From: Tristan Gardiner s9(2)(a)
Sent: Friday, 17 April 2020 11:22 am
To: s9(2)(a)
Subject: RE: Phenelzine discontinuation

s9(2)(a)

Thanks for the feedback – I'm new to this too! Also, I'd like to emphasize that I'm a practicing GP and totally get where you all are coming from. I put the same things to PHARMAC myself. It's a steep learning curve with regard to how 'the system' works ie. policy, operations, responsibility etc.

Regarding the phenelzine discontinuation short notice and whether this can be extended – apparently the supplier is a small outfit that have, for a long time, worked very hard to source the medication from various places as possible (given that phenelzine is an old drug and used rarely now). Covid has now further impacted on the normally limited international stock. This situation is very different to that of large suppliers of more commonly used medications who have a very reliable source.

Something I will take up with PHARMAC though is how we can prevent issues like this from happening again perhaps we should be looking at actively discontinuing 'important' but old/rarely used medications at a time when the supply chain is ok so transition can occur unpressured.

I can assure you PHARMAC takes this sort of thing extremely seriously, as do suppliers – there has been much discussion, concern and work going on with many people regarding this issue alone. Staff are well aware of the pressure the discontinuation will put on clinicians and patients, however, at the end of the day the situation is what it is and PHARMAC can only do so much.

Finally, this situation is beyond PHARMAC's control and was not a decision or choice, s9(2)(g)(i)

I hope this clarifies your points, and again, I'm more than happy to chat or liaise further.

Kindest regards,

tristan

From: s9(2)(a)
Sent: Thursday, 16 April 2020 6:22 pm
To: s9(2)(a) >; Tristan Gardiner
s9(2)(a)
Cc: s9(2)(a)
Subject: Re: Phenelzine discontinuation

Thanks s9(2)(a)
Much smaller number than lamotrigine and if spread across the country then might be manageable within DHB mental health services: many of these patients are probably under a MH community team anyway.
Does need to be addressed with some urgency given the time frames involved.
s9(2)(a)

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From: s9(2)(a)
Sent: Thursday, April 16, 2020 6:17 PM
To: Tristan Gardiner
9(2)(a)
Subject: Re: Phenelzine discontinuation

Hi Tristan

s9(2)(g)(i) the pharmac website does talk about patient safety as being of paramount importance, and also states that the suppliers (if there is a shortage of supply) have the responsibility in their agreements to ensure a safe, effective alternative to any medication.

s9(2)(g)(i) safely transition this number of patients, who we suspect may have quite complex needs, onto an alternative without some extra support.

s9(2)(g)(i) Perhaps they are in a position to fund some psychiatric support for this process?

Best wishes
s9(2)(a)

From: s9(2)(a)
Sent: Thursday, 16 April 2020 6:15 pm
To: Tristan Gardiner [redacted]
Subject: Re: Phenelzine discontinuation

Thanks Tristan
Perhaps a pragmatic way forward is for Pharmac to notify the Clinical Leads (MH/Addiction Services) of each DHB that they have x number of patients prescribed Phenelzine and to expect calls or referrals from their respective GPs about how to manage their discontinuation or switch safely
Thanks
s9(2)(a)

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From: Tristan Gardiner s9(2)(a)
Sent: Thursday, April 16, 2020 5:32 PM
s9(2)(a)
Subject: Phenelzine discontinuation

Kia ora Folks,

We've been soaking up all the conversation coming through from you all – thank you.

The situation regarding stock of phenelzine is that there is currently 1 month supply in the country. PHARMAC is still looking for other potential suppliers but it is extremely unlikely that there will be any. So, we need to push ahead quickly on the basis that phenelzine will no longer be available.

PHARMAC is working on the phenelzine prescribing database to identify individual prescribers so that they can be contacted directly about the discontinuation. Hopefully this will be completed tomorrow or early next week.

PHARMAC is not in a position to fund patient management in this situation. PHARMAC regrets the discontinuation of phenelzine in NZ but stresses that this was a supplier decision and out of PHARMAC's control.

