their PROPOXYPHENE-drugs. Both in Sweden and in UK they did thesame thing. They sold DISTALGESIC to another company in Sweden and UK. Kind of a surprise for this company MEDA – they bought a drug that was banned just after a short time.

Money are apparently more important than human lives for ELI LILLY, It is a simpleas that.

I would like to finish this message by telling you how things could develop. After restrictions were implemented twice in Sweden, 2001 and 2005, thanks to our research - we now can say that 500 – 600 lives have been saved, just in Sweden.

During 1992-99 some 200 persons were poisoned to death every year. The Medical Product Agency in Sweden recently informed that during the year 2005, 56 personswere poisoned to death. And we feel proud of what we have done.

We now feel a moral obligation to inform about the dangers with PROPOXYPHENE allover the world. And we know that, when the FDA will ban DARVON and the OTHER PROPOXYPHENE-brands, lots of lives- thousands and thousands - will be saved in Unites States. If the FDA doesn't do that, the sad story continues.

We thank you for watching this video.

Good bye

[redacted]
Cellphone [redacted]
http://www[redacted]

-----Original Message-----
From: [redacted] [mailto:[redacted]
Sent: 17 March 2008 10:17
To: MHRA Information Centre
Subject: co-proxomol!!!!!!

Dear Sir/ Madam

Re:Co-proxomol

I am aware that co-proxomol tabs are unlicensed from 1st of January 2008 and we can only obtain it from clinigen as names patient basis.
But our supplier AAH has not been aware and been sending stocks in if the order key was pressed by mistake.
Can you pls clarify this situation and inform us as if we can obtain stocks from AAH.

Thanks

[redacted]

[redacted]

From: [redacted]
Sent: 29 March 2008 15:53
To: MHRA Information Centre
Subject: Replied - Co-proxamol Withdrawal
Follow Up Flag: Follow up
Flag Status: Yellow

Dear Sir/Madam

I am writing with respect to the withdrawal of Co-proxamol. I understand that the main reason for withdrawal is that a high number of people commit suicide with them. I am sure there are many other drugs/tablets that can be purchased 'over the counter' at chemists that people could use that would have the same result. How about Asprin/Paracetamol/Codeine and bear in mind that Co-proxamol could only be obtained on prescription!

I have been on Co-Proxamol for many years now and found them to be brilliant for my conditions and dealing with my constant pain. Since the beginning of this year (3 mths) I have tried Co-codamol (8/500) and Dihydrocodeine to get to sleep. Co-codamol is absolutely useless and mixed with Dihydrocodeine gives horrific side affects.

I have read many reports from organisations such as yourselves and the CSM and can only say that these decision makers obviously have never been reliant on Co-proxamol. I know many people have serious problems with the withdrawal of Co-proxamol and many doctors are also against its withdrawal as it causes them serious problems with their patients. I also know that many doctors also consider it was a stupid decision.

My final comment is thank you for making my life hell!!!

[redacted]

[redacted]

****

[redacted]

Tel: [redacted]

Mobile: [redacted]

Email: [redacted]

[redacted]

From: [redacted]
Sent: 05 February 2008 15:37
To: MHRA Information Centre
Subject: Replied - Co-Proxamol
Follow Up Flag: Follow up
Flag Status: Yellow

Hi

Please could you confirm for me whether Co-Proxamol is now to only be supplied on a named patient basis or is it just that the product is unlicensed? I was under the impression it was only going to be available on a named-patient basis but when you place orders with [redacted] you do not have to provide them with any patient details so I just wanted to confirm the status of the product.

Thanks

[redacted]

[redacted]

From: [redacted]@[redacted]
Sent: 15 February 2008 17:05
To: MHRA Information Centre
Subject: [redacted]- Co-proxamol record keeping
Follow Up Flag: Follow up
Flag Status: Yellow

We would like some clarification around record keeping for unlicensed medicines in particular Co-proxamol. We are concerned because despite it no longer being a licensed product it continues to remain a high volume item.

