

GM Pathway for the Management of Patients Prescribed Medicines for ADHD during the National Shortage

November 2023

GM Pathway for the Management of Patients Prescribed Methylphenidate Prolonged-Release Capsules and Tablets, Lisdexamfetamine Capsules, and Guanfacine Prolonged-Release Tablets during the National Shortage

Background

On 27th September a [National Patient Safety Alert \(NatPSA\)](#)¹ was issued to advise of national shortages of medicines used in the treatment of ADHD. At present, the supply disruptions are expected to resolve at various dates between October and December 2023. A letter containing advice regarding the current supply issues with ADHD medications was sent out to primary care colleagues on the 30th October. This pathway provides additional support materials to help primary care clinicians, in collaboration with secondary care colleagues, to complete the actions in the NatPSA. The ADHD services will support with any concerns/queries.

Please see the flowcharts in Appendix 1 which summarise the actions required

Medications that are currently affected:

Methylphenidate

- Xaggitin XL[®] 18 and 36mg prolonged-release tablets
- Xenidate XL[®] 27mg prolonged-release tablets

Lisdexamfetamine

- Elvanse[®] 20, 30, 40, 50, and 70mg capsules
- Elvanse[®] Adult 30mg capsules

Guanfacine

- Intuniv[®] 1,2,3 and 4mg prolonged-release tablets

The supply disruption of these products is caused by a combination of manufacturing issues and an increased global demand. Other ADHD products remain available but cannot meet excessive increases in demand and may not necessarily be appropriate for all patients. Please note the availability of these products is subject to change, and regularly updated information regarding this can be found on the [Specialist Pharmacy Services \(SPS\) website](#).²

Please do not switch patients onto any products affected by the shortages

All medicines affected are **AMBER** drugs on the GMMM RAG list and subject to shared care agreements. Any changes to these medicines will need to be agreed and communicated with the patient and specialist.

Initial Actions for GP Practices

- Identify patients likely to be affected using prescription data from the last 3 months.
- Contact the patient and/or their carer to establish if they have enough medication to last until the expected resolution date (N.B. this is unlikely due to the majority of the medications being affected are schedule two controlled drugs, which should not routinely be prescribed for more than 30 days at a time).
- Establish whether supplies can be obtained from the patient’s usual pharmacy, or other community pharmacies in the area.
- With the exception of guanfacine, which should not be stopped suddenly, if supplies cannot be obtained, discuss with the patient and/or their carer whether they could manage having a break in medication or omit doses on days when symptom control can be managed by non-pharmacological strategies. Note that [NICE guidelines³](#) advise considering trial periods of stopping medication when assessment of the overall balance of benefits and harms suggest this may be appropriate. See Appendix 2 for information to help discussions with patients regarding treatment breaks.
- For any patients identified who are being prescribed the medication by CAMHS or the specialist ADHD service, please direct them or their carer to contact the specialist team for advice using the contact information in Appendix 3.

For patients identified who are being prescribed this medication by their GP under a shared care agreement please see the guidance below regarding individual medications.

Advice regarding specific medications

Medication	Additional Information	Action
Guanfacine	<p>Patients currently prescribed guanfacine should have their dose gradually reduced.⁴</p> <ul style="list-style-type: none"> • Suddenly stopping guanfacine should be avoided due to the risk of rebound hypertension. Hypertensive encephalopathy has been very rarely reported on abrupt cessation of treatment. • Dosage must be tapered in decrements of no more than 1 mg every 3 to 7 days; blood pressure and pulse should be monitored in order to minimise potential withdrawal effects, in particular increases in blood pressure and heart rate. • If it is not possible to reduce slowly, monitor BP and HR on stopping. The hypotensive effect of guanfacine may take about 2-4 days to resolve. Rebound hypertension may occur and may persist in some cases. This is usually asymptomatic and clinically insignificant. Monitor BP and HR at day 2, and again at day 4. If BP raised at day 4, measure again at weekly intervals until normal. 	<p>Refer back to specialist team for review ASAP. Specialist teams across GM are prioritising these patients for review.</p> <p>The specialist team may ask the GP practice to assist in the monitoring of these patient cases.</p>

Medication	Additional Information	Action
Equasym XL	All strengths should now be available but if unable to obtain, alternative methylphenidate capsules do not have equivalent release profiles.	If the patient does not feel they can manage having a break in medication direct them to their specialist ADHD service for advice
Lisdexamfetamine	Consider issuing a generic prescription. The Elvanse and Elvanse Adult formulations are identical, the only difference being the patient information and product licensing.	

