ADHD Medication – Re-titration of Medicines (July 2024 Update)

Shortage of methylphenidate prolonged-release capsules and tablets, Lisdexamfetamine capsules, and guanfacine prolonged-release tablets

Updated Information

- There continues to be intermittent supply issues across a range of the treatment options for managing ADHD and the overall picture continues to be challenging for patients, their support networks and the clinical teams involved in their care.
- Whilst the supplies of some of the pharmacological treatment options for managing ADHD appear to have resolved, **methylphenidate** brands are now causing particular concern. The most up-to-date information in contained in the methylphenidate section below.
- The manufacturers of **Lisdexamfetamine**, **Guanfacine** and **Atomoxetine** have confirmed that there supplies are robust enough to meet previous demand and updated guidance from the Specialist Pharmacy Service (SPC) is that **patients who have not previously been re-titrated following a treatment break caused by the shortage can be re-titrated where clinically appropriate**. Additionally**, NEW patients can now be assessed and commenced on these treatments where clinically appropriate**.
- Guidance on the specific re-titration of **Guanfacine** can be found in Appendix 1.

Methylphenidate

- The SPS update from July 2024 highlights that immediate release preparations of methylphenidate are readily available.
- Additionaly the Equasym brand of methylphenidate is available however it is critical to note that this is not bioequivalent to Xaggitin, Concerta and other similar brands and therefore should not used interchangeably.
- Table 1 highlights the current brands of methylphenidate that are unavailable with expected resupply dates.
- There remain supplies of all strengths but in different bioequivalent brands.
- To support patients to maintain treatment, prescribers should continue to prescribe methylphenidate generically and Community Pharmacy will supply the available brands that they can access.
- New patients can be initiated onto methylphendiate in line with the service provision and the available supply of medicines.

Table 1 – Unavailable Methylphenidate Brands

Unavailable Brands	Anticipated re-supply date
Delmosart 18mg MR tablets	Unknown
Delmosart 36mg MR tablets	Unknown
Xaggatin XL 18mg	27-Sep-24
Xaggatin XL 27mg	27-Sep-24
Xaggatin XL 36mg	27-Sep-24
Xaggatin XL 54mg	27-Sep-24
Xenidate XL 18mg tablets	17-Jan-25
Xenidate XL 27mg tablets	22-Nov-24
Xenidate XL 36mg tablets	22-Nov-24
Xenidate XL 54mg tablets	22-Nov-24
Affenid XL 18mg tablets	16-Aug-24
Affenid XL 54mg tablets	31-Jul-24
Matoride XL 54mg tablets	31-Aug-24

Appendix 1 – Guanfacine re-titration guidance for CAMHS

Guide to re-titration of guanfacine MR tablets in children with ADHD

This guide is for CAMHS prescribers of patients previously on guanfacine treatment who had to be de-titrated due to manufacturer supply issues.

At first re-titration appointment

- does the patient want to continue with their guanfacine treatment?
- if so, note what dose they were stabilised on previously.
- if previously on dual therapy with Lisdexamfetamine, wait until stock available of stimulant before re-titrating.
- check their height, weight, blood pressure and pulse.
- score ADHD symptoms using the ADHD care package clinic documentation.

Initiate guanfacine MR at 1mg once a day for 7 days; increasing in increments of 1mg per week depending on response and tolerability until 0.05mg/kg/day is reached.
Evaluate symptom control after two weeks on this dose.

- 4 weeks of medication can be supplied at any one time.
- Prescribe correct strength of tablet to conserve supplies, for example, give a 2mg tablet instead of 2 x 1mg tablets.
- Avoid administration with high fat meals as this may increase absorption.
- Efficacy builds up approximately 2 weeks after correct dose achieved.
- Continue to increase as appropriate - usual maintenance dose is 0.05 to 0.12mg/kg/day.
- Caution in patients taking sedative antihistamines due to additive effect.
- Avoid grapefruit juice.

The maximum doses are available from www.medicines.org.uk

Dose titration schedule for children aged 6-12 years				
Weight Group	Week 1	Week 2	Week 3	Week 4
25 kg and up Max Dose= 4 mg	1 mg	2 mg	3 mg	4 mg

Dose titration schedule for adolescents aged 13-17 years							
Weight Group	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7
34-41.4 kg Max Dose= 4 mg	1 mg	2 mg	3 mg	4 mg			
41.5-49.4 kg Max Dose= 5 mg	1 mg	2 mg	3 mg	4 mg	5 mg		
49.5-58.4 kg Max Dose= 6 mg	1 mg	2 mg	3 mg	4 mg	5 mg	6 mg	
58.5 kg and above Max Dose= 7 mg	1 mg	2 mg	3 mg	4 mg	5 mg	6 mg	7 mg

Guanfacine MR are available as 1mg, 2mg, 3mg and 4mg tablets to be taken once a day in the evening. They should be swallowed whole as they are modified release.

At weekly appointments thereafter until symptoms are controlled.

- Blood pressure and pulse checked.
- Monitoring for signs and symptoms of somnolence and sedation, hypotension (dizziness upon standing from lying or sitting) and bradycardia should be performed.
- If BP drops and is not severe, continue current dose for another week.
- If adversely affected by hypotension the reduce dose by 1mg and assess again in 2 weeks. Encourage fluid intake.
- Provide a prescription every 4 weeks. This will usually be 7 days per incremental dose, then give 2 weeks supply if achieved minimum therapeutic dose level.
- Issue SKAMP for school / college to complete when possible.
- Assess ADHD symptoms after 2 weeks of minimum therapeutic dose level.
- If insufficient, supply 2 weeks of the next dose level and re-assess.
- Once re-titration is complete and symptom control is optomised, patients will be reviewed in 3 months at the ADHD continuing care clinic.
- At final appointment ensure patient's prescription covers 4 weeks and that OPIC is completed with current measurements and ADHD symptom scores for GP to continue supply.

Monitoring summary

Appointment	Monitoring
Baseline	Concurrent medication, height, weight, BP, pulse and ADHD symptoms.
Weekly*	BP, pulse, somnolence and sedation.
*Until minimum therapeutic dose level (0.05mg/kg/day) achieved then continue dose for 2 weeks and then re-assess symptoms.	
Final	Height, weight, BP, pulse, somnolence, sedation and ADHD symptoms.

If discontinuing treatment

- taper dose (by no more than 1mg every 3 days) due to risk of hypertensive crisis.