



Surrey and Borders
Partnership

NHS Foundation Trust

WORKING IN PARTNERSHIP WITH



Surrey Heartlands Integrated Care System Area Prescribing Committee (APC)

| INFORMATION SHEET – Blue Traffic Light Classification | |
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| Name of medicine | Oral Monoamine Oxidase Inhibitors – Moclobemide, Phenelzine, Tranylcypromine and Isocarboxazid |
| Indication (including whether for adults and/or children) | For the treatment of depression in adults |
| APC policy statement reference (if applicable) | N/A |
| Author(s): Alison Marshall | |
| Organisation(s): Surrey and Borders Partnership NHS Foundation Trust | |
| Version: 1.0 | APC recommendation date: Jul 2024 Review date: Jul 2027 |

The information sheet is intended to facilitate the accessibility and safe prescribing of complex treatments across the secondary/primary care interface for medicines classified by Area Prescribing Committee (APC) as **BLUE**

BLUE drugs are considered suitable for prescribing in primary care, following initiation and stabilisation by a specialist as ongoing monitoring can be undertaken in primary care without specialist support and WITHOUT the need for a formal shared care guideline.

For each drug classified as **BLUE**, the Area Prescribing Committee will recommend the minimum supply and whether an information sheet is required or not. A minimum of one month supply of medication will be provided by the initiating consultant (but check specialist responsibilities below for further information)

This information sheet sets out the patient pathway relating to this medicine and any information not available in the British National Formulary and manufacturer’s Summary of Product Characteristics. Prescribing must be carried out with reference to those publications. A GP or Primary Care Prescriber must ensure they are familiar with the prescribing responsibilities. This information sheet is available on the internet <https://surreyccg.res-systems.net/PAD/Search> forming part of the Prescribing Advisory Database (PAD) giving GPs appropriate advice / guidance and is not required to be sent to the GP with the clinic letter.

RESPONSIBILITIES and ROLES

| Consultant / Specialist responsibilities |
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| 1. To assess the suitability of patient for treatment |
| 2. To discuss the aims, benefits and side effects of treatment with the patient and/or carer as well as their role |
| 3. To consider MAOI treatment where appropriate taking into account the person’s co-morbidities, concurrent medication, and previous treatment successes and failures. |
| 4. Explain to the patient and/or family/carer the treatment plan including the dosing schedule and request for transfer of care to GP |
| 5. Ensure the patient and their family/carer is aware of the dietary restrictions whilst taking a MAOI |
| 6. Baseline monitoring undertaken – in order to consider impact of physical health conditions on handling of medicines |

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| 7. Monitor and evaluate response to treatment, including adverse drug reactions, with the patient and to continue / discontinue treatment in line with agreed treatment plan |
| 8. Supply GP with summary of patient review (including anticipated length of treatment) and a copy of any information sheet available |
| 9. Advise GP if treatment is to discontinue at any point |
| 10. Inform GP if patient does not attend planned follow-up |
| 11. Prescribe the MAOI for a minimum of 6 months, or until patient stable, whichever is longer. |
| 12. Assess and monitor the patient's response to treatment and make dose adjustments where necessary. |
| 13. If treatment is ineffective and discontinued check for possible complications (eg withdrawal reactions) following discontinuation. |
| 14. Whilst the patient remains under the care of the specialist, monitor continued positive impact on mood. |
| 15. Although there is no specific monitoring required; consider impact of physical health conditions on handling of medicines |
| 16. Where there are difficulties in sourcing the medication to support primary care prescribers, with support from the pharmacy department, in identifying appropriate ways of ensuring treatment is not disrupted. |

General Practitioner (GP) or Primary Care Prescriber responsibilities

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| 1. Subsequent prescribing of MAOI at the dose recommended once the treatment has been established, the patient stabilised and the care of the patient has been transferred and accepted. |
| 2. For patients discharged from specialist care, undertake any necessary monitoring as dictated by the person's physical health, e.g. declining renal function which may impact on the handling of the MAOI |
| 3. Re-refer the patient or seek advice from the specialist if there are on-going signs or worsening of depression, side-effects or other difficulties |
| 4. To report any adverse drug reactions to the specialist and to the Medicines and Healthcare Products Regulatory Authority (MRHA) as part of the Yellow Card Scheme. https://yellowcard.mhra.gov.uk/ |

Patient / Carer role

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| 1. Informing the specialist team, primary care prescriber or other healthcare professional if he or she has further questions or wants more information about the treatment |
| 2. Tell the consultant / specialist or GP or Primary Care Prescriber of any other medication being taken, including over-the-counter products. |
| 3. Demonstrate an understanding of the dietary restrictions required whilst taking an MAOI |
| 4. Sharing any concerns about their treatment and problems they are having taking their medicines with the specialist team, primary care prescriber or other healthcare professional involved in their care |
| 5. Supported to know how to report any adverse effects to the specialist team, primary care prescriber or other healthcare professional involved in their care, and how adverse effects can be managed |
| 6. To be available for monitoring as required |
| 7. Attend follow-up appointments with the consultant / specialist / GP. Non-attendance of appointments may result in treatment being stopped |

Key information on the medicine

Please refer to the current edition of the British National Formulary (BNF), available at www.medicinescomplete.org, and Summary of Product Characteristics (SPC), available at www.medicines.org.uk for detailed product and prescribing information and specific guidance.

Indication

Treatment of depression, particularly where other treatment options are unsuitable or ineffective.

Dosage and Administration

- Refer to the British National Formulary or Summary of Product Characteristics

Interactions

Potentially life-threatening hypertensive crisis can develop in those taking **Isocarboxazid, Phenelzine and Tranylcypromine** who eat tyramine-rich food (such as mature cheese, salami, pickled herring, *Bovril*®, *Oxo*®, *Marmite*® or any similar meat or yeast extract or fermented soya bean extract, and some beers, lagers or wines) or foods containing dopa (such as broad bean pods). Avoid tyramine-rich or dopa-rich food or drinks with, or for 2 to 3 weeks after stopping, the MAOI.

Moclobemide is claimed to cause less potentiation of the pressor effect of tyramine than the traditional (irreversible) MAOIs, but patients should avoid consuming large amounts of tyramine-rich foods (such as mature cheese, salami, pickled herring, *Bovril*®, *Oxo*®, *Marmite*® or any similar meat or yeast extract or fermented soya bean extract, and some beers, lagers or wines).

Refer also to current Summary of Product Characteristics (SPC): www.medicines.org.uk for full details of all drug interactions.

Expected outcome

Improvement in symptoms of depression

Monitoring

| Monitoring requirements including frequency and appropriate dose adjustments | Responsible clinician |
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| Pre-treatment: <ul style="list-style-type: none">• Nil specific required; consider impact of physical health conditions on handling of medicines | Specialist Clinician |
| At 3 months <ul style="list-style-type: none">• Nil specific required; consider impact of physical health conditions on handling of medicines | Specialist Clinician |
| At 6 months <ul style="list-style-type: none">• Nil specific required; consider impact of physical health conditions on handling of medicines | Specialist Clinician |
| Annually: <ul style="list-style-type: none">• Nil specific required; consider impact of physical health conditions on handling of medicines | Specialist Clinician until care taken over by primary care prescriber |
| If dose change when on maintenance: <ul style="list-style-type: none">• Nil specific required; consider impact of physical health conditions on handling of medicines | |

Cautions, contraindications - Refer to current Summary of Product Characteristics (SPC): www.medicines.org.uk

Adverse effects - Refer to current Summary of Product Characteristics (SPC): www.medicines.org.uk