



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

Private Bag X828, PRETORIA, 0001, Civitas Building, Pretoria

Reference: 2019/10/18/AMD/EDP/01

NOTICE: RECOMMENDED THERAPEUTIC ALTERNATIVE FOR CITALOPRAM 20MG TABLETS

The Primary Health Care, Adult Hospital Level and Paediatric Hospital Level Standard Treatment Guidelines (STGs) and Essential Medicines List (EML) currently recommends the use of citalopram for various indications. The contracted supplier, Cipla Medpro South Africa Limited, is currently unable to supply Citalopram 20mg tablets. This supply challenge is expected until 30 November 2019.

Until the supply of citalopram normalises, the recommended therapeutic alternatives are sertraline or escitalopram tablets.

Indication: Primary Health Care (2018)	Current recommendation in STGs and EML	Therapeutic alternative to citalopram tablets ¹
16.3 Anxiety disorders	Adults: - Fluoxetine, oral. - Initiate at 20 mg alternate days for 2 weeks. - Increase to 20 mg daily after 2–4 weeks. - Delay dosage increase if increased agitation/panicky feelings occur. OR <u>If fluoxetine is poorly tolerated:</u> - Alternative SSRI e.g.: - Citalopram, oral. - Initiate at 10 mg daily for the 1st week. - Then increase to 20 mg daily.	Adults: - Fluoxetine, oral. - Initiate at 20 mg alternate days for 2 weeks. - Increase to 20 mg daily after 2–4 weeks. - Delay dosage increase if increased agitation/panicky feelings occur. OR <u>If fluoxetine is poorly tolerated:</u> - Alternative SSRI e.g.: - Escitalopram, oral. - Initiate at 5 mg daily for the 1st week. - Then increase to 10 mg daily. OR - Sertraline, oral. - Initiate at 50 mg daily for the 1st week. - Then increase to 100 mg daily.
16.4.1 Depressive disorders	Adults: - Fluoxetine, oral. - Initiate at 20 mg alternate days for 2 weeks. - Increase to 20 mg daily after 2–4 weeks. - Delay dosage increase if increased agitation/panicky feelings occur. - Reassess response after 4 weeks on daily fluoxetine. Symptoms may take up to 2-4 weeks to resolve. If only a partial or no response after 8 weeks of treatment refer to doctor. OR <u>If fluoxetine is poorly tolerated:</u> - Alternative SSRI e.g.: - Citalopram, oral. - Initiate at 10 mg daily for the 1st week. - Then increase to 20 mg daily.	Adults: - Fluoxetine, oral. - Initiate at 20 mg alternate days for 2 weeks. - Increase to 20 mg daily after 2–4 weeks. - Delay dosage increase if increased agitation/panicky feelings occur. - Reassess response after 4 weeks on daily fluoxetine. Symptoms may take up to 2-4 weeks to resolve. If only a partial or no response after 8 weeks of treatment refer to doctor. OR <u>If fluoxetine is poorly tolerated:</u> - Alternative SSRI e.g.: - Escitalopram, oral. - Initiate at 5 mg daily for the 1st week. - Then increase to 10 mg daily. OR - Sertraline, oral. - Initiate at 50 mg daily for the 1st week. - Then increase to 100 mg daily.

¹ For management of depression and anxiety disorders in adults, adolescents, elderly, PLWHA, refer to the NEMLC technical review: SSRIs for depression and anxiety disorders – PHC and Adult Hospital Level, 10 October 2017. Available at: <http://www.health.gov.za/index.php/standard-treatment-guidelines-and-essential-medicines-list/category/404-phc-medicines-reviews>

