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Protocol for switching patients from escitalopram to citalopram

Aims:

- To identify patients on escitalopram who may be suitable for a switch to citalopram.
- Escitalopram is considerably more expensive than citalopram. A month supply of escitalopram 20mg costs £25.20 compared to £1.06 for citalopram 40mg. In addition, there is little evidence that one antidepressant is more effective than another in treating depression.

Objectives:

- To facilitate evidence based prescribing.
- To ensure cost-effective prescribing.

Inclusion criteria:

- Patients over 18 years old who are currently prescribed escitalopram.

Exclusion criteria:

- Patients previously on citalopram which has been stopped due to intolerance or lack of clinical effectiveness.
- Patients with an allergy/intolerance to citalopram or any of the excipients in citalopram tablets e.g. lactose, maize starch.
- Patients whose dose is above the maximum recommended (see above). Refer patients to GP for review.
- Children and adolescents <18 years old.
- Concomitant use of drugs known to interact with citalopram e.g. MAOIs including selegiline, drugs known to prolong the QT interval, pimozide. See citalopram Summary of Product Characteristics (SPC) for full list.
- Citalopram should not be given for fourteen days after discontinuation of an irreversible MAOI.
- Patients with known QT-interval prolongation or congenital long QT syndrome.
- Patients taking linezolid.

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- Patient that are pregnant or breastfeeding.
- Patients on escitalopram for a condition other than depressive illness or panic disorder (citalopram is not licenced for use in generalised anxiety disorder or obsessive compulsive disorder).
- Patients under specialist care.

Safety issues:

Citalopram and escitalopram are associated with dose-dependent QT interval prolongation. As a result, the maximum daily dose schedule for some patients has changed:

	Adults	Adults >65 years	Adults with hepatic impairment
Citalopram	40 mg*	20 mg*	20 mg*
Escitalopram	20 mg	10 mg*	10 mg

*New (restricted) maximum daily dose.

Additional issues to be considered are listed in table below. Flag these to prescriber for decision on switch.

Additional issues	Recommendations	Reason
≥2 antidepressants already tried.	May be appropriate to continue escitalopram.	Failure of previous treatments and problems with tolerability need to be considered.
Escitalopram started within last 4-6weeks.	May be appropriate to continue escitalopram, but switch to citalopram after 3 months.	To maintain patient's confidence and trust in treatment/ prescriber.

Additional issues	Recommendations	Reason
Escitalopram prescribed for >6m and no recent review of treatment.	Consider if SSRI still indicated before switching to citalopram. If risk of relapse is significant or there is a history of recurrent depression advise use of antidepressants for at least 2 years.	Treatment should be reviewed 6 months after remission, to determine if still required.
Ischaemic heart disease (IHD)	May be more appropriate to switch to sertraline.	Sertraline has best evidence base for patients with IHD.
Poor compliance with escitalopram.	If continued treatment indicated, switch to citalopram and address compliance issues.	Consequences of non-compliance include: incomplete treatment response, relapse, increased risk of developing more chronic forms of depression.

Responsibilities:

- The CCG Pharmacist or Technician is responsible for obtaining agreement from the GP for the work.
- The GP is responsible for agreeing for the work to be carried out in the practice; ensuring changes are communicated to the patient and any additional monitoring.

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- The CCG Pharmacist or Technician is responsible for completing audit sheets and highlighting relevant patients and risk factors to the GP.
- The CCG Pharmacist or Technician is responsible for advising local community pharmacies/practice dispensaries of work being undertaken and provide them with any supporting information which may be necessary to answer patient queries.

Process:

1. All work should be carried out as per CCG pharmacists and technicians protocol for practice work.
2. Agreement to carry out the escitalopram audit must be obtained and recorded on the agreement form.
3. A computer search should be run for all patients currently prescribed escitalopram/Cipralex®.
4. Check each patient against the exclusion criteria and exclude wherever appropriate.
5. Patients not ordering prescriptions, or with a poor compliance history should be reviewed by the GP.
6. Complete the audit form provided for each patient, using the table below to determine appropriate citalopram dose.
7. Obtain GP authorisation for all recommendations.
8. Once the switch has been authorised by a GP, accurately change the patient's prescription and record the change in the patient's notes. The change in medication should be communicated to the patient appropriately as agreed by the practice. The draft patient letter below can be used, however, please ensure that the surgery is happy with the wording.

Equivalent doses

Switch from	to
escitalopram 5mg	citalopram 10mg
escitalopram 10mg	citalopram 20mg
escitalopram 20mg	citalopram 40mg

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References

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3. Medicines and Healthcare products Regulatory Agency (MHRA). Drug Safety Update. December 2011
4. Electronic Medicines Compendium. Summary of Product Characteristics.
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6. PrescQIPP drop list:
<http://www.clingov.eoe.nhs.uk/prescqipp/index.php/news/resources/bulletins/10-drop-list/finish/58-drop-list/371-prescqipp-drop-list>

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Patient Information Letter Example for Escitalopram to Citalopram Switch

Practice letterhead

Address

Tel:

Fax:

Date

Private and confidential

~[Title/Initial/Surname]

~[Patient Address Block]

Dear ~[Title]~[Surname],

Important information about your repeat prescription

In line with best clinical practice and local guidelines we regularly review the medicines we prescribe to check that we are using the most cost effective medicines. Your doctor has reviewed your current treatment and has made the following changes to your prescription.

Citalopram belongs to the same class of medication as escitalopram and works in the same way. The reason your medication is being changed is that citalopram does the same job as escitalopram, but is a more cost effective option for the NHS. From your next repeat, your prescription will be changed:

From: Escitalopram ---mg, take --- daily

To: Citalopram ---mg, take --- daily

The dose of citalopram you have been prescribed is equivalent to your previous dose of escitalopram. Please finish your remaining escitalopram tablets that you have at home before starting the citalopram tablets. We will add citalopram to your regularly repeated medicines list and you will be able to order further supplied when you need them.

You should not experience any adverse effects from the change, however, should you have any queries about this medicine change please speak to your pharmacist or doctor.

Yours sincerely

GP name

