

ADHD Stimulant medication shortages memo 2024

Relevant to:	ALL REGIONS NEL/ BLMK Primary Care/ GP practices/ community pharmacies Prescribers (Medical and Non- medical) / Nurses / Pharmacists/ inpatient/ community settings, and transforming care services
From:	East London Foundation Trust
Date:	August 2024

Objective

This memo has been circulated following ongoing shortages and variable supply of **stimulant medication**.

Main points:

- Patients on regular repeats and stable doses are advised to **continue with current prescription**, and changes **ONLY** made in dose/ formulation if needed in line with product availability
- **New initiations- please refer, where relevant, to the DHSC/ NHS advice for the specific products listed in the table below**
- Please **do not** change formulations/ products for patients, unless absolutely necessary e.g. changing between stimulants or changing from stimulant to non-stimulant
- For prescriptions written by specialist services, please check stock is available at the nominated pharmacy prior to issuing prescriptions.
- GPs are advised to alter prescriptions based on product availability - please ensure alternative product is bioequivalent
- GPs are advised to contact the appropriate specialist service for advice if required, when product needs to be changed
- Community pharmacies are advised to work with other branches in their company (if there are multiples) to move stock of ADHD medication to where is it most needed
- Patients should be advised to order their medication 7-14 days before it is required to allow additional time to source medication.

Prescribing advice: products marked in red are in short supply

Note: GPs advised to contact specialist team for advice if needed with regards to changing products/ switches

Category of medication	DHSC and NHS England Medicines Supply- out of stock	Live update: 1 st July 2024	Action needed
Stimulant			
<p>Methylphenidate: Biphasic release profile of 22% immediate: 78% modified</p> <p>Bioequivalent products- Available in strengths- 18mg/ 27mg/ 36mg/ 54mg</p> <p>Concerta® XL tablets Delmosart® prolonged-release tablets Matoride® XL tablets Xaggitin® XL tablets Xenidate® XL tablets Affenid® XL tablets</p>	<p>Affenid® XL tablets- 18mg/ 36mg/ 54mg- projected dates 28th June – 31st July 2024</p> <p>Delmosart® PR tablets- 18mg/ 36mg- no projected date</p> <p>Xaggitin® XL tablets- 18mg/ 27mg/ 36mg/ 54mg- projected dates 9th August – 30th September 2024</p> <p>Xenidate® XL tablets- 27mg/ 36mg/ 54mg- projected date- 15th November 2024</p>	<p>All out of stock</p> <p><u>Pharmaceutical suppliers</u> B and S AAH Alliance Sigma</p>	<p>DHSC/ NHS advice primary care Prescribe alternate available brands Prescribe on separate FP10 and do not send as electronic prescription to nominated pharmacy unless supply has been confirmed Seek advice from specialist service</p> <p>DHSC/ NHS advice to specialist teams Defer starting any new patients on the affected brands until the supply disruptions are resolved; Consider prescribing one of the available brands Offer rapid response to primary care teams seeking urgent advice/opinion for the management of patients with ADHD, narcolepsy and idiopathic hypersomnia. This includes those known to be at a higher risk of adverse impact as a consequence of these supply disruptions. For example, those with complex presentations including co-morbid autism, mental health or substance misuse needs.</p> <p>To prescribe generically and pharmacy can supply product available e.g. 'Methylphenidate modified release 18mg tablets'</p> <p>Additional advice See sub-sections under table</p>
<p>Methylphenidate: Biphasic release profile of 30% immediate: 70% modified</p> <p>No bio-equivalent product</p> <p>Equasym XL 10mg/ 20mg/ 30mg capsules</p>	<p>No supply issues</p>	<p>Only 20mg showing as available</p>	<p>Do not start any new patients Aim to keep on Equasym XL (stable patients) Check product availability before prescribing Consider using lower dose with top up of immediate release Consider switching to Medikinet XL (50:50), and add immediate top up if clinically appropriate Consider switching to longer acting biphasic above (22:78) if patient would benefit from being on a longer acting stimulant</p>
<p>Methylphenidate: Biphasic release profile of 50% immediate: 50% modified</p>	<p>Medikinet XL capsules 5mg, 10mg, 20mg, 30mg, 40mg, 50mg, 60mg Metyrol XL capsules 10mg, 20mg,</p>	<p>Various strengths available, although not consistent supply</p>	<p>These products are bioequivalent in terms of release profile To continue to prescribe by brand</p>

