Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

HERTFORDSHIRE AND WEST ESSEX AREA PRESCRIBING COMMITTEE (HWE APC)

GLYCOPYRRONIUM BROMIDE FOR HYPERHIDROSIS
NOT RECOMMENDED

Name: generic	What it is	Indication	Date decision last revised	Decision status	NICE / SMC Guidance
Glycopyrronium Bromide	Anticholinergic	Hyperhidrosis	HMMC July 2014 WEMOPB 2017	Final	None. EoE Priority Advisory Committee Recommendation

Recommendation:

Glycopyrronium Bromide is NOT recommended for the treatment of hyperhidrosis in both primary and secondary care.

Recommendations for oral anticholinergic choices to treat hyperhidrosis:

1. **Oxybutynin immediate release** (IR, off-label) should be prescribed in preference to glycopyrronium bromide (unlicensed/off-label) or propantheline bromide (less effective):
   - Start with 2.5mg daily and gradually titrate according to response.

2. **Alternative options** could be offered if oxybutynin effective but not well tolerated:
   - Consider the use of anticholinergic treatment choices in line with the local Urinary Incontinence (UI) Guidelines (off-label use).

Patients prescribed oral glycopyrronium bromide should be reviewed and considered for a change to oxybutynin IR (or an alternative anticholinergic in line with the local UI Guidelines) (all off-label use).

Summary of Evidence to support Recommendations

Systemic

- Glycopyrronium bromide tablets or oral solution/suspension are unlicensed/off-label for hyperhidrosis & often high cost.
- Oxybutynin IR (off-label) appears to be equally effective with a similar (low) level of evidence, is widely available at a fraction of the costs of glycopyrronium bromide and clinicians are familiar with use in the treatment of UI.
- Based on pharmacology, other anticholinergics (used off-label) should offer similar effects.
- The only anticholinergic licensed for hyperhidrosis is propantheline bromide. Published evidence of efficacy is limited and it is considered to be less effective compared to oxybutynin and glycopyrronium bromide.

Topical

- Iontophoresis with glycopyrronium bromide is not recommended as the level of evidence for adding glycopyrronium bromide solution is weak and costs in primary care are prohibitive. It is not appropriate for on-going prescriptions to originate from secondary care as patients could be discharged from the service after a successful trial of iontophoresis.
- Topical glycopyrrolate in a solution or cream (0.5%-4%) is not available commercially but can be prepared by a specials manufacturer and products are often high cost.
- The level of evidence for topical glycopyrronium is weak.

The above Recommendations and Evidence Summary is adapted from the East of England Priority Advisory Committee Policy Document: Management of Hyperhidrosis: http://www.prescqipp.info/

Version	2.0 Harmonisation of Hertfordshire Medicines Management Committee (HMMC) guidance and West Essex Medicines Optimisation Programme Board (WEMOPB) guidance updates include: • Rebadging with HWE ICB and removal of ENHCCG and HVCCG headers • Review date removed and replaced with standard statement.
Developed by	Hertfordshire Pharmacy and Medicines Optimisation Team
Approved by	HMMC and WEMOPB
Date approved/updated	HMMC July 2014 WEMOPB 2017
Review date:	The recommendation is based upon the evidence available at the time of publication. This recommendation will be reviewed upon request in the light of new evidence becoming available.
Superseded version	1.0