Methylphenidate Prolonged Release TABLETS

All brands of methylphenidate prolonged release tablets in Table 1. have an equivalent release profile.⁵ If the patient's usual brand is unavailable, consider prescribing an alternative brand from this table, considering the importance to some patients of a similar shape and colour.

Table 1. Bioequivalent methylphenidate prolonged release tablets⁵

Brand name	Strength and colour ⁶ (Some brand strengths are a different colour)				Shape ⁶
	18mg (yellow)	27mg (grey)	36mg (white)	54mg (Red-brown)	
Delmosart PR	✓	✓	✓	✓	All capsule shaped tablets
Xaggitin XL	Out of stock	✓	Out of stock from 17 Nov	✓	
Concerta XL*	✓	✓	✓	✓	
Affenid XL	✓	✓	✓	✓ (pink)	Biconvex round tablets
Matoride XL	✓	Not available in this strength	✓	✓	
Xenidate XL	✓	Out of stock (Yellow)	✓	✓ (Reddish-red)	18mg strength is a round tablet. Other strengths are oblong with a break line on both sides and can be divided into equal doses.

✓ = In stock at the time of writing. Please check [SPS website](#) for up to date stock information. Individual log-in required to view expected resupply dates.

*The maximum licenced dose of Concerta XL is 72mg daily but for all other brands the maximum licenced dose is 54mg daily. The doses of the different methylphenidate prolonged release tablets are equivalent i.e., 54mg daily of one preparation is equivalent to 54mg daily of another preparation. If you have any questions

or concerns regarding switching bioequivalent preparations, please contact your locality medicines optimisation team. A template letter, explaining a switch to a bioequivalent brand of methylphenidate tablet is available in Appendix 4.

If these alternative options are also out of stock and the patient does not feel they can manage a break in medication direct them to their specialist ADHD service for advice.

Support for patients and carers

- [This leaflet provides advice to patients](#) regarding the shortage of ADHD medications and can be sent using the example text message in Appendix 5 to patients on medicines affected by the shortage.
- For information to aid discussions with patients and/or carers regarding treatment breaks see Appendix 2
- Ensure non-pharmacological advice is followed. This will include maintaining routine, sleep hygiene and good nutrition. Inform families they should reach out to schools for increased support.
- Provide reassurance to patients and/or carers regarding the shortage, informing them that it is a nationwide problem.
- Patient/carer should be reassured that once the shortage is resolved they can resume the most effective dose and medicine for them.

If a patient does not feel they can manage having a break in medication, advise them to contact their specialist team to discuss alternative treatment options (see Appendix 3 for contact details). Patients unable to contact their specialist team directly should be supported by their GP practice to do so. Please make patients aware that due to the number of patients requiring review because of the shortage there may be a period of waiting before their medication is reviewed by the specialist team.

Whilst the risk of stopping ADHD medications is considered low from a physical health perspective, there is the potential for significant psychological distress and many people rely on their medication to be able to function in an employment, education, or social setting.

The links below have information that might be useful in helping patients manage any changes in symptoms because of the medication shortage (these are also included in the patient information leaflet)

- [Resources Archive - ADHD Foundation: ADHD Foundation](#)
- [Factsheets \(addiss.co.uk\)](#)
- [ADHD Support For Your Child | Parents Advice Guide | YoungMinds](#)
- [ADHD and mental health - Mind](#)

Should patients struggle with their mental health as a result of having a break from their medication, they can also access support via our 24-hour mental health crisis lines.

Crisis Helplines in Greater Manchester	Number
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Bolton, Manchester, Salford, Trafford and Wigan	0800 953 0285
Bury, Heywood, Middleton and Rochdale (HMR), Oldham, Stockport, Tameside	0800 014 9995

Contacting and referring back to specialist services

Contact details for specialist services are provided in Appendix 3

- Patients requiring advice from specialist services should contact the specialist team they are known to.
- For specialist **advice**, GP practice clinicians or ICB pharmacists can contact the specialist team via phone or email.
- When referring a patient back to their specialist team, for any reason, including the patient accepting a treatment break, this should be in writing.

Shared Care

If a patient is switched to an alternative bioequivalent brand of methylphenidate modified-release **tablet** the GP can continue to prescribe this under the existing shared care protocol.