We would like some guidance as to whether pharmacies need to keep records as they would for "specials" as stated in **MHRA Guidance Note No.14.**

Regards,

[redacted]

[redacted]

From: [redacted]
Sent: 20 February 2008 17:03
To: MHRA Information Centre
Subject: Replied - Co-proxamol tablet withdrawl.
Follow Up Flag: Follow up
Flag Status: Yellow

I would be grateful to recieve some advice regarding the withdrawl of co-proxamol tablets a few years ago. I was prescribed these tablets for a number of years for a long standing [redacted]problem, which although was dealt with surgically still causes me considerable pain and discomfort. I have tried various other pain killing tablets such as Tylex,co-codomol and diahydrocodiene which have never felt to provide the same relief as when I was taking taking co-proxamol.
I work for the ambulance service and have recently noticed that while taking patients into hospital that a few patients are being prescribed co proxamol tablets. So my question is, is is still possible for GP's to prescribe these tablets on a named patient basis? I live in [redacted]and would like to recieve some advice before visiting my doctor to discuss this.
Thank you for taking the time to deal with this, look forward to your response.

081252.

[redacted]

30th June 2008

The Correspondence Unit
The Medical Healthcare Regulations Office
Market Towers
1 Nine Elms Lane
London
SW8 5NQ

Dear Sir or Madam,

Freedom of Information Request
Analgesic: Coproxamol

Further to my letters of 23rd January 2008 and 23rd June 2008.

Under the freedom of information laws, please can you supply me with a copy of each letter, or email that you have received relating to your withdrawing the painkiller Coproxamol for the period

1.1.2008 to 30.06.2008.

Please note, this request is slightly different to my earlier one which asked for information relating to the 2007 calendar year. I now need to ask for the equivalent documentary copies for the first six months of 2008. Thankyou.

Yours faithfully,

[redacted]

081242

From:
> Sent: 27 June 2008 20:24
> To:
> Cc: > Subject: Statutory Request

> You recently wrote to me and stated...
> "Please be aware that as far as MHRA is concerned we have provided you with all the information we can and we therefore do not intend to correspond with you further on this topic."
>
>My apologies, but I find your tone contains the arrogance of a person who assumes he is above the law, and beyond reason. In fact your attitude seems to represent the hallmark at the MHRA. Above and beyond accounting for the catastrophic failure of the MHRA "Named Patient" system of Coproxamol prescription post 1st Jan 2008 MHRA Ban.

> Collectively burying its beaurocratic head in the sand, in the hope that ALL of the 1,700,000 patients originally prescribed Coproxamol will either go away, or just die (coincidentally in excrutiating, unmanaged pain). Wrong.
>
You may be dissapointed to learn, but you WILL correspond with me on this topic for as long as it takes. In fact, the more I research the MHRA the more I find it to be a malfunctioning organisation in need of a forceful root and branch overhaul.
>
As your organisation has effectively removed all pain control from my life, and I can no longer work or earn a living, I have some time, between unmanaged acute and chronic inoperable pain episodes, to study the disaster that is your employer, the MHRA.
>
So, to start, I am now REQUIRING you to correspond with me on the topic of Coproxamol in terms of the Feedom of Information Act.
>
I require you to provide me with copies of all letters and emails that the MHRA have received between 1st January 2008 and 27th June 2008 on the subject of Coproxamol.
>
These should be appropriately redacted to avoid spurious refusal of this request.
>
> They will be sent to:

[text redacted]

For the sake of good form, please acknowledge and time date receipt of this Statutory Request made of you.
>
Legally, you have 20 days to respond, and you will respond.
>
> Thankyou.
>

Fo108/243

[redacted]

Medicines & Healthcare Products Regulatory Agency,
Market Towers
1 Nine Elms Lane
London
SW8 5NQ

[redacted]

