NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Shortage of Sertraline 50mg and 100mg tablets

Date: 23rd April 2020

Description of product affected

Sertraline is a selective serotonin reuptake inhibitor (SSRI), indicated for the treatment of[1]:

- Major depressive episodes.
- Prevention of recurrence of major depressive episodes.
- Panic disorder, with or without agoraphobia.
- Obsessive compulsive disorder (OCD)
- Social anxiety disorder.
- Post-traumatic stress disorder.

Where sertraline has been prescribed for children and adolescents it would have been initiated by a specialist. Therefore, it is imperative that advice is sought from the specialist in charge of the individual paediatric patient's care where supplies of sertraline are unavailable for the individual patient.

Therefore, the guidance below is only suitable for ADULT patients.

Background

The availability of sertraline 50mg and 100mg tablets is changing on a daily basis.
The following table demonstrates current availability from manufacturers of these products (correct as of 22/04/2020).

Manufacturer	Availability
Accord	**Unavailable both strengths** – no expected resupply date confirmed.
Bristol	**Available – 50mg** available through Phoenix and Day Lewis. **Unavailable – 100mg** no expected resupply date confirmed.
Crescent	**Available – 50mg** available through AAH, Alliance Healthcare and Phoenix. **Unavailable – 100mg** no expected resupply date confirmed.
Dr Reddy's	**Unavailable both strengths** – expected in April but no resupply date confirmed. AAH, Alliance Healthcare and Phoenix.
Medreich	**Limited stock – 50mg** **Available – 100mg.** Both available through Day Lewis.
Mylan	**Available – Both strengths** through Phoenix.
Ranbaxy	**Available – Both strengths** through AAH.
Relonchem	**Available – 50mg** and being distributed to Tesco Pharmacies. **Unavailable – 100mg** no expected resupply date confirmed.
Teva	**Unavailable both strengths** – expected resupply May 2020.

Alternative agents and management options[2]

- In the first instance, we would recommend that several local pharmacies and dispensaries are contacted by telephone to ascertain if the patient can be maintained on their usual treatment of sertraline.
- However, due to the current increase in demand for sertraline 50mg and 100mg tablets, supplies may not be available locally.
- Where supplies are not available locally, each individual patient currently taking sertraline, who does not have sufficient supplies will need to be reviewed and the indication for its use established.
- Patients should be individually reviewed for continued need.
- Where an antidepressant is still clinically required, patients may need to be switched to an alternative anti-depressant.
- Patients on sertraline generally fall into one of the two following groups:
    1. Patients who are taking sertraline as a first line antidepressant.
    2. Patients who have tried at least one other antidepressant previously.
- Where possible, switching antidepressants should only occur where there are no supplies available locally and the patient is taking sertraline as a first line antidepressant. As tolerability and effectiveness of other antidepressants should be equivalent for most of these patients.
- Where possible, supplies of sertraline available locally should be reserved for patients who have previously tried at least one other antidepressant prior to becoming stabilised on sertraline.
- Care is required when switching between antidepressants and should take into consideration individual patient circumstances i.e. past treatments that have been tried and failed, co-morbidities and concomitant medications.
- Different indications have different recommended initial doses and dosing ranges for sertraline. Please see BNF[2] for details.
- The decision about alternative therapy and what to do will need to be individualised to each patient.

Citalopram – licensed indications[3]

- Citalopram tablets are indicated in adults for the treatment of depressive illness in the initial phase and as maintenance against potential relapse/recurrence.
- Citalopram tablets are also indicated in adults for the treatment of panic disorder with or without agoraphobia.

Fluoxetine – licensed indications[4]

- Fluoxetine is licensed in adults for:
    - *Major Depressive Episodes* - Fluoxetine is indicated for the treatment of the symptoms of major depressive illness, with or without associated anxiety symptoms, especially where sedation is not required.
    - *Obsessive-compulsive disorder.*
    - *Bulimia nervosa* - Fluoxetine is indicated as a complement of psychotherapy for the reduction of binge-eating and purging activity.