22.2.1 Anxiety (palliative care)	<u>Adults:</u> - Fluoxetine, oral. - Initiate at 20 mg alternate days for 2 weeks. - Increase to 20 mg daily after 2–4 weeks. - Delay dosage increase if increased agitation/panicky feelings occur. OR <u>If fluoxetine is poorly tolerated:</u> - Alternative SSRI e.g.: - Citalopram, oral. - Initiate at 10 mg daily for the 1st week. - Then increase to 20 mg daily.	<u>Adults:</u> - Fluoxetine, oral. - Initiate at 20 mg alternate days for 2 weeks. - Increase to 20 mg daily after 2–4 weeks. - Delay dosage increase if increased agitation/panicky feelings occur. OR <u>If fluoxetine is poorly tolerated:</u> - Alternative SSRI e.g.: - Escitalopram, oral. - Initiate at 5 mg daily for the 1st week. - Then increase to 10 mg daily. OR - Sertraline, oral. - Initiate at 50 mg daily for the 1st week. - Then increase to 100 mg daily.
22.2.3 Depression	<u>Adults:</u> - Fluoxetine, oral. - Initiate at 20 mg alternate days for 2 weeks. - Increase to 20 mg daily after 2–4 weeks. - Delay dosage increase if increased agitation/panicky feelings occur. OR <u>If fluoxetine is poorly tolerated:</u> - Alternative SSRI e.g.: - Citalopram, oral. - Initiate at 10 mg daily for the 1st week. - Then increase to 20 mg daily.	<u>Adults:</u> - Fluoxetine, oral. - Initiate at 20 mg alternate days for 2 weeks. - Increase to 20 mg daily after 2–4 weeks. - Delay dosage increase if increased agitation/panicky feelings occur. OR <u>If fluoxetine is poorly tolerated:</u> - Alternative SSRI e.g.: - Escitalopram, oral. - Initiate at 5 mg daily for the 1st week. - Then increase to 10 mg daily. OR - Sertraline, oral. - Initiate at 50 mg daily for the 1st week. - Then increase to 100 mg daily.
Indication: Adult Hospital Level (2015)	Current recommendation in STGs and EML	Therapeutic alternative to citalopram tablets²
15.4 Depressive disorder, major	- Selective serotonin reuptake inhibitors, e.g.: - Fluoxetine, oral. - Initial dose: 20 mg. - If there is no or partial response after 4–8 weeks, increase to 40 mg, if well tolerated. OR - Citalopram, oral. - Initial dose: 20 mg. - If there is no or partial response after 4–8 weeks, increase to 40 mg, if well tolerated.	- Selective serotonin reuptake inhibitors, e.g.: - Fluoxetine, oral. - Initial dose: 20 mg. - If there is no or partial response after 4–8 weeks, increase to 40 mg, if well tolerated. OR - Escitalopram, oral. - Initiate at 5 mg daily for the 1st week. - Then increase to 10 mg daily. - If partial response after 4–8 weeks, increase to 20 mg daily, if well tolerated. OR - Sertraline, oral. - Initiate at 50 mg daily for the 1st week. - Then increase to 100 mg daily. - If partial response after 4–8 weeks, increase to 150 mg daily, if well tolerated.
15.6 Generalised anxiety disorder	Maintenance therapy - SSRI, e.g.: - Citalopram, oral, 10–40 mg daily. OR - Fluoxetine, oral, 10–40 mg daily. - Duration of therapy: variable, although the condition tends to be chronic. Extended medicine treatment should be monitored by a specialist.	Maintenance therapy - SSRI, e.g.: - Escitalopram, oral, 5–20 mg daily. OR - Sertraline, oral, 50–150 mg daily. OR - Fluoxetine, oral, 10–40 mg daily. - Duration of therapy: variable, although the condition tends to be chronic. Extended medicine treatment should be monitored by a specialist.

² For management of depression and anxiety disorders in adults, adolescents, elderly, PLWHA, refer to the NEMLC technical review: SSRIs for depression and anxiety disorders – PHC and Adult Hospital Level, 10 October 2017. Available at: <http://www.health.gov.za/index.php/standard-treatment-guidelines-and-essential-medicines-list/category/404-phc-medicines-reviews>