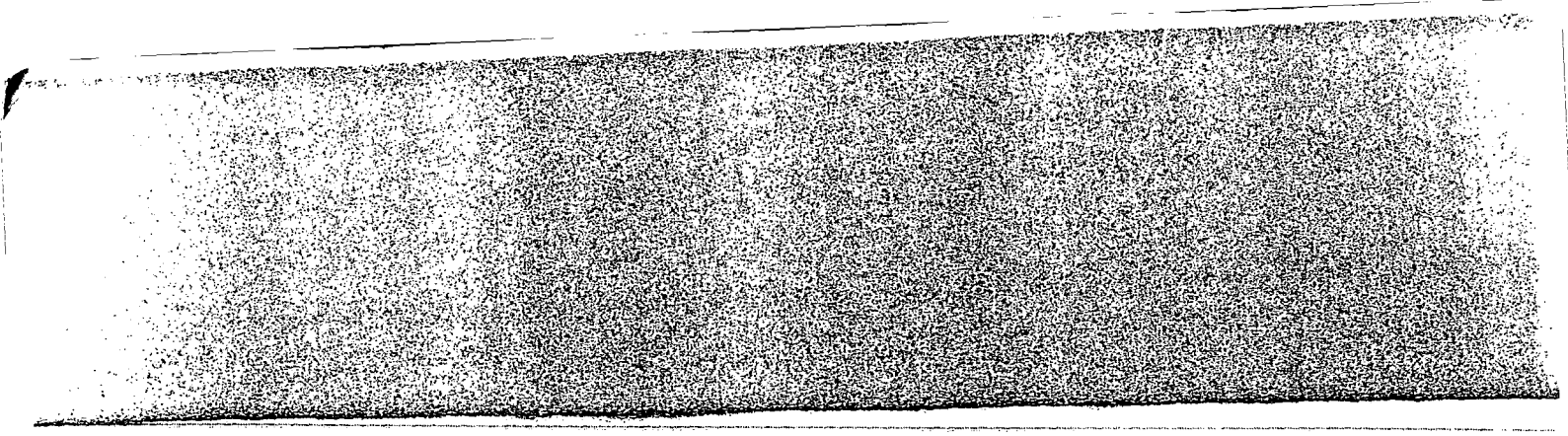
28th June 2008

Dear [redacted]

This is a formal request Under **The Freedom Of Information Act** for copies of all letters and E-mails you have received on the subject of Co-proxamol for the 18 month period from 1st January 2007 to 30th June 2008.

Sincerely

[redacted]



From: [redacted] [mailto:[redacted]
Sent: 05 February 2008 15:09
To: [redacted]
Subject: co-proxamol

FOI 08/048

RE co-proxamol
Could you please give me the following information for the above painkiller

1 The number of deaths prior to it becoming a named patient drug.

2 The number of deaths after becoming a named patient drug.

yours sincerely
[redacted]

FOI 08 - 017.

Subject: FW: FREEDOM OF INFORMATION REQUEST 15 Jan 2008

Please note the FOI email below from [redacted] - grateful if you would start the process Many thanks [redacted]

[redacted]

-----Original Message-----
From: [redacted] [mailto [redacted]
Sent: 15 January 2008 22:57
To: [redacted]
Cc: [redacted]
Subject: FREEDOM OF INFORMATION REQUEST 15 Jan 2008

Dear [redacted]

I would be most grateful if, under the Freedom of Information legislation, you would be kind enough to supply me with the following:-

1. Copies of all letters concerning the subject of Coproxamol either received by, or sent by the MHRA between 1st December 2007 and 15th January 2008. All appropriately redacted to remove any personal or Data Protection Act material.

2. Copies of all emails concerning the subject of Coproxamol either received by, or sent by the MHRA between 1st December 2007 and 15th January 2008. All appropriately redacted to remove any personal or Data Protection Act material.

3. Copies of all faxes concerning the subject of Coproxamol either received by, or sent by the MHRA between 1st December 2007 and 15th January 2008. All appropriately redacted to remove any personal or Data Protection Act material.

Many thanks and best regards,

[redacted]

FOI 08 162

[redacted]

From: FOI_Website_Request@mhra.gsi.gov.uk
Sent: 12 May 2008 05:33
To: FOI_request
Subject: FOI 08/162 - FOI Website Request Mon May 12 05:33:06 BST 2008

Follow Up Flag: Follow up
Flag Status: Yellow

Details of information required:
Please provide all details of the decision making process involved in the withdrawal of the drug known as "Co-proxamol".

Information to include:-

All consultations (include companies, individuals organisations and their respective contact details)

Specific pharmaceutical companies that expressed an interest and their respective representatives and contact details.

Specific individuals that expressed an interest and particulars of said interest.

