Pending CCG approval

NHS
Pan Mersey
Area Prescribing Committee

TRIMIPRAMINE capsules and tablets (Surmontil®)

The Pan Mersey Area Prescribing Committee does not recommend the prescribing of TRIMIPRAMINE 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.[1]

Recommendation	> Advise CCGs that prescribers in primary care should not initiate trimipramine for any new patient. > Advise CCGs to support prescribers in deprescribing trimipramine in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change.
Exceptions and further recommendations	No routine exceptions have been identified.
Category	Items which are clinically effective but where more cost-effective products are available, including products that have been subject to excessive price inflation.
Annual spend in England	£19,835,783 (NHS Digital)
Background and Rationale	Trimipramine is a tricyclic antidepressant (TCA) however the price of trimipramine is significantly more expensive than other antidepressants. NICE CG90: Depression in Adults recommends selective serotonin reuptake inhibitor (SSRI) antidepressants first line if medicines are indicated as they have a more favourable risk: benefit ratio compared to TCA. However, if a TCA is required there are more cost-effective TCAs than trimipramine available.
	Due to the significant cost associated with trimipramine and the availability of alternative treatments, the joint clinical working group considered trimipramine suitable for inclusion in this guidance.
Further Resources and Guidance for CCGs	NICE CG90: Depression in Adults NICE Clinical Knowledge Summaries-Depression Patient information leaflets: https://www.prescqipp.info/items-which-should-not-routinely-be-prescribed-patient-leaflets

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.

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De-prescribing support information

- Prescribers may wish to use the NHS England Patient Information Leaflet available at: patient-information-changes-to-trimipramine-prescribing to support their discussions with patients.
- Ongoing prescribing of antidepressants should be reviewed after 6 months or 2 years depending on the person's risk of relapse.[2]
- Tricyclic antidepressants (TCAs) should not be used first line for the treatment of depression. Selective Serotonin Reuptake Inhibitors (SSRIs) are recommended by NICE as they are equally effective and have a more favourable risk-benefit ratio.[2]
- Where a TCA is indicated in accordance with NICE, trimipramine should not be prescribed as it is not considered to be cost effective for prescribing on the NHS.[2] The cost per 28 days treatment is currently £380 (based on a maintenance dose of 100mg daily).[3]
- Patients already being prescribed trimipramine should be reviewed in line with the current NICE clinical guidance.[2]
- If trimipramine is being prescribed for an unlicensed indication (e.g. anxiety, neuropathic pain, fibromyalgia or insomnia) consider discontinuation or switching treatment to a more appropriate alternative in collaboration with an appropriate specialist.[2]
- Where antidepressant treatment is still indicated, SSRIs are usually preferred due to their more favourable risk/benefit profile and a managed switch should be tried.[2]
- If an SSRI isn't appropriate and an alternative TCA would be a more suitable alternative, a managed switch to imipramine is recommended as it is less sedative, cost effective and less cardiotoxic in overdose.[2]

Discontinuation and switching information

- 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. Antidepressant treatment should be continued for at least six months after remission of an episode of depression, increased to at least two years for those at risk of relapse. People are considered to be at risk of relapse if they have had two or more episodes of depression in the recent past, during which they experienced significant functional impairment OR they have other risk factors such as residual symptoms, multiple previous episodes, or a history of severe or prolonged episodes of inadequate response OR the consequences of relapse are likely to be severe (for example, suicide attempts or severe life disruption).[2]
- Due to the risk of discontinuation syndrome with sudden cessation of therapy with antidepressants, discontinuation and switching must be managed carefully.[2]
  Detailed information on stopping and switching is available in the PrescQIPP trimipramine 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 CCGs. NHS England Gateway Publication 07448. Document first published 30/11/17. Available via https://www.england.nhs.uk/publication/items-which-should-not-be-routinely-prescribed-in-primary-care-guidance-for-ccgs/ Accessed 9/8/18
2. PrescQIPP bulletin 204i. Trimipramine. https://www.prescqipp.info/component/jdownloads/send/416-trimipramine/3798-bulletin-204i-trimipramine Accessed 8/8/18 (subscription required)
3. Department of Health. Drug Tariff. June 2018. Available via Drug Tariff Accessed 07/06/2018.