Switching patients from Sertraline to Citalopram or Fluoxetine[5,6]

Please note that caution is required when switching antidepressants.

- All antidepressants have the potential to cause withdrawal phenomena.
- All patients should be informed of the risk of discontinuation symptoms (discussed further below).
- There are three main ways of switching between SSRIs:
    1. Direct switch
    2. Cross titration
    3. Washout period
- The choice of which method is best for the patient will depend on a number of factors:
    - The urgency of the switch. i.e. have they got any supplies of sertraline left/available.
    - The patient's physical condition. Caution is required in older patients and those with comorbidities.
    - The current dose of sertraline
    - The duration of antidepressant treatment. If this has been less than 6 weeks, then it may be possible to shorten the withdrawal period or stop the drug abruptly.
    - The pharmacodynamic and pharmacokinetic profiles of the antidepressants involved.
    - The risk of serotonin syndrome. Serotonin syndrome is more likely to occur if the patient is on other drug therapy with serotonergic activity, for example opioids, tramadol, selegiline, lithium, linezolid and dextromethorphan.
    - Any history of discontinuation reactions.
    - The risk that the switching regimen will confuse the patient and result in medication error.

Direct switching of patients[5,6]

- This may be the most appropriate switch for patients without comorbidities and without a high risk of relapse or history of severe depression.
- **This option may also be considered for patients taking sertraline as a first line antidepressant at the dose of 50mg daily.**
- Switch to alternative SSRI (citalopram or fluoxetine) at the usual starting dose for the indication - the switch should usually occur, the day after immediately stopping the first anti-depressant.
- Consideration should be given to increasing the dose further after (usually after another week) if there is a high risk of relapse or a history of severe depression.

Cross-tapering[5,6]

This approach would ideally reduce the sertraline dose by 50mg/day at weekly intervals until 50mg dose is reached. *However, this may not be possible due to supplies of sertraline available locally.*

This may be more appropriate when switching from sertraline to fluoxetine and/or for patients on high doses of sertraline with a history of withdrawal symptoms, patients with a high risk of relapse or patients with a history of severe depression. The principle is to overlap the prescribing of antidepressants and the doses used will depend on age.

e.g. For an adult patient (under 65 years of age) with depression and prescribed sertraline and switching to citalopram.

Initial Sertraline Dose	*Switching*	*Week 1*	*Week 2*	*Week 3*	*Week 4*	*Week 5*	*Week 6*
200mg	Sertraline Dose	150mg	100mg	50mg	STOP		
	Citalopram Dose		10mg	20mg	30mg	40mg and review in two weeks' time.	
150mg	Sertraline Dose	100mg	50mg	STOP			
	Citalopram Dose		10mg	20mg	30mg and review in two weeks' time.		
100mg	Sertraline Dose	50mg	STOP				
	Citalopram Dose		10mg	20mg and review in two weeks' time.			
50mg	Sertraline Dose	STOP					
	Citalopram Dose	10mg and review in two weeks' time.					

e.g. For an adult patient with depression and prescribed sertraline and switching to fluoxetine.

Initial Sertraline Dose	*Switching*	*Week 1*	*Week 2*	*Week 3*	*Week 4*	*Week 5*
200mg	Sertraline Dose	150mg	100mg	50mg	STOP	
	Fluoxetine Dose		20mg	40mg	60mg and review in two weeks' time.	
150mg	Sertraline Dose	100mg	50mg	STOP		
	Fluoxetine Dose		20mg	40mg	60mg and review in two weeks' time.	
100mg	Sertraline Dose	50mg	STOP			
	Fluoxetine Dose		20mg and review in two weeks' time.			
50mg	Sertraline Dose	STOP				
	Fluoxetine Dose	20mg and review in two weeks' time.				

