



New Zealand Hospital Pharmacists' Association
Te Kāhui Whakarite Rongoā Hōhipera o Aotearoa

Mental Health Special Interest Group



The Royal
Australian &
New Zealand
College of
Psychiatrists

Tu Te Akaaka Roa
New Zealand National Office



Hauora hinengaro
Manatuhia

Guidance for switching from phenelzine to another antidepressant

The supplier of phenelzine sulphate tablets has notified PHARMAC that they can no longer supply this medication in New Zealand. This is reportedly a global issue so the supplier can no longer guarantee supply of any brand of phenelzine. Supplies of phenelzine tablets are likely to run out by mid-late May 2020. People taking phenelzine should be reviewed and, if appropriate, transitioned to another antidepressant as soon as possible.

Phenelzine is a non-selective and irreversible monoamine oxidase inhibitor (MAOI) of the hydrazine class. The only remaining non-selective irreversible MAOI available in New Zealand is tranylcypromine. Tranylcypromine is a non-hydrazine MAOI and differs significantly from phenelzine in some aspects, as outlined below. Tranylcypromine may be an appropriate alternative antidepressant for some patients; however, it is important to consider an individual's physical health and psychiatric history, and whether an MAOI is still appropriate.

General practitioners should consult with a psychiatrist regarding treatment options and transition.

Reducing and stopping phenelzine

The dose of phenelzine should ideally be tapered down over a minimum of four weeks, starting immediately in light of very limited supplies. We acknowledge that a faster taper may be required in some cases due to rapidly declining stock. Irreversible MAOIs are associated with a high risk of discontinuation symptoms, e.g. nightmares, headache, irritability, feeling cold, disorientation, hypomania, nausea, sweating, palpitations, myoclonic jerks and, rarely, catatonia or psychosis. Significant discontinuation symptoms should be closely monitored and managed in consultation with a psychiatrist.

It is important to maintain [MAOI dietary](#) and [co-prescribed medication](#) precautions for at least 14 days after stopping phenelzine.

Switching from phenelzine to tranylcypromine

Taper and stop phenelzine as above. After a two-week washout period, tranylcypromine can be started at half the usual dose, i.e. 5mg twice daily. After one week, cautiously increase the dose as needed. As a general guide, tranylcypromine 10 mg is approximately equivalent to phenelzine 15 mg. Careful observation of the patient is essential throughout, due to the risk of hypertensive crisis and serotonin toxicity.

Although phenelzine may have occasionally been used in combination with other antidepressants, this is not advised with tranylcypromine. There is a higher risk of hypertensive crisis with tranylcypromine than with other MAOIs, therefore MAOI dietary precautions should be observed closely. Tranylcypromine also has a higher incidence of severe drug interactions. [Refer to NZF](#) for more information. Because tranylcypromine has additional amphetamine-like effects, it is more stimulating than phenelzine and should not be given any later than 3pm because of the risk of insomnia.

Switching from phenelzine to other antidepressants

Taper and stop phenelzine as above, allow a minimum two-week washout period, and then start the new antidepressant cautiously.

If switching to a strongly serotonergic antidepressant such as an SSRI or clomipramine, a longer washout period may be safer due to the risk of serotonin syndrome.

If switching to any tricyclic antidepressant, low initial doses are recommended.

Equivalent doses

Dosing of MAOIs is somewhat complicated by the fact that once a satisfactory response has occurred, only very low doses are required to maintain inhibition of the MAO enzymes. With phenelzine, this may have been as low as 15mg each day, or even on alternate days. Dosing of the new antidepressant will therefore be best decided on an individual basis.

For advice on individual cases or if a faster transition is required for any reason, please contact your local hospital pharmacy team or a psychiatrist experienced in the use of MAOIs.

Signed:

Date:

11th May 2020

Kyra Sycamore – Convenor, NZHPA Mental Health SIG

Dr Mark Lawrence, Chair, Tu Te Akaaka Roa - New Zealand National Committee, RANZCP