For all other ADHD medications

- If the specialist team decide to temporarily change a patient’s medication during the shortage period, they will prescribe the alternative medication in this interim period under a shared care protocol.
- The GP Practice will be informed of this change and will also be informed when the patient is changed back to their previous medication.

Private Providers

Many NHS commissioned ADHD services across Greater Manchester are provided by private providers. Please note that these providers may be sharing their own communications on the medicine’s shortage with patients. The same principles of shared care apply.

Right to Choose Patients

Patients registered in England whose GP refers for specialist treatment, such as an ADHD or autism assessment, have the legal [right to choose](#) an appropriate healthcare provider as long as the provider chosen works with the NHS and fits with the patients care needs. This may mean that some patients may be under the care of other providers with whom NHS GM do not hold NHS contracts, but other ICBs or NHSE do. The same principles of shared care apply.

Advice for Community Pharmacies

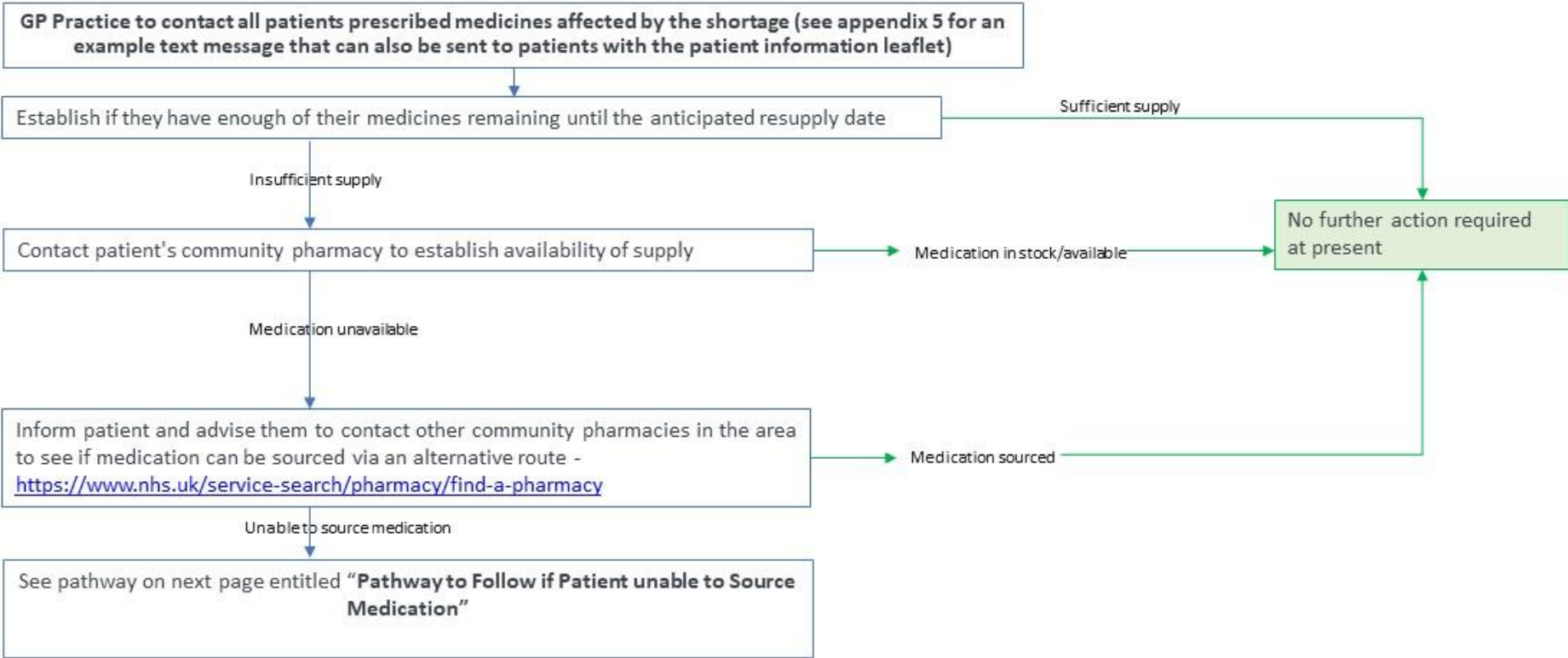
If unable to supply a patient's usual medication, consider the following:

- If aware that other pharmacies may have stock, direct the patient to try alternative pharmacies in the first instance.
- If, based on the advice regarding specific medicines, there is an alternative preparation that the GP practice could consider prescribing, contact the practice to discuss and obtain a replacement prescription if the GP practice clinician considers this appropriate (note that for some patients the GP may wish to direct the patient to their specialist service)
- If there are no alternatives that the GP practice can prescribe, the patient will need to be reviewed by their specialist service. If this is the case, advise the patient of the timescales for when their medicine may become available (if known) and advise the patient to contact the specialist service they are known to (see Appendix 3), or their GP practice, depending on patient preference.

