NHSE Low Value Medicines Trimipramine & Dosulepin

NHS Wiltshire Clinical Commissioning Group

Medicines Management Team Statement

Trimipramine is the most expensive antidepressant, costing approx. £4000 per patient per year, with NO extra benefit in efficacy.
Dosulepin is substantially less safe compared with other antidepressants.

Review all patients prescribed trimipramine or dosulepin and switch to an antidepressant with lower acquisition costs or a safer profile, if an antidepressant is still indicated.
If prescribed for an unlicensed indication (anxiety, fibromyalgia, neuropathic pain, or insomnia) stop, and switch to a more appropriate alternative.
Do NOT initiate these treatments in new patients.

Introduction

NHS England has reviewed the use of two tricyclic antidepressants (TCAs), trimipramine and dosulepin, in its recent consultation of Low Value Medicines, advising these items should not be routinely prescribed in primary care.

Formulary Status (trimipramine and dosulepin)

AWP	3Ts	BCAP	ICID
NON-FORMULARY			

Trimipramine is a tricyclic antidepressant which is significantly more expensive than other antidepressants because of excessive price inflation. Where a TCA is indicated, more cost effective products are available.
PrescQIPP Patient Information Leaflet: Changes to trimipramine prescribing
PrescQIPP Bulletin: Bulletin 204 Trimipramine briefing
Action: No new patients to be initiated on this least cost-effective TCA. Identify all existing patients and review choice of anti-depressant with view to switching therapies. Utilise PrescQIPP supporting resources.

Dosulepin (previously known as dothiepin) is a tricyclic antidepressant that NICE CG90 Depression in Adults lists as a 'do not do' because of significant safety concerns around increased cardiac risk and overdosage.
PrescQIPP Patient Information Leaflet: Changes to dosulepin prescribing
PrescQIPP: Dosulepin Bulletin
Action: Do not initiate or switch patients to dosulepin. Existing patients should be reviewed with aim of deprescribing.

Expected Actions

GP practices to identify patients currently being prescribed either antidepressant and discuss alternative treatments via face to face appointments, using the support templates.

Switch strategy: Identify patients, identify suitability to switch to alternative if needed; discuss process with patient (and carers); use cross-tapering regime (or withdraw slowly) to minimise discontinuation syndrome.

References

1. NHS England Consultation Report on Findings 30 November 2017 available from: https://www.england.nhs.uk/publication/items-which-should-not-be-routinely-prescribed-in-primary-care-consultation-report-of-findings/
2. Wilts CCG NHSE Low Value Medicines (LVM) Part 2 - Do not routinely prescribe Available from: https://prescribing.wiltshireccg.nhs.uk/?wpdmdl=1740
3. NICE CG90. Depression in adults: recognition and management. October 2009. Available via https://www.nice.org.uk/guidance/cg90

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NHSE Low Value Medicines
Trimipramine

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Medicines Management Team Statement

Trimipramine SWITCH template for practices

Aim

The aim of this audit is to review the prescribing of the antidepressant trimipramine. This is with a view to optimising cost effective NHS prescribing.

In our CCG

Approximately £97,000 per annum will be saved by reviewing and rationalising the prescribing of trimipramine within Wiltshire CCG. Average cost per month per patient is approximately £380 (with considerable variation depending on actual dosing regime).

Trimipramine costs for 28 tablets or capsules

10mg tablets	£179.15
25mg capsules	£200.50
50mg capsules	£190.00

Prior to switching, ensure patients are on most cost-effective combination of tablets and capsules to make short-term savings: 4 x 25mg capsules is £420 more expensive per month than 2 x 50mg capsules daily.

Background

Trimipramine is a tricyclic antidepressant (TCA) indicated for the treatment of depressive illness, particularly where sedation is required.[1] However, TCAs are not recommended as a first line treatment option in adults with depression by NICE and they are not recommended at all for children and adolescents (aged under 18 years).[2] Selective Serotonin Reuptake Inhibitors (SSRIs) are preferred as they have less side effects, are safer in overdose, require less dosage titration, need only once daily dosing and have greater patient adherence.[2]

In addition, where a TCA is indicated, as set out by NICE, trimipramine does not represent a cost-effective choice of TCA as it has been subjected to excessive price inflation. More cost effective products are available. The cost per 28 days for trimipramine is currently £380 (based on a maintenance dose of 100mg daily).[3] The comparative cost of an alternative TCA, imipramine, is £2.43 (based on a maintenance dose of 75mg daily).[3] Where an SSRI would be more appropriate, sertraline costs £0.99 for a 28-day supply (based on a maintenance dose of 100mg daily).[3]

Consequently, prescribing should be reviewed to ensure that it is in line with national guidance and cost-effective.

References

1. Joint Formulary Committee. British National Formulary No 74. London: British Medical Association and The Royal Pharmaceutical Society of Great Britain; September 2017-March 2018.
2. National Institute for Health and Care Excellence (NICE). Clinical Guideline 90. Depression in adults: recognition and management. October 2009. Available via https://www.nice.org.uk/guidance/cg90
3. Department of Health. Drug Tariff. April 2018. Available via www.nhsbsa.nhs.uk

NHSE Low Value Medicines Trimipramine

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Medicines Management Team Statement

Switch Strategy

Scope

Identify and review all patients prescribed any strength or formulation of trimipramine. Consider switching to a preferred product or discontinuing the prescription if no longer appropriate.

