

DROP-List: Eflornithine review

Resources available on the PrescQIPP website:



Bulletin



Data pack



Audit tool
Patient letters

<http://www.prescqipp.info/-eflornithine/viewcategory/198>

Introduction

This bulletin focuses on eflornithine 11.5% cream and provides the rationale for self-funded cosmetic hair removal methods as the primary treatment option for women with hirsutism. Across the PrescQIPP membership area £622,416 (ePACT 16.4 million patient July 2013) was spent on eflornithine cream in 12 months. Reviewing clinical need of current therapy and also discontinuing if ineffective could reduce this spend.

Key recommendations

- The treatment of hirsutism is a cosmetic procedure which is a low priority for funding by CCGs and a condition where no treatment is usually needed. Hirsutism is not usually associated with any significant medical abnormality.
- Eflornithine 11.5% cream offers very little benefit for the management of facial hirsutism in women. There is limited evidence for efficacy and patient satisfaction with eflornithine.
- Self-funded cosmetic treatments for reduction in hair growth or hair removal (e.g. shaving, plucking, laser treatment, electrolysis) should be the primary options for the majority of women with hirsutism.
- It is important that the patient is properly assessed and underlying causes addressed (such as weight reduction if obese) before pharmacological therapy is considered as hirsutism can result from serious medical conditions or from medication (e.g. ciclosporin, glucocorticoids, minoxidil, phenobarbitone, phenytoin, combined oestrogen-androgen hormone replacement therapy).

Supporting evidence

- There is limited evidence for efficacy and patient satisfaction with eflornithine cream and there are no trials comparing eflornithine with other hirsutism treatments.
- The efficacy and safety of eflornithine cream has not been specifically investigated in women who are not able to receive co-cyprindiol due to contra-indications.
- When eflornithine cream is discontinued, hair treatment returns to pretreatment levels within about 8 weeks. Other cosmetic treatment options e.g. electrolysis, laser treatment may offer long term treatment solutions; continued treatment is necessary with eflornithine cream to maintain the benefits.
- Hirsutism can result from serious medical conditions e.g. polycystic ovary syndrome, androgen secreting neoplasm or certain drugs (e.g. ciclosporin, glucocorticoids, minoxidil, phenobarbitone, phenytoin, combined oestrogen-androgen hormone replacement therapy).^{2,3} Treating the underlying condition can reduce the hirsutism.
- The Endocrine Society³ and NICE Clinical Knowledge Summary⁴ recommend cosmetic methods for hair removal and if additional treatment is required, to offer co-cyprindiol. Eflornithine is only suggested as an option if Combined Oral Contraceptives (COCs) are contraindicated or have not worked.

References

1. Drug Tariff, November 2013
2. Summary of Product Characteristics. Vaniqua. Almirall Limited. Last updated 1/5/13, accessed 17/10/13 via <http://www.medicines.org.uk/emc/>
3. Martin KA, Chang RJ, Ehrmann DA, et al. Evaluation and treatment of hirsutism in premenopausal women: an Endocrine Society clinical practice guideline. J Clin Endocrinol Metab 2008; 93(4):1105-20
4. NICE Clinical Knowledge Summary. Hirsutism. Accessed 19/10/13 via <http://cks.nice.org.uk/hirsutism>

Costs and savings

Eflornithine product and price comparison.¹

Product	Cost per 28 days
Eflornithine 11.5% cream	£28.43
Co-cyprindiol	£1.74

Reviewing current eflornithine treatment and discontinuing if prescribed for cosmetic purposes or ineffective could reduce current spending by

up to £622,416 over a 12 month period.