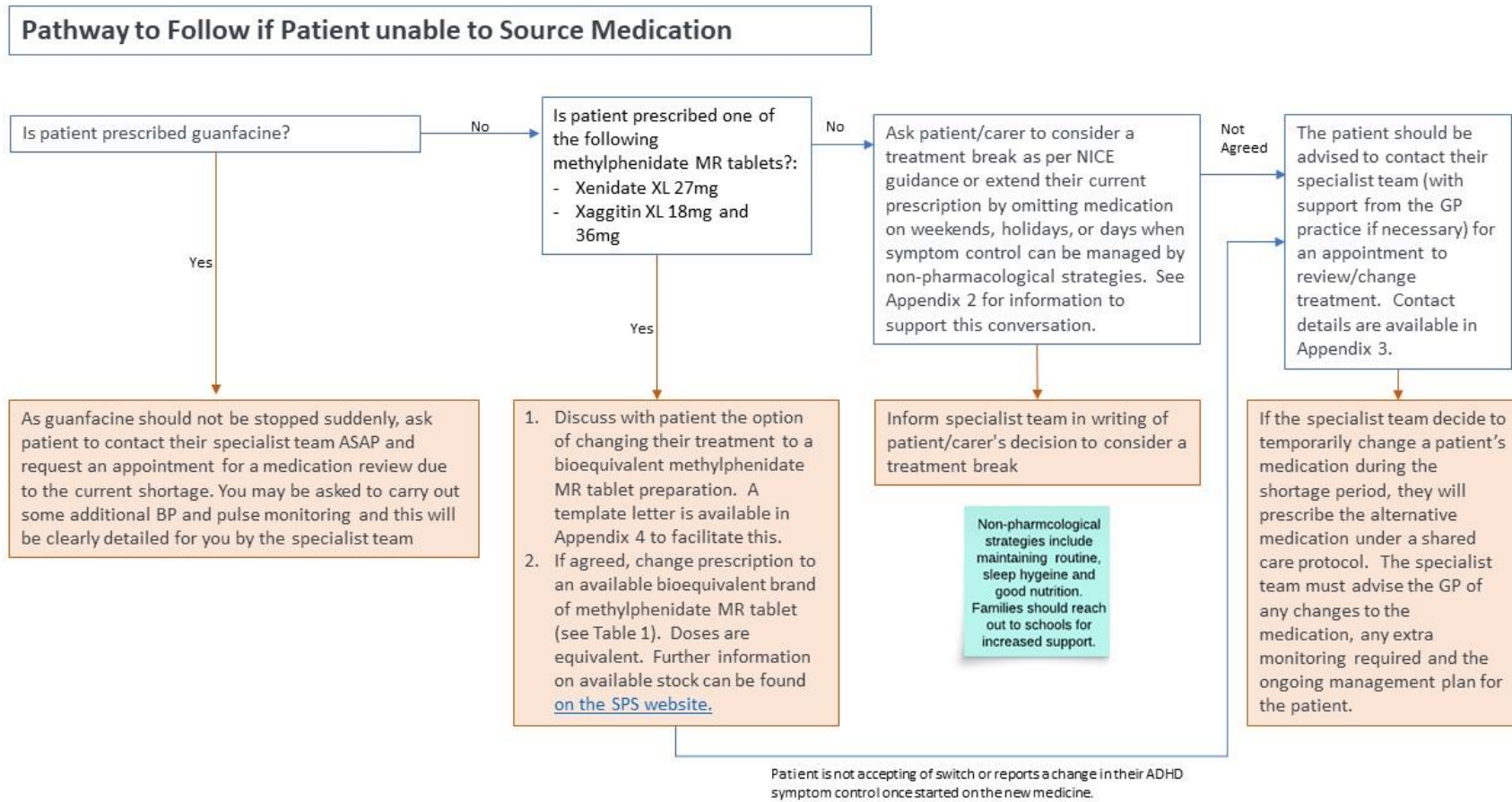
References

1. National Patient Safety [Alert](#) (Sept 2023)
<https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=103238>
2. SPS availability of ADHD medicines
<https://www.sps.nhs.uk/articles/prescribing-available-medicines-to-treat-adhd/>
3. NICE guideline NG87 (2019) Attention deficit hyperactivity disorder: diagnosis and management
<https://www.nice.org.uk/guidance/ng87>
4. Summary of Product Characteristics [Intuniv 4 mg prolonged-release tablets - Summary of Product Characteristics \(SmPC\) - \(emc\) \(medicines.org.uk\)](#)
5. Extended-release methylphenidate: a review of the pharmacokinetic profiles of available products, Specialist Pharmacy Service (2020) [Extended-release methylphenidate: A review of the pharmacokinetic profiles of available products – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#)
6. Summary of Product Characteristics for individual brands and strengths of methylphenidate prolonged release tablets. Accessed from [Home - electronic medicines compendium \(emc\)](#)

Appendix 1: GM Pathway for the management of patients prescribed medicine for ADHD during the National Shortage



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Appendix 2: Information to help discussions with patients/carers regarding treatment breaks

Patients on Guanfacine

As already advised, Guanfacine should not be stopped suddenly due to rebound hypertension. Advise patients to contact their specialist team as soon as possible. Specialist teams are prioritising review of patients on guanfacine.

Patients on other medication requiring specialist review

For patients who, based on the advice in this pathway, will need to be directed to their specialist team for advice regarding alternative options, some general points regarding missing doses and breaks from treatment could be discussed. While it is acknowledged that not all primary care clinicians will have the time or feel confident to do this, the specialist teams are dealing with a large number of queries due to the shortage and therefore patients may have to wait for a period of time before they can have a review with their specialist. In reality, many patients will end up running out of medication supplies while they are waiting for review, so it may be helpful to give them some advice on what to expect.

