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Prescribing Tip For Information

Part of a series of prescribing tips to support clinicians conducting Structured Medication Reviews (SMRs)

Deprescribing and Reducing Carbocisteine



Carbocisteine is indicated for the reduction of sputum viscosity in patients with respiratory tract disorders.

- ➤ The initial dose is 2.25g daily in divided doses (e.g. 375mg capsules, TWO three times a day).
- Reducing to a maintenance dose of 1.5g daily in divided doses as the condition improves (e.g. 375mg capsules, ONE four times a day or TWO twice a day).¹
- Review 4-6 weeks after initiation to assess benefit and reduce to maintenance dose.
- > Review all patients opportunistically, step down or trial discontinuation to assess benefit.

<u>NICE COPD guidance</u> recommends, only continue mucolytic therapy if there is symptomatic improvement (for example, reduction in frequency of cough and sputum production). Mucolytic drugs should not be used to prevent exacerbations in people with stable COPD.

Carbocisteine is **contra-indicated** in patients with and active peptic ulceration and **cautioned** in those with a history of peptic ulceration (may disrupt the gastric mucosal barrier).¹

Considering Polypharmacy and Cost-effectiveness:

- Ensure carbocisteine is always prescribed generically rather than as Mucodyne.
- Prescribe 375mg capsules not 750mg capsule
 - the 750mg capsule are 6 times more expensive.
- Reducing to a maintenance dose of Carbocisteine reduces daily pill burden by 2 capsules and saves £1.51 per patient per month.

Actions to take

- ✓ Run EMIS search to identify patients prescribed Carbocisteine.
- ✓ Switch patients on 750mg caps to 375mg caps. Inform patients of strength change.
- ✓ Review, reduce and counsel all patients prescribed a **treatment dose** *375mg*, *two caps THREE times a day* to a **maintenance dose** *375mg*, *two caps TWICE a day* when their condition is stable.
- 1. BNF Carbocisteine accessed 6.1.2023