15.7 Obsessive-compulsive disorder	- Selective serotonin reuptake inhibitors, e.g.: - Fluoxetine, oral. - Initial dose: 20 mg. - If there is no or partial response after 4–8 weeks, increase to 40 mg, if well tolerated. - OR - Citalopram, oral. - Initial dose: 20 mg. - If there is no or partial response after 4–8 weeks, increase to 40 mg, if well tolerated.	- Selective serotonin reuptake inhibitors, e.g.: - Fluoxetine, oral. - Initial dose: 20 mg. - If there is no or partial response after 4–8 weeks, increase to 40 mg, if well tolerated. - OR - Escitalopram, oral. - Initial dose: 10 mg. - If there is no or partial response after 4–8 weeks, increase to 20 mg, if well tolerated. - OR - Sertraline, oral. - Initial dose: 50 mg - If there is no or partial response after 4–8 weeks, increase to 100 mg, if well tolerated.
15.8 Panic disorder	- SSRI, e.g.: - Citalopram, oral, 10–40 mg daily. - OR - Fluoxetine, oral, 20–40 mg daily. - Initiate at low dose and gradually titrate to therapeutic dosages according to tolerability. - SSRI's onset of action in panic disorder is relatively slow, and at least 8 weeks of adequate dose treatment is required before efficacy can be assessed. - Duration of SSRI therapy: variable, initially 6 months–1 year. - Long term medicine treatment may be necessary. - Relapses may occur when treatment is discontinued. - Consider short-term co-administration of a benzodiazepine, due to the slow onset of action and the potential for increased anxiety during the initial phase of treatment with antidepressants.	- SSRI, e.g.: - Escitalopram, oral, 5–20 mg daily. - OR - Sertraline, oral, 25–50 mg daily. - Then increase after 2–4 weeks to 100 mg daily. - OR - Fluoxetine, oral, 20–40 mg daily. - Initiate at low dose and gradually titrate to therapeutic dosages according to tolerability. - SSRI's onset of action in panic disorder is relatively slow, and at least 8 weeks of adequate dose treatment is required before efficacy can be assessed. - Duration of SSRI therapy: variable, initially 6 months–1 year. - Long-term medicine treatment may be necessary. - Relapses may occur when treatment is discontinued. - Consider short-term co-administration of a benzodiazepine, due to the slow onset of action and the potential for increased anxiety during the initial phase of treatment with antidepressants.
Indication: Paediatric Hospital Level (2017)	Current recommendation in STGs and EML	Therapeutic alternative to citalopram
14.4.1 Depression in childhood and adolescence	- Fluoxetine, oral, 0.5 mg/kg daily. If there is poor response to fluoxetine after an adequate trial of treatment, i.e. 4–6 weeks, or if significant symptoms of anxiety are present or if child is HIV infected, consider an alternative SSRI: - Citalopram, oral, 0.4 mg/kg daily. - Dose range: 5–40 mg daily. Recommended average dose: 10–20 mg/day.	Consult with a paediatric psychiatrist for guidance.
14.5.1 Generalised Anxiety Disorder (GAD)	- Fluoxetine, oral, 0.5 mg/kg daily. If there is poor response to fluoxetine after an adequate trial of treatment, i.e. 4–6 weeks, consider an alternative SSRI: - Citalopram, oral, 0.4 mg/kg daily. - Dose range: 5–40 mg daily. Recommended average dose: 10–20 mg/day.	Consult with a paediatric psychiatrist for guidance.
14.6 Obsessive Compulsive Disorder (OCD)	- Fluoxetine, oral, 0.5 mg/kg daily. - Dose range: 20 – 40 mg daily. - Recommended average dose: 20–40 mg. OR - Citalopram, oral, 0.4 mg/kg daily. - Dose range: 5–40 mg daily. Recommended average dose: 10–20 mg/day.	Consult with a paediatric psychiatrist for guidance.
14.7 Post Traumatic Stress Disorder (PTSD)	- Fluoxetine, oral, 0.5 mg/kg daily. - Dose range: 20 – 40 mg daily. OR - Citalopram, oral, 0.4 mg/kg daily. - Dose range: 5–40 mg daily. Recommended average dose: 10–20 mg/day.	Consult with a paediatric psychiatrist for guidance.

Note: These recommendations are provided as an interim measure and the National Department of Health will advise when the supply of citalopram is stabilised and acquisition can be processed.

Quotations for sertraline or escitalopram tablets have been sourced as follows:

Escitalopram 10 mg 28's			Setraline 50mg 30's		
Supplier	Quote	Quantity	Supplier	Quote	Quantity
Mylan	R81.87	4000	Sun Pharma	R84.19	50 000

Provinces and Health Care Facilities are requested to distribute and communicate this information in consultation with the Pharmaceutical and Therapeutics Committees.

Kindly share with all healthcare professionals.

Comments may be submitted via e-mail or post:

Stock queries:

Ms Maureen Masinge

Tel: 012 395 9683

E-mail: Maureen.Masinge@health.gov.za

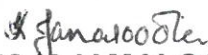
Clinical queries:

Essential Drugs Programme

Tel: 012 395 8224/8287

E-mail: SAEDP@health.gov.za

Kind regards


MS K JAMALOODIEN

DIRECTOR: AFFORDABLE MEDICINES

DATE: 18/10/2019