Treatment breaks

Many people already take treatment breaks from their ADHD medication at weekends or certain days. This national shortage may be an opportunity for a patient to see how they are on a treatment break. Although taking a treatment break may cause ADHD symptoms to reappear, stopping medication will not cause any direct physical harm or side effects. There are pros and cons to treatment breaks:

Some Pros of a treatment break:

- Easing of medication side effects such as lack of appetite, weight loss, sleep troubles, or stomach pain.
- A chance to see if other therapies such as support in educational setting/work and/or practical advice around managing ADHD symptoms work on their own. (See the patient resources section for websites that may be helpful for this.)
- It can also help patients to find out if their ADHD symptoms are changing. For many people, ADHD symptoms (especially hyperactivity) lessen over time. Sometimes they even go away completely.
- It may be easier to determine how severe their symptoms are when they are not taking medication.

Some Cons of a treatment break:

- ADHD symptoms may reappear or get worse. Hyperactivity, impulsivity, and inattention may become problems again within a day or so of stopping medication.
- They'll need to be extra attentive. Medication helps people with ADHD pay attention during tough tasks like driving.
- It may lead to impulsive behaviours such as being indulgent, underestimating tasks, or acting without thinking.
- Once they re-start medication it might take a while for medication such as nonstimulants to work again (atomoxetine and guanfacine)

Parents can be directed to the following website for more information regarding treatment breaks:

- [The Pros & Cons of Taking a Break From ADHD Medication \(webmd.com\)](http://webmd.com)

Appendix 3: Contact Information for ADHD specialist services

Most patients should have contact details for the service they are known to. If contact details are required, please ensure requests for advice or review are directed to the service that provides the patient's shared care.