	30mg, 40mg, 50mg		No projected supply issues
--	------------------	--	-----------------------------------

Category of medication	DHSC and NHS England Medicines Supply- out of stock	Live update: 1 st July 2024	Action needed
Stimulant			
Methylphenidate immediate release Methylphenidate tablets 5mg, 10mg, 15mg Requires upto three times a day dosing	No supply issues	All strengths available	Can be prescribed instead of modified release if appropriate for those on lower doses or requiring short acting product Can be prescribed as a top up to modified release if appropriate Prescribe generic
Lisdexamfetamine Elvanse 20mg, 30mg, 40mg, 50mg, 60mg and 70 mg capsules Elvanse ADULT capsules 30mg, 50mg, 70mg	40mg/ 60mg- projected date for stock availability- 12th August 2024	50mg capsules available- Alliance All other strengths out of stock	No bioequivalent product Elvanse and Elvanse ADULT contain the same active ingredient: Lisdexamfetamine DHSC/ NHS advice primary care Prescribe on separate FP10 and do not send as escript to nominated pharmacy unless supply has been confirmed Seek advice from specialist service DHSC/ NHS advice specialist teams Use their clinical judgment when initiating patients who may require titration at 10mg increments Take into account that Elvanse 40mg, Elvanse Adult 40mg and Elvanse 60mg doses may be unavailable at times, which will limit titration options. Offer advice to primary care teams seeking advice/opinion on the management of individual patients. This includes those known to be at a higher risk of adverse impact of these shortages. For example, those with co-morbidity autism, mental health or substance misuse Additional advice: Defer low risk new initiations if clinically appropriate Aim to keep on the same product/ dose where possible (stable patients) Check product availability before prescribing Adjust dose based on product availability Prescribe generic as Lisdexamfetamine and pharmacy can supply product which is available

			<p>e.g. 'Lisdexamfetamine 20mg capsules'</p> <p>Alternatives if clinically appropriate Long acting biphasic methylphenidate 22:78 with immediate release top up Non stimulant Dexamfetamine immediate release as below:</p>
--	--	--	---

Category of medicine	Product	Action needed
Stimulant		
Dexamfetamine - BLACK TRIANGLE DRUG	<p>No projected issues with product availability</p> <p>Dexamfetamine tablets 5mg and 10mg Dexamfetamine capsules 5mg/ 10mg/ 15mg Dexamfetamine 5mg/ 5ml oral solution sugar free</p>	<p>Specialist service initiation only</p> <p>Can be considered as a potential alternative to Lisdexamfetamine in special cases/ circumstances Risk of abuse/ diversion should be considered as part of the prescribing decision</p> <p>20 mg capsule lisdexamfetamine dimesylate is approximately equivalent to 5.9 mg of dexamfetamine.</p> <p>Suggested equivalence as follows (South London and Maudsley NHS): LISDEX 20mg = 5mg Dexamfetamine in divided doses LISDEX 30mg= 7.5mg Dexamfetamine in divided doses LISDEX 40mg= 10mg Dexamfetamine in divided doses LISDEX 50mg= 15mg Dexamfetamine in divided doses LISDEX 60mg= 17.5mg Dexamfetamine in divided doses LISDEX 70mg= 20mg Dexamfetamine in divided doses (MAX 20mg/24hrs for children/ adolescents)</p> <p>Dosing as per BNF Requires between twice to four times a day dosing</p>
Non-stimulants		
Atomoxetine	<p>Supply coming through of the capsules</p> <p>Oral solution 4mg/ml- out of stock</p>	<p>No bio-equivalent products</p> <p>Do not start any new patients</p> <p>Stable patients: Advise to maintain dose/ product where possible Adjust dose based on product availability</p>
Guanfacine prolonged release	All strengths available	No bio-equivalent product