I'm more than happy to talk on the phone further at any stage.

Kindest regards,
Ngā mihi

Tristan Gardiner | Clinical Advisor Primary Care

PHARMAC | Te Pātaka Whaioranga | PO Box 10 254 | Level 11, 40 Mercer Street, Wellington
s9(2)(a) P: +64 4 460 4990 |www.pharmac.govt.nz

From: 9(2)(a)
Sent: Thursday, 16 April 2020 1:28 pm
9(2)(a)
; Ptac <ptac@Pharmac.govt.nz>; April-Mae Marshall 9(2)(a)
9(2)(a)
Elena Saunders 9(2)(a); Rongo Toelupe 9(2)(a)
Tristan Gardiner
9(2)(a) Peter Yoo 9(2)(a)
Subject: Re: Phenelzine - advice

Also 0/99 for me for some years, but historically remember than the people on Phenelzine have appeared to need it, having arrived there after a process of hard-won elimination, and will be understandably anxious about coming off...

s9(2)(a) and 9(2)(g)(i)

9(2)(g)(i)
involvement of a mental health team would seem sensible

9(2)(a)

From: 9(2)(a)
Sent: Thursday, 16 April 2020 8:31 am
To: 9(2)(a)
Cc: 9(2)(a) Tristan Gardiner 9(2)(a) >; Peter Yoo 9(2)(a) >
Subject: RE: Phenelzine - advice

Hey 9(2)(a)

9(2)(g)(i) finding a psychiatrist to send them to. I actually think this will likely be difficult bearing in mind the kinetics of the drug and the likely neuro adaptive responses to long term prescribing and am concerned that if the drug runs out in say 6 months we need to start doing something about this like now....

9(2)(g)(i)

I'm aware you're already advising people, I got an email from our BDH pharmacy team, but so direct support and advice as to time frames is needed soonish I think.

Thoughts??

From: 9(2)(a)
Sent: Thursday, 16 April 2020 8:25 AM
To: 9(2)(a)
Cc: 9(2)(a); Ptac <ptac@pharmac.govt.nz>; April-Mae Marshall 9(2)(a)
9(2)(a)
Elena Saunders 9(2)(a)
9(2)(a); Rongo Toelupe
9(2)(a)
Tristan Gardiner
9(2)(a); Peter Yoo <9(2)(a)
Subject: Re: Phenelzine - advice

Yes I agree too.....but am speaking purely hypothetically, having 0/99 of these prescribed patients on my books!

9(2)(g)(i) think your comments are really pertinent - 9(2)(g)(i) 9(2)(g)(i) hey are likely to have either been on phenelzine for a long long time, or have anecdotal resistance to any of the other alternatives. I have zero experience with TCP and wouldn't really want to manage "switching" someone over without a conversation with a specialist (or at least the option of one if I felt that would be of benefit).
If this discontinuation has to proceed, it would be ideal to defer it if possible so that GPs can consider a thoughtful approach to this at a time when we aren't dealing with so much else in our worlds!

I'd also support 9(2)(a) proposal to make access to a psychiatrist for advice available to GPs so they can discuss how to do this with the least disruption to their patient.
9(2)(g)(i) given the numbers it would be great if we could look at alternative ways of supporting this small cohort.

Best wishes all - hope you're all surviving lockdown with senses of humour intact!
9(2)(a)

On Wed, Apr 15, 2020 at 5:23 PM 9(2)(a) 9(2)(a) wrote:

Completely agree.

9(2)(g)(i)

From: s9(2)(a) >
Sent: Wednesday, 15 April 2020 4:58 pm
To: s9(2)(a)
s9(2)(a) ; Ptac <ptac@Pharmac.govt.nz>; April-Mae Marshall <s9(2)(a)
s9(2)(a)

Saunders s9(2)(a)
s9(2)(a) >; Rongo Toelupe s9(2)(a)
s9(2)(a)

Cc: Tristan Gardiner s9(2)(a) Peter Yoo
s9(2)(a)
Subject: RE: Phenelzine - advice

Hello all

Generally agree with comments so far. I'd be more optimistic re TCP as a substitute compared to other alternative ADs, including moclobemide.

