

AMBER 1 GUIDANCE FOR THE PRESCRIBING OF GLYCOPYRRONIUM INJECTION IN PALLIATIVE CARE

1. Background

Glycopyrronium is a synthetic quaternary ammonium compound with non-selective antimuscarinic activity. It has poor oral bioavailability (less than 5%). In Palliative Care, Glycopyrronium bromide is used as a second line agent for drying secretions usually after Hyoscine Butylbromide has been used, although in some centres, Glycopyrronium is first line before hyoscine.

The injection contains Glycopyrronium bromide 200microgram per ml, available as 1ml and 3ml ampoules.

Note Glycopyrronium is licensed for use as an antimuscarinic agent in pre-operative and intra-operative surgical scenarios and as a bronchodilator in respiratory settings. An oral solution is available to treat sialorrhoea in children and an oral tablet is used as add-on therapy for peptic ulcer. Glycopyrronium injection has been approved for use in the National Covid-19 symptom control guidelines.

2. Indication

Glycopyrronium injection is indicated in Palliative Care for the control of secretions. This is an unlicensed use of a licensed medicine. Further information on unlicensed use of medicines is available in the Humber APC unlicensed medicine guideline.

3. Dose/Duration

Treatment will usually be initiated by a prescriber with experience in Palliative Care.

The usual starting dose is 200microgram to 400microgram, by subcutaneous injection, 4-hourly when required up to three times within 24 hours, up to a maximum of 1200microgram in 24 hours. The decision to replace when required (prn) dosing with 24hr syringe driver administration would normally be taken after review of efficacy on a 'when-required' basis.

In bedded units such as hospitals or hospices, treatment often starts with doses of 400microgram, and then as above.

4. Contraindications and Cautions

Contraindications

- Hypersensitivity to Glycopyrronium bromide or excipient;
- Myasthenia gravis.

Cautions

- QT prolongation - pre-existing, or use with other agents with this predisposition;
- Glaucoma: bladder outflow obstruction - see the Electronic Medicines Compendium, for a full list of cautions.

5. Adverse effects

Adverse effects	Action for GP
Constipation	Consider laxative increase, seek expert advice
Dry mouth	Consider saliva substitutes, seek expert advice

The common effects listed above are not exhaustive. For further information always check with BNF www.bnf.org.uk or SPC (www.medicines.org.uk/emc).

6. Drug interactions

The following drugs are known or suspected interactions:	
Interacting Drug	Advice
Drugs with antimuscarinic activity, eg phenothiazine, antihistamines, and tricyclic antidepressants	Monitor for excessive antimuscarinic activity, reduce dose or stop, seek expert advice.
Prokinetics such as metoclopramide and domperidone	Monitor for antagonistic actions, reduce dose or stop, seek expert advice.
Digoxin	Absorption may be reduced due to gut transit time changes - measure digoxin level just before next dose, seek advice.
Paracetamol	absorption may decrease due to gut transit time changes, review dose, seek expert advice.
Sub-lingually administered agents eg Glyceryl trinitrate, lorazepam	Monitor for reduced action due to reduction in saliva, seek expert advice.

The common effects and interactions lists above are not exhaustive. For further information always check with BNF at www.medicinescomplete.com

or SPC (www.medicines.org.uk). (Registration may be required for both.)

7. Pregnancy and Lactation

The manufacturer reports having no information on use in pregnancy or breast feeding. Contact your Medicines Information Department for further assistance.

8. Information for patient

Manufacturer's Patient Information Leaflet is at this link:-

<https://www.medicines.org.uk/emc/product/3389/pil#about-medicine>, accessed 28.2.2024

Document and version control	This information is not inclusive of all prescribing information and potential adverse effects. Please refer to the SPC (data sheet) or BNF for further prescribing information.		
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