

MEDICINE SUPPLY SHORTAGE – PHENELZINE 15MG TABLETS (NARDIL®)

Product:	Phenelzine 15mg tablets (Nardil®)
Main Users:	Patients with resistant depression
Problem:	<p>UK-licensed Nardil® has been unavailable since summer 2019. Kyowa Kirin has informed the Department of Health & Social Care (DHSC) that due to ongoing manufacturing challenges there is no expected date when the product will be back in stock, however the supply disruption is expected to last until 2021. Kyowa Kirin have confirmed that the product has <u>not</u> been discontinued.</p> <p>Since last summer it has been possible to obtain imported phenelzine tablets from non-UK sources to maintain existing patients on treatment. However, there is now a global shortage of phenelzine, and due to COVID-19 the import of medication from the US is proving difficult for all specialist importers. Canada, another source for importers, now has no stock. Australia and New Zealand have now discontinued phenelzine due to its supply problems. Availability in other European countries is also very low. Consequently, TEWV pharmacy is now not able to obtain imported supplies and this is likely to be the case for community pharmacies also.</p> <p>Sudden discontinuation of phenelzine after long term treatment is likely to cause a ‘withdrawal syndrome’, and should be avoided where possible. Signs and symptoms of withdrawal syndrome generally commence 24 to 72 hours after drug discontinuation and may vary from vivid nightmares and agitation to frank psychosis and convulsions; nausea, vomiting and malaise are likely. This syndrome generally responds to restarting low-dose phenelzine followed by cautious downward titration and discontinuation, over at least 4 weeks but ideally 6 months.</p>
Uses:	Resistant depression
Proposed Solution:	<p>At present sourcing phenelzine is proving very difficult/impossible and patients taking this medication require <u>immediate</u> intervention. Prescribers should anticipate that phenelzine will not be available to supply to patients in their care at some point in the near future and therefore undertake a review to prepare an individualised plan to discontinue phenelzine and switch to an alternative treatment taking into account their previous medication history.</p> <p>The plan should include tapering of phenelzine, over at least 4 weeks if possible, based on the quantity of tablets the patient has left. If further supplies are required to complete withdrawal contact the relevant pharmacy to discuss if these are available (see “Rationing of Stock” below)</p> <p>The patient should be consulted about options for alternative medication to be started once tapering has been completed and after a 2 week wash out period. Options that could be considered are:</p> <p>Switching to another newer antidepressant that was not available at the time phenelzine was commenced, and therefore will not have been trialed, e.g. vortioxetine, agomelatine</p> <p>Switching to a tricyclic antidepressant - this should not be started until 2 weeks after stopping phenelzine (or 3 weeks if starting clomipramine or imipramine)</p> <p>Switching to another MAOI, this should be done gradually and cautiously as proposed by the UKMI – but note that supply disruption with moclobemide and tranylcypromine have also been reported</p> <p>For further information on switching see: https://www.sps.nhs.uk/articles/how-do-you-switch-between-monoamine-oxidase-inhibitors-and-ssri-tricyclic-or-related-antidepressants/</p> <p>Regular reviews will be required during tapering, wash out and initiation of an alternative drug.</p>

Rationing of Stock:	As licensed phenelzine 15mg tablets are not available until 2021 and the imported product is difficult to obtain, it will not be possible to fulfil prescriptions for new and continuing treatment in the near future. Any available stock in TEWV and community pharmacy dispensaries should now be used to support a gradual withdrawal of phenelzine over as long a period as possible, ideally at least 4 weeks, rather than maintain treatment at the current dose. Please contact the patient's usual supplying pharmacy if they currently do not have enough tablets to achieve this.
Risks:	Phenelzine may be associated with withdrawal effects if stopped suddenly. Although these are usually mild and self-limiting, for some patients withdrawal effects may be severe. It is advised that the dose should be reduced gradually over at least 4 weeks or longer if withdrawal symptoms emerge. Withdrawal over 6 months is recommended when patients have been taking it as a long-term treatment. Due to severe shortages a 6 month withdrawal plan is not realistic and regular patient monitoring during this period is required.

References

1. Taylor DM et al. The Maudsley Prescribing Guidelines in Psychiatry 13th edition. Published 2018. John Wiley & Sons Ltd.
2. British National Formulary. Phenelzine monograph. Accessed via Medicines Complete, last updated 11 June 2019. Available: <https://doi.org/10.18578/BNF.762962594>
3. UKMI Q&A. How do you switch between monoamine oxidase inhibitors and SSRI, tricyclic or related antidepressants? Published Sep 2019. Available: <https://www.sps.nhs.uk/articles/how-do-you-switch-between-monoamine-oxidase-inhibitors-and-ssri-tricyclic-or-related-antidepressants/>