PAN MERSEY APC

PAN MERSEY AREA PRESCRIBING COMMITTEE
PRESCRIBING POLICY STATEMENT
REF: PS107 FINAL
APC BOARD DATE: 28 JAN 2015

NHS Pan Mersey Area Prescribing Committee

PREDNISOLONE ENTERIC COATED tablets

BLACK

The Pan Mersey Area Prescribing Committee does not recommend the prescribing of PREDNISOLONE **ENTERIC COATED** 2.5 mg and 5 mg tablets

The Pan Mersey Area Prescribing Committee recommends prescribing uncoated prednisolone tablets for patients newly initiated on prednisolone tablets.

The Pan Mersey Area Prescribing Committee recommends considering switching patients currently prescribed prednisolone enteric coated tablets to prednisolone uncoated tablets.

> There is currently no evidence to indicate that enteric coated prednisolone is less likely than uncoated prednisolone to cause peptic ulceration.[1,2,3]

> The evidence that enteric coating is less likely to cause dyspepsia is unsatisfactory.[3]

> There is no robust evidence to suggest that enteric coating of prednisolone confers gastrointestinal protection.[1]

> There is evidence to suggest lack of disease control for some conditions in those taking enteric coated compared to uncoated prednisolone.[1]

Note: Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. If appropriate, an exceptional funding request will be required following the usual locally defined process.

PREDNISOLONE ENTERIC COATED TABLETS

EFFECTIVENESS

- The enteric coated prednisolone has a similar bioavailability to uncoated, but it has a lower and slower time to peak plasma concentration.[1,4]
- There have been case reports that in some disease states the enteric coated prednisolone can pass through into the small intestine unabsorbed leading to lower plasma cortisol levels.[5]
- Several case reports have demonstrated a lack of disease control in those taking the enteric coated as opposed to uncoated prednisolone and also when a person is switched from uncoated to enteric coated prednisolone[1]
- It is suggested that due to the lower and slower time to peak plasma concentrations and unpredictable absorption for some people taking prednisolone enteric coated tablets that for those diseases which need stable and predictable steroid levels it is more effective and safer to prescribe uncoated prednisolone.[1]

SAFETY

- It is currently accepted that the peptic ulcer risk from taking steroids is a systemic rather than a direct irritant effect.[2]
- Corticosteroid therapy is only weakly linked with peptic ulceration and is mainly in those people who have had a previous peptic ulcer or a disease which is linked to peptic ulceration, e.g. rheumatoid arthritis and hepatic cirrhosis.[2]
- There is currently no evidence to indicate that enteric coated prednisolone is less likely than uncoated prednisolone to cause peptic ulceration.[1,2,3]

COST

Since this prednisolone statement was produced in 2010 the prescribing of prednisolone e/c 5mg tablets has dropped from 2010/11 to 2013/14 by about 54% .

The total spend on all enteric coated prednisolone tablets across the Pan Mersey area in the period Aug. 13 - Jul. 14 was approximately £143,000. If all enteric coated prednisolone was prescribed as uncoated there could be an annual saving of approximately £30,000.

PATIENT FACTORS

- Undesirable effects may be minimised by using the lowest effective dose for the minimum period.
- Doses should be taken in the morning and with food

Consult relevant SPCs for most up to date information.

PRESCRIBING INFORMATION

- On initiation, it is recommended the person is monitored closely for disease control.
- Due to the potential for lower doses of prednisolone being required when people are switched from the enteric coated to the uncoated form, it is suggested that they are monitored closely after switching for adrenocorticol suppression e.g. blood pressure, electrolytes imbalances, etc (see BNF). Their dose should be reviewed regularly to maintain them on the lowest effective dose to minimise any potential side effects.
- As with any person on steroids, it is recommended they are monitored for signs of gastrointestinal irritation.

IMPLEMENTATION NOTES

- Frequent patient review is required to appropriately titrate the dose to disease activity.
- Patients should carry a 'steroid treatment card', which gives clear guidance on the precautions to be taken to minimise risk. It provides details of prescriber, drug, dosage and the duration of treatment and the recommendation not to stop treatment abruptly unless on the advice of a clinician.

REFERENCES

1. UKMI Q&A 310.3. Is there any evidence to support the use of enteric coated (EC) over uncoated prednisolone tablets? June 2013.
2. Anon. Do corticosteroids cause peptic ulcers? Drug Ther Bull 1987; 25: 41-3.
3. Anon. What use is enteric-coated prednisolone? Drug & Therapeutics Bulletin, October 1977; 15 (21): 83-4.
4. Adair C. G, McCallion O, McElnay J. C, et al. A Pharmacokinetic and pharmacodynamic comparison of plain and enteric-coated prednisolone tablets. BJCP 1992; 33: 495-499.
5. Fernando O. N, Moorhead J. Absorption of enteric-coated prednisolone. BMJ 1979; 1795.