

Nottingham & Nottinghamshire ICB ADHD Medications Shortages – Post-Supply Recovery Guidance

Supersedes: Local ADHD medicines shortage guidance (Adults, Children and Young People)

- ADHD medicines are **no longer considered to be in sustained national shortage**.
- Prescribing should return to routine care, aligned with local [ADHD shared care protocols](#) and [national medicines safety guidance](#).
- Generic prescribing of **12-hour prolonged-release methylphenidate tablets** was introduced within the ICB as a temporary mitigation during national supply shortages and should now be de-escalated in a controlled manner. For new patients, the specialist will specify the intended brand and communicate this to the GP at the point of shared care initiation. For patients already under shared care, **no blanket or bulk switching is required**; where appropriate, switching to a Nottingham and Nottinghamshire [*Preferred Prescribing List](#) brand should occur at **routine specialist review**. There is **no requirement to wait for specialist review** to move to brand prescribing where the Primary Care prescriber is clinically comfortable and the change is discussed and agreed with the patient. Further details are outlined below.

Formulation-specific prescribing requirements

Methylphenidate

12-hour prolonged-release methylphenidate tablets

(eg Affenid XL, Atenza XL, Concerta XL, Delmosart, Matoride XL, Xaggatin XL, Xenidate XL)

- Prescribe **by brand**.
- Generic prescribing arrangements were temporary mitigations.
 - 12-hour prolonged-release methylphenidate tablets – New Patients**
 - When shared care is initiated, the specialist will specify the intended brand and communicate this clearly to the GP.
 - 12-hour prolonged-release methylphenidate tablets: Patients on a specific brand on the [*Preferred Prescribing List](#)**
 - Continue the **same brand** where treatment is effective and well tolerated.
 - Prescriptions should specify the **brand name** to avoid inadvertent changes at dispensing.
 - 12-hour prolonged-release methylphenidate tablets: Patients currently prescribed generically or on a brand not on the [*Preferred Prescribing List](#)**

- **There is no requirement to wait for specialist review** to move to brand prescribing if:
 - The Primary Care prescriber is clinically comfortable, **and**
 - The change is discussed and agreed with the patient.
- In these circumstances, the Primary Care prescriber may:
 - Switch to a **preferred brand (in the *Preferred Prescribing List)**, and
 - Prescribe **by brand** going forward.
- The discussion and rationale should be recorded in the patient record.
- Alternatively, reversion to brand prescribing may occur:
 - At **routine specialist review**, or
 - Where a **clinical issue arises** (efficacy, tolerability, or supply concern).

* In Nottinghamshire, the preferred brands for methylphenidate modified release tablet prescribing are Atenza XL[®], Affenid XL, Delmosart[®] and Xaggitin XL[®] (bioequivalent to Concerta[®] XL). See the [Preferred Prescribing List](#).

8-hour modified-release methylphenidate capsules

(eg Equasym XL, Focusim XL, Medikinet XL, Meflynate XL, Metyrol XL, Ritalin XL)

- **Must always be prescribed by brand** as the release profiles are different among the different capsule preparations.
- **Do not switch** between capsule brands or formulations in Primary Care.

Standard release methylphenidate tablets -Brand name prescribing is not necessary.

Lisdexamfetamine- Brand name prescribing is not necessary.

Atomoxetine- Brand name prescribing is not necessary.

Guanfacine- RED (specialist-only).

Management of supply issues

The Specialist Pharmacy Service (SPS) [Medicines Supply Tool](#) provides up-to-date advice on supply issues, recommended actions and alternative options, including prescribing and switching guidance for [modified-release methylphenidate](#) during shortages (registration required).