

Methylphenidate 12 hour modified-release tablets (all brands) – supply issues

All brands and strengths of methylphenidate modified release tablets are reporting supply challenges due to issues with manufacturing and an increased demand. This is a global shortage. Anticipated re-supply dates are provided via Specialist Pharmacy Service [Medicine Supply Tool](#). These dates are indicative and subject to change.

Background information

Type 1 methylphenidate modified-release brands have a duration of action of approximately 12 hours. They contain a combination of immediate and extended-release methylphenidate. Preparations differ slightly in their immediate release and extended release profiles but the following brands have been deemed to be bio-equivalent and therefore could be used interchangeably (see [SPS](#) for full details – logon required):

- Affenid[®] XL
- Concerta[®] XL
- Xaggitin[®] XL
- Delmosart[®] XL
- Matoride[®] XL
- Xenidate[®] XL

Actions for specialist services (Adult Mental Health, CAMHS, CCH)

- Do not start new patients on prolonged release methylphenidate tablets until the supply issues have been resolved.
- Be alert to requests from Primary Care for support with patients who are unable to source medications. These should be for NHS patients only, patients diagnosed within the private sector should be referred back to their recommending clinician/service.
- When contacted for advice regarding a specific patient, confirm that the noted actions have been undertaken by community pharmacy and primary care, before responding with advice and a plan that is appropriate to the clinical situation in the context of the widespread shortages.

Actions for primary care

Providing alternative prescriptions

- Be alert to increased contact/requests for prescribing from community pharmacy where an alternative strength/brand is available. Due to the nature of these medications, generic prescribing is not recommended therefore alternative branded prescriptions will be required.
- Where a lower strength of medication can be sourced e.g. 18mg, these should not be 'doubled up' to provide prescribed dose, the patient should be prescribed a lower dose for duration of supply issues and counselled appropriately.
- Where an alternative brand is prescribed, patients/carers should be counselled on changes to their prescription and should be made aware that the alternative medication will be prescribed for the duration of supply issues only.
- Patients can also consider only taking medication when required e.g. on school days.

This information has been produced in collaboration both CAMHS and adult mental health services.

Request for additional support (when a suitable alternative cannot be sourced)

- Where additional support is needed in the management of these patients, the recommending NHS specialist service should be contacted for advice. (Noting that secondary care have the same stock limitations as primary care with these medications so should not be contacted relating to ongoing supplies of medicines).
 - CAMHS: gram.camhs@nhs.scot
 - CCH: recommending service/clinician (update pending)
 - Adult Mental Health: recommending service/clinician (update pending)
- Where the recommendation to prescribe was from out with the NHS (i.e. private recommendation and GP has assumed clinical responsibility for prescribing), queries should not be directed to specialist as these patients are not under the care of an NHS specialist service. If necessary, patients should be directed back to their private provider.

Actions for community pharmacy

- Share this information with all relevant staff.
- Be alert to ongoing supply issues, and where a prescription for the affected medication is presented ascertain patient's personal stock levels to assess when further medication will be required:
 - Where patient's personal stocks are sufficient to cover duration of anticipated supply issues, provide information to patient/carer on when they can expect further supplies to be made.
 - When patient's personal supplies and community pharmacy stocks are assessed as not sufficient, contact patient's GP Surgery to arrange an alternative prescription advising of time scales for prescription requirement. It is advised that stock availability is provided as part of this communication e.g. brand/strength available.
 - Where an alternative medication is prescribed, patients should be counselled on changes to their prescription.
- Consider making part supplies, when appropriate, to manage demand until stock returns (giving consideration to re-supply dates above).
- Advise patient/carer of ongoing issues and actions being taken to resolve.
- Patients/carer should not be advised to contact GP directly, it is expected the communications relating to this issue are dealt with via community pharmacy – GP practice/pharmacotherapy communication route.
- Patients/carers should not be advised to contact or travel to other community pharmacies looking for stocks – this is widespread issue and multiple patients contacting/attending pharmacies can result in an unnecessary increase in workload.

Further information

- [Extended-release-methylphenidate-3.pdf \(sps.nhs.uk\)](#)
- [Shortage of Methylphenidate prolonged-release tablets – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#) (NHS email address and log on required)
- [Guidance For The Management Of Medicine Shortages Within NHS Grampian](#)