ADULTS: Primary Care Management during ADHD Medication Shortage

V10	Last reviewed: 17/03/25	

Integrated Care System
Nottingham & Nottinghamshire

NHS
Nottinghamshire Area Prescribing Committee

[NeSS Non – Pharmacological Resources]

Medication in short supply?

No → CONTINUE. Be aware demand may later affect this medication supply. Be prudent with use and review supply status.
Prescribe 12-hour Prolonged Release Methylphenidate (MPH) tablets and Lisdexamfetamine capsules **GENERICALLY and 8 hour Modified Release MPH capsules by BRAND**

Yes → Clinician to review ADHD medication history, severity of ADHD and or red flags. Ensure patients have a plan for if or when withdrawal from medication becomes necessary that the plan is shared with the support networks and all clinicians involved (and a way of accessing withdrawal medications where appropriate and available).

Low risk, stable ADHD, often has medication holidays or weekends.

Ask patient if they could manage a medication holiday, if so, there is no requirement to consult the specialist team. Information below is to support GPs in reassuring patients about withdrawal of medication if needed:

GPs could advise patients it is possible to have a few days off medication with no concerns, e.g., at the weekend, days off work in low-risk patients etc. For those who have a top up dose of IR MPH, they could just take a top up dose on the days they might need medication.

12 hour Prolonged Release Methylphenidate TABLETS (Concerta XL, Delmosart, Xaggatin XL, Xenidate XL) – safe to stop abruptly especially at low doses, if on >36mg then reduce to the next lowest tablet strength weekly, until weaned off.

8 hour Modified Release Methylphenidate CAPSULES - (Equasym XL, Focusim XL, Medikinet XL, Meflynate XL, Metyrol XL, Ritalin XL) – safe to stop at low doses of 10mg or 20mg, if on 30mg or more reduce, if possible, by 10mg per week.

Lisdexamfetamine (Elvanse) - 20mg to 30mg safe to stop abruptly. At higher doses (>30mg) consider gradual withdrawal by reducing by 20mg every week.

Atomoxetine (generic) - can be stopped abruptly but better to reduce gradually by 10mg per week.

For all medications consider if the following may be appropriate:
Do not give more than 1-2 weeks when trialling a new medication/dose in case of intolerance, trial of weekends off MPH/Elvanse, caution of providing scripts if compliance or medication diversion is a concern, advise on shortages meaning requests cannot be filled by pharmacies last-minute. GPs to gain advice from specialist about medication holidays and prescription changes.

Severe ADHD, red flags for risk of:
Unable to continue in higher education, failing in employment, offending /criminal justice system, severely challenging behaviour, family breakdown, homelessness, and unemployment.

These patients are much more likely to need to continue medication. If so, GPs should follow the advice below. For any stock issues despite the steps below and hence a need to consider an alternative medicine or formulation (tabs to caps), this MUST be advised by a specialist.

12 hour Prolonged Release (PR) Methylphenidate TABLETS (Delmosart, Concerta XL, Xaggatin XL, Xenidate XL) - GPs to prescribe **GENERICALLY** where appropriate to allow community pharmacy to dispense any brand they have in stock. TABLETS must be specified on the prescription. See Patient leaflet. Use the same dose as they are currently taking. GPs can therefore leave the brand dispensed to the pharmacist's discretion as they are all equivalent. If no stock of prolonged release tablets,* contact specialist* they are likely to suggest 8 hour modified release but will advise re brand&dosage.

8 hour Modified Release (MR) Methylphenidate CAPSULES (Equasym XL) – ***Contact specialist* who is likely to suggest switching to equivalent dose of **Focusim XL, Medikinet XL, Meflynate XL, Metyrol XL, Ritalin XL (advise these may wear off more quickly than **Equasym XL**). (8-hour MR methylphenidate **capsules** must be prescribed by **BRAND).**

OR specialist may advise using immediate release MPH, 5-10mg up to 3 times a day depending on original dose.

Do not switch between MR capsules without specialist advice.

Do not switch between MPH formulations without specialist advice i.e from prolonged release tablets to modified release MPH capsules or vice versa.

Lisdexamfetamine (Elvanse) – GPs to prescribe **GENERICALLY** to allow community pharmacy to dispense any brand they have in stock. See Patient leaflet. If no stock *consult specialist*.

Atomoxetine (generic) – There is no equivalent drug, withdraw and consider prolonged release MPH tablets if available. Atomoxetine can be stopped abruptly but better to reduce gradually by 10mg per week. If no stock *consult specialist*.

*** Signpost the patient/family/carer to contact their specialist team urgently (GP to contact directly if specific need/concern)**

Guanfacine Prolonged Release (Intuniv)- RED to GPs. If your patient asks about this medication, it should be under specialist care only and the specialist is responsible for a plan. Please ask your patient to contact their specialist. **This medication should NOT be stopped abruptly if possible and especially in doses of 3mg or higher as it can cause rebound hypertension which is rare.** Specialists may occasionally need GP support with BP monitoring and would request this with the practice directly.