



**Pan Mersey**  
Area Prescribing Committee

## DOSULEPIN capsules and tablets

**The Pan Mersey Area Prescribing Committee does not recommend the prescribing of DOSULEPIN capsules and tablets.**

**BLACK**

The NHS England document ‘Items which should not routinely be prescribed in primary care: Guidance for CCGs’ contains the following advice.<sup>1</sup>

Recommendation	<ul style="list-style-type: none"> <li>&gt; Advise CCGs that prescribers in primary care should not initiate dosulepin for any new patient.</li> <li>&gt; Advise CCGs to support prescribers in deprescribing dosulepin in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change.</li> <li>&gt; Advise CCGs that if, in exceptional circumstances, there is a clinical need for dosulepin to be prescribed in primary care, this should be undertaken in a cooperation arrangement with a multi-disciplinary team and/or other healthcare professional.</li> </ul>
Exceptions and further recommendations	No routine exceptions have been identified.
Category	Products of low clinical effectiveness, where there is a lack of robust evidence of clinical effectiveness or there are significant safety concerns.
Annual spend in England	£2,651.544 ( <a href="#">NHS Digital</a> )
Background and Rationale	<p>Dosulepin, formerly known as dothiepin, is a tricyclic antidepressant. <a href="#">NICE CG90: Depression in Adults</a> has a “do not do” recommendation: <i>“Do not switch to, or start, dosulepin because evidence supporting its tolerability relative to other antidepressants is outweighed by the increased cardiac risk and toxicity in overdose”</i></p> <p>Due to the significant safety concerns advised by NICE, the joint clinical working group considered dosulepin suitable for inclusion in this guidance.</p>
Further Resources and Guidance for CCGs	<p><a href="#">NICE CG90: Depression in Adults</a>  <a href="#">PrescQIPP CIC Drugs to REVIEW for Optimised Prescribing-Dosulepin</a></p> <p>Patient information leaflets:  <a href="https://www.prescqipp.info/items-which-should-not-routinely-be-prescribed-patient-leaflets">https://www.prescqipp.info/items-which-should-not-routinely-be-prescribed-patient-leaflets</a></p>

**Note:** Patients who are not eligible for treatment under this statement may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. In this situation, follow locally defined processes.

## DOSULEPIN capsules and tablets

### De-prescribing support information

- > Prescribers may wish to use the NHS England Patient Information Leaflet available at: [patient-information-changes-to-dosulepin-prescribing](#) to support their discussions with patients.
- > Dosulepin should not be switched to or started because evidence supporting its tolerability relative to other antidepressants is outweighed by the increased cardiac risk and toxicity in overdose.<sup>2</sup>
- > Dosulepin is licensed for the treatment of depressive illness in adults. It should not be prescribed for any unlicensed indication, including anxiety, neuropathic pain or insomnia.
- > It is contraindicated in patients who have had a recent myocardial infarction or in patients with heart block of any degree or other cardiac arrhythmias. It is also contra-indicated in mania and in severe liver disease.<sup>2</sup>
- > Review all patients prescribed dosulepin for suitability for switching to a safer antidepressant or suitable agent. **For patients under the care of a relevant specialist, involve them in the decision to discontinue or switch treatment.**<sup>2</sup>
- > There is little difference in cost between dosulepin and other antidepressants, including the first line SSRIs.<sup>2</sup>

### Discontinuation and switching information

- > Existing patients should be reviewed to assess their ongoing need and suitability for dosulepin, in view of the associated safety concerns. Patients at risk of suicide should be reviewed as a matter of urgency.<sup>2</sup>
- > At this review, consideration should be given to reducing the dose, switching to an alternative or stopping treatment.<sup>2</sup>
- > Dosulepin should not be stopped suddenly unless serious side effects have occurred as patients may experience unpleasant discontinuation symptoms. Slowly tapering the dose over three to four weeks can help prevent this.
- > Discontinuation symptoms may include anxiety, flu-like symptoms and insomnia. Some people may require a more gradual tapering of the dose if withdrawal symptoms occur. The doses selected and the speed at which they are reduced will need to be individualised for each patient.
- > Detailed information on stopping and switching is available in the PresQIPP dosulepin bulletin (subscription required) or from CCG Medicines Management teams. Information is also available from MIMS at <http://www.mims.co.uk/table-antidepressants-guide-switching-withdrawing/mental-health/article/1415768> (subscription required)

### References

1. NHS Clinical Commissioners. Items which should not routinely be prescribed in primary care: Guidance for CCGNHS England Gateway Publication 07448. Document first published 30/11/17. <https://www.england.nhs.uk/publication/items-which-should-not-be-routinely-prescribed-in-primary-care-guidance-for-ccgs/> Accessed 9/8/18
2. PresQIPP bulletin B126i Dosulepin. [bulletin-126i-dosulepin-drop-list](#) Accessed 8/8/18 (subscription required).