

# Shortage of Moclobemide 150mg and 300mg tablets

**Date:** 24<sup>th</sup> September 2019

## Description of product affected

- Moclobemide is reported to act by reversible inhibition of monoamine oxidase type A (it is therefore termed a RIMA).
- Moclobemide is licensed for the treatment of major depressive illness and for social anxiety disorder.
- In Cambridgeshire and Peterborough, moclobemide tablets are **restricted to be initiated by a specialist within the mental health team**.
- There is also a branded version of moclobemide tablets, Manerix.

## Background

- There are supply issues in both primary and secondary care of both strengths of moclobemide including the branded version, Manerix.
- *Current availability:*
  - Mylan – both, 150mg and 300mg strengths unavailable and no expected date.
  - DE Pharmaceuticals – both, 150mg and 300mg strengths unavailable with no expected date.
  - Sandoz – both, 150mg and 300mg strengths are unavailable. The 150mg strength is expected to be due mid-October and the 300mg strength is expected February 2020.
  - Sigma – 150mg strength is unavailable and this distributor has extremely low supplies of the 300mg strength, but this is available to order.
  - Teva – have discontinued the 150mg strength and no longer stock the 300mg strength.
  - Tillomed – both, 150mg and 300mg strengths are unavailable and have discontinued these lines.
- The availability of Moclobemide is being closely monitored by the Medicines Optimisation Team.

## **Alternative agents and management options**

- **It is important that, wherever possible, moclobemide treatment should not be stopped abruptly.**
- **Discontinuation of treatment or alternative management options MUST be discussed directly with either the patient's consultant, if they are currently being seen by secondary care or advice should be sought via the Primary Care Mental Health service.**
- Given the difficulties in withdrawing treatment and initiating new treatments in patients stabilised on moclobemide it would seem advisable to maintain them on this treatment but there may not be the stock available for this to happen and therefore **IDENTIFYING PATIENTS** prescribed moclobemide and urgently establishing stock levels that they have available should be an **IMMEDIATE ACTION.**

## **Urgent Action**

### **For GP practices:**

- **GP practices should urgently identify patients prescribed moclobemide 150mg and 300mg including the brand (Manerix)** to identify supplies that individual patients have remaining for the next 6 weeks.
- Where patients do NOT have sufficient supplies to last for the next 6 weeks, practices should liaise with pharmacies directly to ascertain their stock levels as different pharmacies use a range of wholesalers.
- An URGENT referral should be made to the patient's mental health specialist for advice and alternative treatment options to be discussed if there are NO supplies of moclobemide available locally to last for the next 6 weeks.
- The availability of Moclobemide is being closely monitored by the Medicines Optimisation Team and if the supply issue is likely to last longer than the 6 weeks, we will provide further supportive advice and information.
- The plan on what to do will need to be individualised for each patient and so we would urge you to identify ALL patients prescribed moclobemide immediately.

### **For pharmacies:**

- Support by checking your current stock levels of these products and informing your local practices of these levels to support management of patients.
- The patient should be encouraged to try several pharmacies in order to fulfil the prescription as different pharmacies use a range of wholesalers and distributors. The patient may wish to ring pharmacies in advance of attending to ascertain availability.

## **Reducing dose or stopping moclobemide**

- Moclobemide withdrawal effects may occur within 5 days of stopping treatment with antidepressant drugs; they are usually mild and self-limiting, but in some cases may be severe.
- The risk of withdrawal is increased if the antidepressant is stopped suddenly after regular administration for 8 weeks or more. The dose should be preferably reduced gradually over about 4 weeks, or longer if withdrawal symptoms emerge (6 months in patients who have been on long-term maintenance treatment).

- Secondary care clinicians advise that the dose ideally should be gradually reduced to the initial starting dose and then stopped.
- Moclobemide tends to only be used in difficult to treat patients and many of these have been stabilised on this treatment for a long time.
- Any alternative treatments need to be discussed with the mental health specialist responsible for the patient as individual patient characteristics, including the history of discontinuation reactions, concurrent medicines and severity of depression will need to be factored into the decision made regarding alternative therapies.
- The specialist may consider this is an opportunity to gradually stop the antidepressant completely therefore it is imperative that specialist advice is sought for each individual patient.

## **References**

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