Methodology

1. Undertake a search for all acute and repeat issues of trimipramine, within the last 6 months.
2. Exclude anyone under the age of 18 years and refer them to a specialist for a more suitable alternative.
3. Review the appropriateness of trimipramine, review adherence to treatment and consider whether treatment is still indicated (based on the person's risk of relapse of depression in accordance with NICE).
4. If treatment is still indicated, consider switching to an alternative appropriate antidepressant. For patients under the care of a specialist, the specialist should be involved in the decision to switch.
5. Patients prescribed trimipramine for unlicensed indications other than depression in adults (e.g. anxiety, neuropathic pain, fibromyalgia or insomnia) should be considered for discontinuation of treatment or switched to a more appropriate alternative.
6. Communicate (involving patients in the decision making) and carry out the discontinuation or switch for all suitable patients, referring back to secondary care for advice, if necessary.
7. Abrupt switching or cessation of treatment should be avoided due to the risk of withdrawal symptoms.

   Use Bulletin B204 Trimipramine for guidance on gradual withdrawal or cross-tapering, available from: https://www.prescqipp.info/component/jdownloads/send/416-trimipramine/3796-bulletin-204-trimipramine)

8. Communicate with local community pharmacies to ensure that they are able to respond appropriately to any patient queries.

   Modify template letter for community pharmacies,
   Trimipramine – template letter community pharmacy

Monitoring

Ensure that all patients (or their carers) fully understand how to manage their gradual discontinuation or managed switch to an alternative antidepressant to reduce the risk of withdrawal symptoms.

Tailor the tapering template for each patient, available from

Patient information sertraline switch

All patients should be regularly reviewed during the switching process. A further review is recommended after switching/stopping to ensure compliance and appropriate response to treatment (if switched) or continued complete remission of symptoms if stopped.

NHSE Low Value Medicines
Dosulepin

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Medicines Management Team Statement

Dosulepin SWITCH template for practices

Aim

The aim of this piece of work is to review the prescribing of dosulepin, with a view to switching to an alternative safer antidepressant or other suitable treatment, or considering the need for ongoing therapy.

In our CCG

Prescribers within Wiltshire CCG prescribed **7660** items of dosulepin between April 2017 and January 2018, costing approximately £17,000. This is a **safety issue** not a cost issue.

Background

Dosulepin is a tricyclic antidepressant that has been shown to have improved tolerability in comparison with other antidepressant treatments. However, after detailed review of the available evidence, NICE have concluded that dosulepin should not be started or switched to, as any benefits are outweighed by the increased cardiac risk and toxicity in overdose.[1]

First line antidepressant treatment in adults is usually a cost-effective SSRI – for example, generic sertraline (or citalopram). All patients prescribed dosulepin should be reviewed for suitability for switching to a safer antidepressant. Dosulepin should not be used as an anxiolytic, for neuropathic pain or for its sedative effects as an aid to sleep.

Abrupt withdrawal of dosulepin can cause discontinuation symptoms including flu-like symptoms and insomnia. Slowly tapering the dose over three to four weeks can help prevent this and the withdrawal regimen (including dosage and speed of withdrawal) may need to be tailored for each individual.[2-4]

When considering an alternative antidepressant in line with the relevant NICE clinical guideline, potential alternatives should be discussed with the patient and selection should take into account their depressive symptoms, relative side effects, physical illness and interactions with any other prescribed medicines.[2-4] Where the patient is under the care of a relevant mental health specialist, they should also be involved in the decision to switch or stop treatment.

References

1. National Institute for Health and Care Excellence (NICE). Clinical Guideline 90. Depression in adults: recognition and management. October 2009. Available via https://www.nice.org.uk/guidance/cg90
2. Joint Formulary Committee. British National Formulary No 74. London: British Medical Association and The Royal Pharmaceutical Society of Great Britain; September 2017-March 2018.
3. WeMeReC. Stopping Medicines-Antidepressants. Online content. November 2009. Available at http://www.wemerec.org/Documents/enotes/Stoppingantidepressantse-notes.pdf
4. Taylor D, Paton C, Kapur S. The Maudsley Prescribing Guidelines in Psychiatry. 12th edition. Informa Healthcare, London 2015.

NHSE Low Value Medicines Dosulepin

NHS Wiltshire Clinical Commissioning Group

Medicines Management Team Statement

Switch Strategy

Scope

All patients prescribed dosulepin should be identified and reviewed to consider switching them to an alternative, safer treatment and the need for ongoing antidepressant therapy.

Methodology

1. Undertake a search for all acute and repeat issues of dosulepin, within the last 6 months.
   Use this audit and data collection form,
   Dosulepin audit and data collection form

2. Review the appropriateness of dosulepin and consider switching to an alternative antidepressant. For patients under the care of a specialist, the specialist should be involved in the decision to switch.

3. Patients prescribed dosulepin for unlicensed indications other than depression in adults (e.g. anxiety, neuropathic pain, fibromyalgia or insomnia) should be considered for discontinuation of treatment or switched to a more appropriate alternative.

4. Communicate (involving patients in the decision making) and carry out the switch for all suitable patients, referring back to secondary care for advice, if necessary.

5. Communicate with local community pharmacies to ensure that they are able to respond appropriately to any patient queries.

   Modify community pharmacy template, *available from:*

   Dosulepin – template letter community pharmacy

Monitoring

Ensure that all patients (or their carers) fully understand how to manage their gradual discontinuation or managed switch to an alternative

All patients should be regularly reviewed during the switching process. A further review is recommended after switching/stopping to ensure compliance and appropriate response to treatment (if switched) or continued complete remission of symptoms if stopped.