

## Atomoxetine: out of stock UPDATE

*This information has been produced by the NHS Grampian Medicines Management department in collaboration with children and adult mental health services.*

### Shortage information

An ongoing shortage of atomoxetine capsules continues – a MSAN has been issued regarding the 40mg and 60mg strengths. This shortage is however also impacting on other strengths due to increase demands. Anticipated resupply date of 40mg and 60mg strengths is September 2023.

### Prescribing in NHS Grampian

Patients were previously identified and shared – data has been updated and re-circulated.

122 patients have been identified as being prescribed affected products within NHS Grampian. Of those, 40 patients are aged under 18 (8 years – 17 years). The remaining 82 patients are adults (ages ranging from 18 years – 66 years)

### Stock information & availability

- Atomoxetine 40mg and 60mg capsules are out of stock until September 2023.
- Other strengths and formulations of atomoxetine may remain available but in insufficient quantities to meet increased demand. NB: liquid preparations should NOT be prescribed as an alternative as this preparation is only recommended for those unable to swallow capsules.
- Unlicensed supplies of atomoxetine 40mg and 60mg may now be sourced – lead times vary. NHS Grampian authorisation is required via the normal specials process prior to unlicensed specials being ordered. The prescriber must agree that an unlicensed special should be obtained and the patient/carer should be made aware.

The following specialist importers have confirmed they can source unlicensed atomoxetine 40mg and 60mg capsules - note there may also be other suppliers

- Alium (1-2 week lead time)
- BAP Pharma
- Qmed Pharma
- Target

### Formulary status

- Atomoxetine is included in the [Grampian Area Formulary](#) and can be prescribed in Primary Care on recommendation of a specialist.
- There is no direct alternative to atomoxetine – other medicines may be considered following individual patient review by specialist service (e.g. guanfacine, Methylphenidate)

### Actions for Primary Care

Contact the affected patients (considering prescribed doses) and ascertain how much medication the patient has remaining.

Note if unlicensed, special supplies will be required this may require 2 weeks lead time, dependant on the supplier.

Where the 40mg /60mg strength of atomoxetine cannot be sourced and the patient requires a supply:

- Consider other licensed strengths of atomoxetine to provide the required dose – discuss with the community pharmacy what can be accessed and prescribed accordingly – ensure patients are advised if there is any change of strength.
- Where stock cannot be sourced, the specialist service under which the medication was recommended should be contacted to discuss ongoing treatment and management
- Within NHS Grampian this is:
  - **CAMHS**: contact the specialist whom the patient is open to (see clinic letters). An email can be sent directly to the specialist or via [gram.camhs@nhs.scot](mailto:gram.camhs@nhs.scot).
  - **CCH**: contact the specialist whom the patient is open to (see clinic letters)
  - **Adult mental health** : contact the specialist whom the patient is open to (see clinic letters)

### **Actions for Secondary Care**

- Confirm that “Actions for primary care” have been carried out i.e. that it has been confirmed that the patient cannot source an ongoing supply of atomoxetine.
- Review need for ongoing treatment. The SPC states: ‘Treatment with atomoxetine need not be indefinite. Re-evaluation of the need for continued therapy beyond 1 year should be performed, particularly when the patient has reached a stable and satisfactory response’.
- Atomoxetine can be stopped abruptly but, if supply allows, a gradual titration would be preferable e.g. halving the dose for a few days before stopping altogether. Some patients who have been on a high dose for a prolonged period of time may experience a broad range or mild rebound emotional symptoms, particularly anxiety, for a few days.
- If treatment is still indicated then consider if an unlicensed special or any of the formulary options would be an appropriate alternative for the patient e.g.
  - Unlicensed special atomoxetine for continuity of treatment
  - stimulants (methylphenidate, lisdexamfetamine, dexamfetamine)
  - non-stimulants (guanfacine)
- Factors such as the patient’s medical history, drug history, drug allergies and intolerances should all be considered before prescribing an alternative.
- The summaries of product characteristics should be consulted for details on licensed indications, cautions, contra-indications. For example, guanfacine is unlicensed for the treatment of adults.

#### *Data information*

*Data provided is ePrescribed (March 2023 – July 2023, run 25<sup>th</sup> July 2023)*

*The data provides prescribing information. It does not confirm that the prescription has been dispensed by community pharmacy or collected by the patient.*

*The data only captures electronic prescribing information – any handwritten prescriptions will not be included.*