

Prescribing...

- ✚ This bulletin is one of a number planned on high cost and low value products, the most expensive of which is trimipramine.
- ✚ Prescribing has been falling in the Bailiwick.
- ✚ Despite this fall, the cost to the Health Fund of trimipramine was £57,000 in the last twelve months.
- ✚ Prescribers are earnestly requested to review the remaining patients on trimipramine.

Background

In 2017 NHS England published guidance on items of high cost and low value which should not routinely be prescribed in primary care. Of the eighteen products identified by NHS England, just five remain on prescription in the Bailiwick. The remainder were either never approved or have already been removed from or restricted for prescribing. The total spend however in the last twelve months was £152K on these five products.

Trimipramine is the most expensive in the Bailiwick in terms of cost: £57,000 in the last 12 months. In the first 5 months of 2018 the cost was £23,720 compared with £31,665 in the same period in 2017.

Place in therapy

Trimipramine is a tricyclic antidepressant (TCA) indicated for the treatment of depressive illness, particularly where sedation is required. It has been on the market for many years. However, TCAs are not recommended as a first line treatment option in adults with depression and they are not recommended at all for children and adolescents (aged under 18 years). SSRIs are generally preferred as they have fewer side effects, are safer in overdose, require less dosage titration and need only once daily dosing which may mean better patient adherence.

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.

Cost of prescribing

Prescribing of trimipramine has fallen from 11 items per month in January 2017 to 5 items in May 2018. The average cost was £551 per prescription. The total cost in the last 12 months however was an eye-watering **£57,588 for 121 items**. The cost per 28 days for Trimipramine is currently £380 (based on a maintenance dose of 100mg daily). The comparative cost of an alternative treatment, Lofepamine, is £9.44 (based on a maintenance dose of 140mg daily) or Venlafaxine is £7.80 (based on a dose of 150mg MR capsules bd).

Reviewing prescribing : stopping or switching

1. Stopping

A trial discontinuation of trimipramine should be considered if long-term maintenance is no longer considered necessary. Evaluation of this should take into account comorbid conditions, risk factors for relapse and severity and frequency of episodes of depression. Current advice is that antidepressant treatment should be continued for at least six months after remission of a dose of depression, increased to at least two years for those at risk of relapse as defined above. A slow reduction in the dose of trimipramine by 10 % per week or slower would seem reasonable.

2. Alternative therapies

The HSC Adult Psychiatrists are very happy for GPs to write or to call them for advice on alternatives and switching regimes. There are also a number of online resources available e.g. Maudsley Guidelines and GP notebook. Dr Dominic Bishop recommends Mirtazapine if there are no concerns re weight or diabetes risk. This is also helpful if insomnia an issue. Another option is Venlafaxine, providing BP is normal and the patient is likely to be fully compliant. Lofepamine is probably the most similar and generally well tolerated.

Choice of treatment should take into account the duration of the episode of depression and the trajectory of symptoms, previous course of depression and response to treatment, likelihood of adherence to treatment and any potential adverse effects and the person's treatment preferences and priorities. Bear in mind that TCAs are associated with the greatest risk in overdose of all antidepressant classes and an increased likelihood of the person stopping treatment because of side effects.

Due to the risk of discontinuation syndrome with sudden cessation of therapy with antidepressants, discontinuation and switching must be managed carefully. Again, the psychiatrists are available for advice on this. Dosage adjustments should be made carefully on an individual patient basis, to maintain the patient at the lowest effective dose. Dosage during long term therapy should be kept at the lowest effective level, with subsequent adjustment depending on therapeutic response. Any discontinuation of therapy should be done slowly, with gradual dose reductions, for patients who have been taking an antidepressant regularly for six weeks or more. When changing from one antidepressant to another, abrupt withdrawal should usually be avoided. Any switching should be carried out with the appropriate cross-tapering regimen and patients should be very carefully monitored.

In summary

The very high cost of this product is not justifiable in the current economic climate. There are far more cost-effective and at least equally clinically-effective alternatives available. The Psychiatrists can be contacted by letter or telephone for advice.

References : NHS BSA exact data, Drug Tariff August 2018, PresQUIPP Bulletin B204 December 2017.

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