

Position Statement on prescribing of acetylcysteine

Ipswich and East Suffolk CCG no longer support the prescribing of acetylcysteine.

N-Acetylcysteine lacks robust evidence for use in respiratory conditions, and was found in a randomised controlled double blind study (PANTHER) to be no better than placebo.

Patients currently receiving N- Acetylcysteine should be reviewed and the medication stopped. If on discontinuation there is an increase in their symptoms of cough, a trial of carbocisteine can be considered at a dose of 750mg BD.

Key points:

- Due to the lack of proven benefit of acetylcysteine in respiratory disorders, we are recommending that all patients have their acetylcysteine treatment stopped. This recommendation is supported by respiratory consultant at Ipswich Hospital Trust.
- NICE CG163 (May 2017) states that oral acetylcysteine is used for managing Idiopathic pulmonary fibrosis (IPF), but its benefits are uncertain.
- Due to the lack of proven benefit and need to use NHS resources wisely, the continued use of acetylcysteine can no longer be supported.
- On cessation of acetylcysteine treatment, where patients are found to have a worsening of symptoms related to excessive mucous production then consideration of a trial of carbocisteine 750mg BD would be recommended.

A template letter for patients has been prepared that you may wish to use or adapt. If you require any further information or help with stopping the prescribing of acetylcysteine then please speak to one of the Medicines Management Team.

For any patient queries, please advise them to speak to their local pharmacist or contact the Patient Advice and Liaison Service (PALS) on 0800 389 6819 or email pals@suffolk.nhs.uk