Tablets: 1mg, 2mg, 3mg, 4mg		<p>Do not start any new patients</p> <p>Stable patients: Advise to maintain dose/ product where possible Adjust dose based on product availability</p>
-----------------------------	--	---

High risk patients requiring switching of medication/prioritisation (list is not exhaustive)

- Children/adults with complex needs (mental and physical co-morbid conditions).
- Children/adults with co-morbid neurodevelopmental conditions e.g. ASD/ADHD and intellectual disability.
- Children/adults with the above and challenging behaviours.
- Children/adults on polypharmacy e.g. antipsychotic + stimulant + other medication/ psychotropic.
- Children/adults in special needs provision/ school.
- Reports of child/adult showing increased risk e.g. physical aggression/ self injurious behaviours/ breakdown of placement or school provision etc.

Advice to specialist teams/ services

- Continue to review those on maintenance doses as per clinically appropriate.
- Advised to provide 28 days or maximum 30 days (for controlled drug) prescriptions for stable and repeat prescriptions of ADHD medicines. Do not issue more than 30 day supply as this may exacerbate supply shortages.
- When changing the dose and/ or issuing prescriptions, please check supply with the pharmacy used by the patient/ family.
- For those on maintenance dose, please adjust dose based on product availability.
- Where the dose has been adjusted due to product availability, it is the responsibility of the clinician to agree with the patient/ family when the next review needs to take place.
- To advise GPs/ primary care on dose adjustments (if needed) for patients under primary care maintained on ADHD ADHD medicines. Advice should take into consideration product availability, as well as agreement with the GP who should review the patient post dose change in needed.
- To advice GPs/Primary care on patients suitable for a treatment break, based on specialist's clinical judgement.

Advice to primary care services

- Practices are advised to identify patients who are currently on ADHD medications and add alert to clinical record of supply issues. A patient information leaflet and 'easy to read leaflet' are available to support conversations with patients.
- Provide 28 days or maximum 30 days (for controlled drug) prescriptions for stable and repeat prescriptions of ADHD medicines. Do not issue more than 30 day supply as this may exacerbate supply shortages.
- GPs are advised to contact the appropriate specialist service at the earliest opportunity if there are on-going issues in obtaining medication for advice on dose adjustments OR if patient is identified as 'high risk/ high needs'- Contacts are provided at the end of this memo.
- Liaise with local and nominated pharmacies for patients with electronic prescriptions to ensure pharmacies are pre-emptively keeping adequate stocks and are informed where a dose/ formulation has changed.

Advice to community pharmacies

- Identify patients who have repeat prescriptions of ADHD medicines.
- To have a system in place to ensure adequate stocks for those families/patients who have a designated pharmacies for repeat supply.
- Where community pharmacies are part of a chain, the advice is to liaise with other branches in your locality to have an indication of local stock availability of ADHD medicines.
- Where another branch in your locality has stock, please liaise and transfer, required stock, to your branch and/or liaise with the branch and send prescription to them to be completed (if practical for families/ patients).

Further advice/ support

The situation with regards to product availability is fluid at present. If services are unsure about the supply of a certain strength and/ or product, please contact your local pharmacy team for further advice.

Patient education/counselling

- Services to agree what information should be shared with patients/families re: shortages. A patient information leaflet and 'easy to read leaflet' are available to support conversations with patients.
- Patients should be provided age/cognitively appropriate verbal and written medication on medication. This should include any specific additional monitoring which may be needed for specific patients.
- Patients should avoid abrupt withdrawal of medication.
- Patients can be signposted to the information on ADHD in adults available from the Royal College of Psychiatrists (adults) and to Medicines in Children leaflets (children/ parents/carers)
- Signpost to appropriate websites which can provide additional information/ support:
 - ✚ ADHD and You: <https://www.adhdandyou.co.uk/>
 - ✚ ADHD Foundation: <https://www.adhdfoundation.org.uk/>
 - ✚ ADDiSS: <http://www.addiss.co.uk/>
 - ✚ Mind- ADHD and mental health: <https://www.mind.org.uk/information-support/tips-for-everyday-living/adhd-and-mental-health/>
 - ✚ NHS- Living with ADHD: <https://www.nhs.uk/conditions/attention-deficit-hyperactivity-disorder-adhd/living-with/>
 - ✚ Young Minds: <https://www.youngminds.org.uk/parent/parents-a-z-mental-health-guide/adhd/>
 - ✚ ADHD in Adults <https://www.rcpsych.ac.uk/mental-health/problems-disorders/adhd-in-adults>

