

MEMO

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To: All GPs NHS GGC

From: Jacqui Anderson, Chair of Prescribing Management Group, Mental Health

Subject: Venlafaxine 75mg ordinary release tablets supply problem

As you may be aware there is currently a supply problem with all manufacture's venlafaxine ordinary release 75mg tablets and possibly 37.5mg tablets. At present, there are no new supplies and no date of availability.

Venlafaxine is a serotonin and noradrenaline reuptake inhibitor mainly used for the treatment of depression and less often for the treatment of general anxiety disorder. For the treatment of depression venlafaxine is a third line option after selective serotonin reuptake inhibitors, mirtazapine and lofepramine.¹

Having considered this issue, the Prescribing Management Group – Mental Health, recommend clinicians take the following actions for patients affected

1. Review the on-going need for treatment. Avoid sudden withdrawal; venlafaxine ordinary release tablets are associated with withdrawal effects on missing a single dose, therefore reduce slowly and stop.
2. Where on-going treatment is required:
 - a. Option 1, Low dose, (75mg ordinary tablets twice daily) consider a change to equivalent dose using venlafaxine 37.5mg ordinary release tablets e.g. two 37.5mg tablets for each 75mg dose;
 - b. Option 2, High dose (>75mg ordinary release twice daily) consider a change to equivalent dose using venlafaxine MR dose capsules e.g. 75mg tablets twice daily to 150mg MR once daily;
 - c. Option 3, If both 75mg and 37.5mg plain release tablets are not available consider change to MR preparation at the same total daily dose.

Please remember venlafaxine MR preparations are designed for once daily use

3. If no venlafaxine preparations are available consider switch to alternative antidepressant.

Switching from venlafaxine should be considered on a case by case basis, as it is not possible to give all encompassing general advice, see [Clinical Knowledge Summaries](#). For patient currently attending Community Mental Health Teams (CMHT) or for those patients previously initiated on venlafaxine by CMHTs, please considering discussing potential antidepressant changes with the CMHT.

Stopping venlafaxine. Discontinuation symptoms may occur on stopping or missing doses of venlafaxine, usually within 24-72 hours. Symptoms are usually mild and self-limiting over about one week, but can be severe, particularly if stopped abruptly¹. Withdrawal effects may be reduced by changing from ordinary release venlafaxine 75mg or 150mg to fluoxetine 10-20mg daily or sertraline 50mg daily for 7-10 days and then stop^{3,4}. As fluoxetine and sertraline have longer half life than venlafaxine this may reduce withdrawal effects.

We will keep you informed of any further developments regarding the availability of venlafaxine ordinary release tablets.

References

1. [Depression Treatment in Primary Care – NHSGG&C guideline 2014](#)
2. Clinical Knowledge Summaries. Switching antidepressants.
<http://cks.nice.org.uk/depression#!prescribinginfosub:11>
3. Giakas WJ, MD, Davis JM, MD. Intractable Withdrawal From Venlafaxine Treated With Fluoxetine. *Psychiatric Annals* 1997 Feb 1997;27(2):85-86,92.
4. Luckhaus C, Jacob C. Venlafaxine withdrawal syndrome not prevented by maprotiline, but resolved by sertraline. *International Journal of Neuropsychopharmacology* 2001 Mar;4(1):43-44.