Washout period[5,6]

This involves gradually withdrawing the first antidepressant over several weeks and starting the second anti-depressant after a time (washout period). When using this method of switching from sertraline, the washout period should be at least 5 days. may be the most appropriate switch for patients with a history of serotonin syndrome or who are prescribed other medication which may cause serotonin syndrome e.g. opioids, tramadol, selegiline, lithium, linezolid and dextromethorphan. It may be less suitable for patients with a high risk of relapse or patients with a history of severe depression.

It is important to involve any patients (and their carers, as appropriate) in the discussion regarding any planned change to their medication BEFORE making the change. Extra patient counselling will be required to support.

If the above recommendations are not clinically acceptable or there is any uncertainty about what to do or how to do it then management options should be discussed with the responsible consultant specialist depending on indication.

Availability of alternative products

The Medicines Optimisation Team have confirmed the following availability for citalopram and fluoxetine formulations.

Citalopram Availability

Manufacturer	**Availability**
Accord	**Available – 20mg.** **Unavailable – 10mg and 40mg.**
Almus	**Available – 10mg and 20mg.** **Unavailable – 40mg** long term out of stock.
Bristol	**Unavailable –10mg and 20mg,** further stocks expected mid-April 2020. **Available – 40mg.**
Medreich	**Available – 10mg, 20mg** through AAH and DE pharmaceuticals. **Unavailable – 40mg** no confirmed date for resupply.
Mylan	**Available – all strengths in stock** through Phoenix **.**
Rivopharm	**Available – 10mg and 20mg strengths.**
Sovereign	**Available – all strengths in stock** through AAH.
Teva	**Available – 10mg** through AAH , Alliance , Phoenix , Mawdsley and DE pharmaceuticals. **Unavailable – 20mg and 40mg.**
Zentiva	**Available – 10mg, 20mg and 40mg.**

Fluoxetine Availability

Manufacturer	Availability
Accord	**Available – 20mg and 20mg/5ml oral solution (not SF).** **Unavailable 10mg –** short term out of stock/ **Unavailable 60mg - long** term out of stock.
Almus	**Available – 20mg.** **Unavailable - 60mg** short term out of stock.
Chemidex Pharma Ltd	**Available - Prozep 20mg/5ml oral solution.** Possibly some delays but available mainly through Alliance Healthcare and Phoenix but also AAH and Movianto.
Medreich	**Available – 20mg capsules.** **Unavailable 60mg –** limited stock expected by first week of May.
Relonchem	**Available – 20mg capsules** through AAH.
Teva	**Available – 20mg capsules** through Alliance, AAH, DE Pharmaceuticals and Phoenix.
Mylan	**Unavailable 60mg** until early July 2020

Monitoring the patient and discontinuation symptoms[6]

- Additional monitoring to check for efficacy, tolerability and for any withdrawal/discontinuation symptoms due to any change in therapy will be needed.
- Discontinuation symptoms can occur with all classes of anti-depressants and a direct switch may put the patient at risk of discontinuation symptoms.
- Discontinuation symptoms can last between 1 and 2 weeks and the following symptoms commonly occur after abrupt withdrawal or reduction of the dose of sertraline: flu-like symptoms, 'shock-like' sensations, dizziness exacerbated by movement, insomnia, excessive (vivid) dreaming, irritability and crying spells.
- Serotonin syndrome can occur with a single serotonergic drug at a therapeutic dose or more frequently with a combination of serotonergic drugs[6]. Caution is therefore advised when switching between antidepressants and patients should be very carefully monitored for the following symptoms of serotonin syndrome when their therapy is changed[6]:
    - Mild – Insomnia, anxiety, nausea, diarrhoea, hypertension, tachycardia, hyper-reflexia.
    - Moderate – Agitation, myoclonus, tremor, mydriasis, flushing, diaphoresis, low fever (<38.5°C).
    - Severe – Severe hyperthermia, confusion, rigidity, respiratory failure, coma and death.

Further information

For advice and support regarding the above information, please do not hesitate to contact our Medicines Optimisation Team via CAPCCG.prescribingpartnership@nhs.net.

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