

Position Statement on Alimemazine

Waltham Forest CCG does NOT recommend the prescribing of ALIMEMAZINE

The Do's and Don'ts of prescribing sedating anti-histamines

Do's

- Review **all patients currently** prescribed alimemazine and **stop** where clinically appropriate or **change** to either chlorphenamine or hydroxyzine. There is no strong evidence to support that one antihistamine is more effective than the other.
- Prescribe chlorphenamine as the **first line choice** of sedating antihistamine for the treatment of urticaria as its long-term safety has been well established,
- Commence **all new patients** requiring a sedating antihistamine on either **chlorphenamine** or **hydroxyzine** ⁽¹⁾.

Don'ts

- **Do not prescribe** hydroxyzine to people with a prolonged QT interval or risk factors for QT interval prolongation. The MHRA recommends that the maximum adult daily dose of hydroxyzine is 100mg ⁽³⁾.
- **Do not** use sedating antihistamines long term unless clinically indicated

Rationale

- There is no published literature available to state that alimemazine is superior in efficacy to other antihistamines.
- NICE recommend chlorphenamine or hydroxyzine if a sedating antihistamine is required for urticaria. ¹
- The cost of alimemazine (both capsules and liquid) has increased significantly over the last 6 months. ³

Costs



Figure 1: Alimemazine product and price comparison ⁽²⁾

References

1. NICE CKS Urticaria <http://cks.nice.org.uk/urticaria> Last revised December 2011. Date accessed 01/03/2016.
2. Dm+D Browser. Last accessed 3/10/2017. <https://apps.nhsbsa.nhs.uk/DMDBrowser/DMDBrowser.do#product>
3. MHRA Drug Safety Update (2015) Hydroxyzine (Atarax, Ucerax): risk of QT interval prolongation and Torsade de Pointes. Date accessed 01/10/2017. <https://www.gov.uk/drug-safety-update/hydroxyzine-atarax-ucerax-risk-of-qt-interval-prolongation-and-torsade-de-pointes>