All pertaining medical diagnoses associated with the prescription of the drug submitted as part of any consultation process.

Details of all or any appeals made subsequent to the withdrawal of the drug.

Details of the criteria and statistical analysis methods associated with any risk assessment carried out on the medicine leading to its withdrawal. Include identifiable and verifiable sources of data.

Thank you for your cooperation.

FOI 08 - 014

Fawbert, Stephen

From: [redacted]
Sent: 16 January 2008 00:42
To: MHRA Information Centre
Subject: FOI 08/014 - Freedom of Information Act - coproxamol

Follow Up Flag: Follow up
Flag Status: Yellow

Freedom of Information Officer -[redacted]

Please can you send me copies of all letters and emails the MHRA have received between 1st january 2007 and 31st December 2007 relating to the MHRA withdrawal of Coproxamol? Please can you arrange for the documents to be appropriately redacted to avoid refusal of this request under data protection grounds.

Please can you send these to me via Royal Mail (and not email) to me at

[redacted]

Thank you for your time.

Regards

[redacted]

[redacted]

23rd January 2008

The Correspondence Unit
The Medical Healthcare Regulations Office
Market Towers
1 Nine Elms Lane
London
SW8 5NQ

Dear Sir or Madam,

Analgesic: Coproxamol

I was speaking with my neighbour about the delay in re-opening his business, and he advised me that this is because he cannot work, as his pain relief medication has been stopped by you, and that all other experimented relief has failed. He mentioned that you don't know how many people you have left in this position, but apparently it could be up to 70,000 according to a government debate in Parliament a year ago.

I am looking to research an article and understand that you have many letters of concern surrounding the issue. Therefore under the freedom of information laws, please can you supply me with a copy of each letter, or email that you have received relating to your withdrawing the painkiller Coproxamol for the period 1.1.2007 to 31.12.2007. Thankyou.

Yours faithfully,

[redacted]

[redacted]

23rd June 2008

The Correspondence Unit
The Medical Healthcare Regulations Office
Market Towers
1 Nine Elms Lane
London
SW8 5NQ

Dear Sir or Madam,

Appeal: Freedom of Information Act
Analgesic: Coproxamol

Further to my request for information as per the attached request. (08.031)

Unfortunately nothing appears to have been done about this, so I would be grateful if you could accept this letter as a formal appeal under the Freedom of Information Legislation asking why you are not progressing my enquiry.

Thankyou.

Yours faithfully,

[redacted]

Safeguarding public health

MHRA

[redacted]

1 July 2008

FOI 08/031

Dear [redacted]

Thank you for your letter of 23 June about your FOI request. I am sorry the information I sent you in February did not arrive.

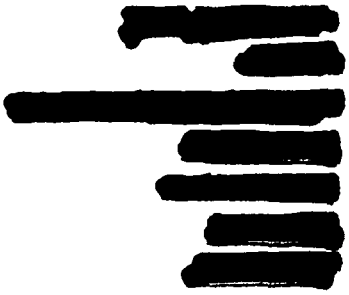
I am sending it again, this time by Special Delivery. Perhaps you would be kind enough to let me know when it arrives.

Yours sincerely,

[redacted]

FOI Coordinator VRMM Division
Room [redacted]
020 7084 [redacted]

Enc



The Medical Healthcare & Regulation Authority
Market Towers
1 Nine Elms Lane
London
SW8 5NQ

25th June 2008

Dear Sir or Madam,

Freedom of Information Legislation: MHRA / Coproxamol

I was speaking with a friend about the delay in re-opening his business, and he advised me that this is because he cannot work, as his pain relief medication has been stopped by you, and that all other experimented relief has failed. He mentioned that you appear not to know how many people you have left in this position, but apparently it could be up to 70,000 according to a government debate in Parliament a year ago.

I am looking to study the matter in a little more detail and understand that you have many letters of concern surrounding the issue. Therefore under the freedom of information laws, please can you supply me with a copy of each letter, or email that you have received relating to your withdrawing the painkiller Coproxamol for the periods:-

1]..... 1.1.2007 to 31.12.2007.
2]..... 1.1.2008 to 25.06.2008.

Thankyou.

Yours faithfully,

see also FOI 08/014
08/017
08/031