Contact details for primart care services where further information/ support is required

East London Foundation Trust (ELFT) services:

Locality pharmacy team emails	Newham Mental Health - elft.pharmacynewham@nhs.net Newham CHS – elft.pharmacychs@nhs.net Tower Hamlets Mental Health & TH CHS - elft.pharmacytowerhamlets@nhs.net City & Hackney Mental Health (including forensic servcies) - elft.pharmacycityandhackney@nhs.net
Locality service adult ADHD services	Tower Hamlets: elft.thadhdservice@nhs.net Newham: elft.nh-adhd-referrals@nhs.net City/ Hackney: elft.adhdservice@nhs.net
Learning Disability Specialist Teams	Tower Hamlets CLDS: elft.thclds@nhs.net Newham NHLD: elt-tr.newhamld@nhs.net City & Hackney ILDS: learningdisabilitiesduty@hackney.gov.uk
Community CAMHS	Newham: elft.enquiries-newhamcfcs@nhs.net Tower Hamlets: elt-tr.CAMHSTowerHamletsDuty@nhs.net City/Hackney: huh-tr.camhs-spa@nhs.net
Community Transformation Team email	elft.pcnpharmacy@nhs.net

North East London Foundation Trust (NELFT)

Pharmacy Team email	Nelftpharmacy@nelft.nhs.uk
CAHMS Teams	Barking & Dagenham: 0300 555 1035, BDSpCommChildren@nelft.nhs.uk Waltham Forest: 0300 555 1247, wfcamhs@nelft.nhs.uk Redbridge: 0300 300 1618, RBEWMHS@nelft.nhs.uk Havering: 0300 300 1888 and ask for CAMHS, referralsacorncentre@nelft.nhs.uk
Learning Disability Specialist Teams	Havering CLDT: 01708 433446, CLDTReferrals@haverling.gov.uk Redbridge CLDT: 020 870 82229, https://mylife.redbridge.gov.uk/form/contact_form/#!/ Barking and Dagenham CLDT: 0300 300 1731, intaketeam@lbbd.gov.uk Waltham Forest CLDT: 0208 928 8300, wf.cldthealth@nelft.nhs.uk
Community Mental Health & Wellness Team email	Barking & Dagenham: BD-MHWT-ReferralHub@nelft.nhs.uk Havering: <ul style="list-style-type: none"> North: 0300 555 1083 (option 2) HV-MHWTNorth@nelft.nhs.uk Central: 0300 555 1083 (option 3) HV-MHWTCentral@nelft.nhs.uk South: 0300 555 1083 (option 4) HV-MHWTSouth@nelft.nhs.uk Redbridge: Tel: 0300 300 1706, RB-MHWTSPA@nelft.nhs.uk Waltham Forest: WFADHD@nelft.nhs.uk

Shared Care Guidance London regions:

<https://www.elft.nhs.uk/sites/default/files/2022-03/ADHD%20Shared%20Care%20London%209.0.pdf>

<https://primarycare.northeastlondon.icb.nhs.uk/home/meds/medicines-shared-care-guidelines-mental-health/>

References:

NICE guidance ADHD (NG87): <https://www.nice.org.uk/guidance/ng87>

Clinical knowledge summaries, ADHD (NICE), accessed Sept 2023: <https://cks.nice.org.uk/topics/attention-deficit-hyperactivity-disorder/>

EMC medicines UK, Atomoxetine (accessed Sept 2023):

<https://www.medicines.org.uk/emc/search?q=%22Atomoxetine%22&offset=51&limit=50&orderBy=product&refreshFilters=true>

SPS Atomoxetine supply (accessed Sept 2023): <https://www.sps.nhs.uk/shortages/shortage-of-atomoxetine-40mg-and-60mg-capsules/>

Presquipp ADHD bulletin 302: <https://www.presquipp.info/our-resources/bulletins/bulletin-302-prescribing-in-adhd/>