South East London Area Prescribing Committee
Formulary recommendation

Reference	**077**
Intervention:	**Propantheline bromide and oxybutynin tablets for the management of hyperhidrosis in ADULTS** (Propantheline and oxybutynin are antimuscarinic agents)
Date of Decision:	**September 2017**
Date of Issue:	**October 2017**
Recommendation	**GREEN – can be prescribed within agreed criteria for use in primary or secondary care**
Further Information:	• Propantheline bromide and oxybutynin (immediate release [IR] and modified release [MR]) are accepted for use in SEL for the management of hyperhidrosis. • Either of these agents may be considered in patients with a diagnosis of hyperhidrosis where there is failure to respond to a trial of topical antiperspirants (e.g. aluminium hydrochloride) and other measures outlined by NICE CKS. Topical antiperspirants should be tried for at least 3-6 months. • Propantheline is licensed for use in hyperhidrosis in the UK. Use of oxybutynin in hyperhidrosis is off-label. • The Committee accepted that whilst the overall evidence base for oral antimuscarinic treatments in hyperhidrosis is of low quality, the evidence for oxybutynin **IR** is of better quality than that for propantheline. Oxybutynin **IR** is therefore recommended as the **first line** option and propantheline as a second line option. • As data for oxybutynin cover the IR formulation, this is preferred to the MR version. Additionally, the IR formulation offers a faster onset and allows easier dose titration. • Patients who experience adherence issues with oxybutynin IR may be tried on oxybutynin MR or propantheline with review at one month. • Patients should be reviewed a month after each treatment is started and treatment withdrawn if there is no improvement in the hyperhidrosis disease severity scale (HDSS*) score or if there are side effects that can't be tolerated. • A local pathway will be developed to support this recommendation and clearly outline the place in therapy of each agent and when patients should be referred to dermatology. • Many medicines have anticholinergic activity as a secondary pharmacological effect (e.g. some antipsychotics, antidepressants, furosemide, some antiepileptics), and the additive cholinergic burden should be considered if oxybutynin or propantheline are to be considered in patients taking other agents with anticholinergic activity. *The HDSS is a commonly used measure of hyperhidrosis. Range 1-4 with a score of 1 or 2 indicating mild hyperhidrosis, and a score of 3 or 4 indicating severe hyperhidrosis.
Shared Care/ Transfer of care document required:	N/A
Cost Impact for agreed patient group	• It is estimated that there might be 75 patients per year in SEL suitable for treatment with antimuscarinics. If it is assumed: 50% are prescribed oxybutynin immediate release, 25% oxybutynin slow release and 25% propantheline this would equate to a cost impact of £17,475 for South East London. • However, as these treatments are on the formulary for other indications there may have been some historic prescribing. Also, these costs would need to be off-set by costs of alternative treatment that costs more, which includes topical glycopyrronium, iontophoresis and botulinum toxin.

Cost Impact for agreed patient group	• Although not quantified, supporting initiation of these agents in primary care may also reduce referrals and follow up appointments. • Implementation of routine antimuscarinic use for hyperhidrosis is therefore likely to be cost saving in the long-term.
Usage Monitoring & Impact Assessment	**Trusts:** Monitor usage and report back to APC when requested. Audit to ensure use in line with this recommendation and local pathway. **CCGs:** Monitor primary care prescribing data. Audit to ensure use in line with this recommendation and local pathway.
Evidence reviewed	**References (from evidence evaluation):** 1. Cruddas L, Baker D. Treatment of primary hyperhidrosis with oral anticholinergic medications: a systematic review. Journal of the European Academy of Dermatology and Venerology 2017 31 p952-963 2. Hyperhidrosis: oxybutynin. Evidence Summary (ES) 10. National Institute for Health and Clinical Excellence March 2017 3. Hyperhidrosis. Clinical Knowledge Summaries. Available online at: https://cks.nice.org.uk/hyperhidrosis (accessed 21/08/2017) 4. Barry J, McKay G, Fisher M. Propantheline. Practical Diabetes 2017 34 (3) p104-105 5. Pro-Banthine. Summary of Product Characteristics. Available online at: http://www.medicines.org.uk/emc/medicine/18550 (accessed 21/08/2017) 6. Lee K, Level N. Turning the tide: a history of hyperhidrosis treatment. Journal of the Royal Society of Medicine 2013 5(1) p1-4 7. Ditropan 5 mg tablets. Summary of Product Characteristics. Available online at: http://www.medicines.org.uk/emc/medicine/26113 (accessed 21/08/2017) 8. Palliative Care Formulary, 5th Edition, p5. 9. Cunliffe W, Johnson C. Gustatory Hyperhidrosis, a complication of thyroidectomy. British Journal of Dermatology 1967 79 (10) p519-526 10. Canaday B, Stanford R. Propantheline bromide in the management of hyperhidrosis associated with spinal cord injury. Annals of Pharmacotherapy 1995 29 (5) p489-492 11. Mueller C, Berensmeier A, Hamm H et al. Efficacy and safety of methantheline bromide in axillary and palmar hyperhidrosis: results from a multicentre randomised placebo controlled trial. Journal of the European Academy of Dermatology and Venerology 2013 27 p1278-1284 12. Schollhammer M, Brenaut E, Menard N et al. Oxybutynin as a treatment for generalized hyperhidrosis: a randomised, placebo controlled trial. British Journal of Dermatology 2015 173 p1163-1168 13. Wolosker N, Milanez de Campos J, Kauffman P et al. A randomised placebo-controlled trial of oxybutynin for the initial treatment of palmar and axillary hyperhidrosis. Journal of Vascular Surgery 2012 55 (6) p1696-1700 14. Ghaleiha A, Jahangard L, Sherafat Z et al. Oxybutynin reduces seating in depressed patients treated with sertraline: a double-blind placebo controlled study. Neuropsychiatric Disease and Treatment 2012 8 p407-412 15. Silva Costa A, Leao L, Succi J et al. Randomised trial – oxybutynin for treatment of persistent plantar hyperhidrosis in women after sympathectomy. Clinics 2014 69 (2) p101-104

NOTES:

a) Area Prescribing Committee recommendations and minutes are available publically on member CCG websites.

b) This Area Prescribing Committee recommendation has been made on the cost effectiveness, patient outcome and safety data available at the time. The recommendation will be subject to review if new data becomes available, costs are higher than expected or new NICE guidelines or technology appraisals are issued.

c) **Not to be used for commercial or marketing purposes. Strictly for use within the NHS.**