CAMHS and Paediatrics		
Locality	Phone	Email
Bury	0161 716 1100	pcn-tr.hymburyresource@nhs.net
Bolton	01204 483 222	boltoncamhsmedshelpline@gmmh.nhs.uk
HMR	01706 676 000	pcn-tr.camhsrochdaleadmin@nhs.net
Manchester - North	0161 203 3250/1	mft.northcamhs@nhs.net
Manchester - Central	0161 701 6880	mft.centralmanchestercamhs@nhs.net
Manchester - South	0161 529 6062	mft.southmanchestercamhs@nhs.net
Manchester/Salford Emerge 16-17	0161 549 6055	cmm-tr.emerge.cmft@nhs.net
Oldham	0161 716 2020	pcn-tr.reflectionsoldham@nhs.net
Oldham (16-18yrs) Optimise	0800 844 5257	info@optimisehcq.co.uk
Salford	0161 518 5400	salfordcamhs.enquiries@mft.nhs.uk
Salford/Manchester Emerge 16-17	0161 549 6055	cmm-tr.emerge.cmft@nhs.net
Stockport	0161 716 5868	pcn-tr.camhsadminstockport@nhs.net
Tameside	0161 716 3600	pcn-tr.info.tghym@nhs.net
Trafford CAMHS	0161 549 6456	mft.traffordcamhs@nhs.net
Trafford Combined ADHD service	0161 912 5945	mft.cpaeds@nhs.net
Wigan	01942 764473	wigancamhsreferrals@gmmh.nhs.uk

ADULT ADHD services		
Locality	Phone	Email
Bury (Optimise)	0800 844 5257	info@optimisehcq.co.uk
Bolton Adult ADHD service	Use email	gmicb-bol.adhd.enquiries@nhs.net
HMR (Optimise)	0800 844 5257	info@optimisehcq.co.uk
Manchester (GMMH)	Use email	ADHD@gmmh.nhs.uk
Oldham (Optimise)	0800 844 5257	info@optimisehcq.co.uk
Salford	0161 647 8039	contact@jacobsclinic.co.uk
Stockport ASD-ADHD adult diagnostic service	0161 716 4591	Use phonenumber
Tameside	Use email	pcn-tr.adhd-tameside@nhs.net
Trafford (Trafford Extended Service)	0161 357 1210	gmmh-tesadmin@gmmh.nhs.uk
Wigan (GMMH)	01942 631800	wiganadhdprescriptions@gmmh.nhs.uk

Appendix 4: A template letter to inform patients of a switch from a branded generic methylphenidate MR tablet preparation to an alternative methylphenidate MR tablet preparation

Dear [Patient Name],

The Department of Health and Social Care has alerted us that there is a national supply shortage of the medication prescribed to help manage your ADHD symptoms. The supply disruption of these products is caused by a combination of manufacturing issues and an increased global demand.

At present, the supply disruptions are expected to resolve at various dates between October and December 2023. These dates may be subject to change.

Our records show that you are prescribed [drug name, strength and formulation] which is affected by the current shortage, therefore, we have changed your medicine to [drug name, strength and formulation] to ensure you still receive treatment during this period.

This new medicine contains the same active ingredient which is called methylphenidate. The methylphenidate in both your previous tablet and your new tablet is released into the body over an extended period of time and this is known as modified-release or prolonged-release. Both medicines are used to treat ADHD in children and adults.

What changes can I expect from my new medicine?

The main difference you will notice is the change in the brand name. Your tablets will also look different, however, the active ingredient inside, methylphenidate, is the same. Also, the proportion of methylphenidate released over time is similar for both your previous medicine and your new medicine, therefore, there are no expected major differences between the two medicines. There should be no change in dose or any other aspect of your treatment unless your doctor has informed you otherwise.

Advice, support and information for patients and carers:

Please inform your doctor if you notice any change in your ADHD symptom control after starting your new medicine. Your GP may advise you to speak to your specialist team. If you find that this medicine does not suit you as well as your previous medicine, then you will have the option to switch back to your previous medicine once the shortage is over.

The below websites have information that might be useful in helping you manage your condition and any changes in symptoms because of the medication shortage:

- <https://www.adhdfoundation.org.uk/resources/>
- <http://www.addiss.co.uk/allabout.htm>
- <https://www.youngminds.org.uk/parent/parents-a-z-mental-health-guide/adhd/>
- <https://www.mind.org.uk/information-support/tips-for-everyday-living/adhd-and-mental-health/>

Your sincerely,

[Signature]

Appendix 5: Patient Information Leaflet

The following text message can be sent out to patients on medicines affected by the shortage with the patient information leaflet attached:

Our records show that you are prescribed a medicine to help manage ADHD symptoms. You may be aware of the current National shortage of some of these medicines. We have attached a leaflet that gives further information, including some useful websites. Please follow the advice in the leaflet and if you are unable to obtain your medicines, please contact the practice or the specialist service you are known to.

<https://gmmmg.nhs.uk/guidance/clinical-guidance-and-pathways/adhd-medicines-shortages>