The attached supports the idea that most people on non-selective MAOIs need to be on them to stay well.

Rough equivalence PHZ 15 = TCP 10

Best
s9(2)(a)

From: s9(2)(a) >
Sent: Wednesday, 15 April 2020 4:50 pm
To: s9(2)(a) >; Ptac <ptac@Pharmac.govt.nz>; April-Mae Marshall <s9(2)(a) >; s9(2)(a)
Elena Saunders <s9(2)(a)
s9(2)(a) >; Rongo Toelupe <s9(2)(a)
Cc: Tristan Gardiner <s9(2)(a) >; Peter Yoo s9(2)(a)
Subject: Re: Phenelzine - advice

Thanks s9(2)(a)
I worry that some of these patients end up on Phenelzine because they have treatment resistance 9(2)(a) & I think there will be some clinician (well GP anyway) anxiety to stop or switch. So I think this will result in calls to mental health services that will need to be managed in a timely/ responsive way.
s9(2)(a)

From s9(2)(a)
Sent: Wednesday, 15 April 2020 4:03 PM
To: Ptac <ptac@Pharmac.govt.nz>; April-Mae Marsha s9(2)(a) ;
Elena Saunders
s9(2)(a) ; Rongo Toelupe <
s9(2)(a)
Cc: Tristan Gardiner s9(2)(a) Peter Yoo
s9(2)(a)
Subject: RE: Phenelzine - advice

HI Sonam

I trust all is well with you. Please see my thought below in red.

s9(2)(a)

From: Sonam Naidu s9(2)(a) > **On Behalf Of** Ptac
Sent: Wednesday, 15 April 2020 3:03 PM
To: April-Mae Marshall s9(2)(a)
<s9(2)(a)
C
< Elena

Saunders <s9(2)(a)
<s9(2)(a) ; Rongo Toelupe <s9(2)(a)

Cc: Tristan Gardiner s9(2)(a) >; Peter Yoo
s9(2)(a)
Subject: Phenelzine - advice

Kia ora Mental Health Subcommittee

I am emailing you to seek advice on a discontinuation of phenelzine a non-selective MAOI. The supplier of phenelzine has informed PHARMAC that they are discontinuing this medicine and have minimal stock remaining in New Zealand. In the 2019 FYR there were 99 patients prescribed phenelzine, due to this small patient group we are attempting to identify prescribers so that we can communicate with them directly about this discontinuation. We would like to seek your advice on what information should be included in written communication to prescribers of phenelzine.

We would specifically like your advice on the following questions:

- There is another non-selective MAOI on the Pharmaceutical Schedule tranylcypromine sulphate. We have had initial advice that this would be a suitable alternative treatment for these patients, do you agree? There appears to be no reason why a switch couldn't occur, however prescribers may want to reconsider antidepressant prescribing.
    - If yes is there a dose equivalence for these two products and should this dose equivalence information be included in information to prescribers? Yes, but My recollection is this is not very accurate, and this should be at best provided as 'approximate equivalent' dosing. I would emphasise all of these patients will need clinical review and oversight during this change.

- Would you recommend any other specific antidepressants that these patients could change to? No specific alternative. Moclobamide may be another option

- What potential clinical issues does PHARMAC need to take into consideration when advising prescribers to switch their patients to another funded medicine? . I strongly suspect these patients will have been on this MAOI for a considerable period of time and the dissociation curve of MAOI's is hyperbolic (I think) so slow changes at low doses will have significant changes to receptor affinity. Put another way reasonably big changes can be made at big does but slow changes need to be made at smaller doses. With some cross tapering. So I would enable non specialist prescribers to seek advice from a specialist and that choice of switch be individualised. I would also recommend this occurs soon, so a slow taper period can be achieved while stocks exist, abrupt stopping is likely to be problematic.
-

We thank you for your ongoing assistance during these difficult times.

Kind regards
Adam

Adam McRae | Senior Therapeutic Group Manager/Team Leader

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