

Medicines Management Prescribing Focus – March 2022

Hydrochlorothiazide Review

In 2018 the MHRA issued an [alert](#) highlighting a risk of non-melanoma skin cancer in patients prescribed hydrochlorothiazide, particularly with long-term use. In the UK, hydrochlorothiazide, a thiazide diuretic, is only available in fixed-dose combination with other medicines.

As a result of this alert, in North Yorkshire and Vale of York, all medicines containing hydrochlorothiazide now have a formulary RAG rating of 'Black' (not commissioned / not approved). Therefore, **medicines containing hydrochlorothiazide should not be prescribed in either primary or secondary care.**

Action Required

The MMT is asking practices to search for and to review any remaining patients prescribed a hydrochlorothiazide containing medicine, **with a view to stopping or changing to an alternative.**

In some cases, it may be that the patient no longer requires the medication and it can be deprescribed.

Please note, this stance is more robust than either the 2018 MHRA alert or the [2019 NICE Hypertension Guidance](#). This was debated by clinicians at the North Yorkshire and York Area Prescribing Committee (APC) who agreed that the potential long-term risks of this drug would outweigh the benefit for the majority of our patients.

If, following a discussion with a clinician, a patient makes an informed decision to remain on a hydrochlorothiazide containing medicine, please follow the advice given in the original [MHRA alert](#) to mitigate the risk. Ensure that the patient's decision to continue is clearly documented in the patient record.

The following products containing hydrochlorothiazide are currently available, please ensure that clinical system searches include both generic and brand names:

- [Co-amilozone](#) (amiloride with hydrochlorothiazide - Moduretic®)
- [Co-triamterzide](#) (triamterene with hydrochlorothiazide)
- [Enalapril with hydrochlorothiazide](#)
- [Irbesartan with hydrochlorothiazide](#)
- [Lisinopril with hydrochlorothiazide](#)
- [Losartan with hydrochlorothiazide](#)
- [Olmesartan with amlodipine & hydrochlorothiazide](#) (Sevikar HCT®)
- [Olmesartan with hydrochlorothiazide](#) (Olmetec Plus®)

- [Quinapril with hydrochlorothiazide](#)
- [Telmisartan with hydrochlorothiazide](#)
- [Timolol with amiloride & hydrochlorothiazide](#)
- [Valsartan with hydrochlorothiazide](#)

Some GP Practices will have no patients; therefore, this prescribing focus is for information only.

Rationale

Pharmaco-epidemiological studies have shown a dose-dependent increased risk of non-melanoma skin cancer; basal cell carcinoma [BCC] and squamous cell carcinoma [SCC] including SCC lip cancer, with exposure to increasing cumulative doses of hydrochlorothiazide.

Based on these studies, a best estimate of the increased risk is 7.7-fold for SCC and 1.5-fold for BCC, based on a length of usage of hydrochlorothiazide 12.5mg daily for 44 years or 25 mg daily for 22 years.

We would like to take this opportunity to remind all staff involved in making alterations to medication that patients should be informed of any change. Ideally this should be done face to face, by telephone or by letter. Alternative methods of communication may be considered but must be clear and unambiguous.

Please share this information with all members of staff in the practice, as appropriate.

For any queries or feedback on this topic please contact the respective teams via: nyccg.rxline@nhs.net (North Yorkshire) or VOYCCG.Rxline@nhs.net (Vale of York).

The MMT welcomes further ideas and suggestions that you and your colleagues may wish to recommend for future topics.

Many thanks,

North Yorkshire and Vale of York CCGs Medicines Management Team