

Equasym[®] XL modified release capsules – supply issues

Supply issues with various strengths of Equasym[®] XL modified-release capsules (10mg, 20mg and 30mg) have been identified.

Prescribing in NHS Grampian (ePrescribed data. May 2023 – 12th August 2023, run 28/09/23)

114 patients (56 aged under 18 and 58 aged 18 and over) have been identified as being prescribed Equasym[®] XL capsules within NHS Grampian.

Stock information & availability

- Equasym[®] XL capsules have a duration of action of approximately 8 hours and contain a combination of immediate and extended release methylphenidate (30% immediate release & 70% extended release). There is no other methylphenidate product available with this duration of action and composition of immediate/extended release methylphenidate. As such Equasym[®] XL is not interchangeable with other brands of prolonged-release methylphenidate (see [SPS](#) for full details – logon required).
- Limited parallel imports of methylphenidate (Equasym[®] XL) modified-release capsules remain available but cannot support an uplift in demand. Lead times for ordering may vary.
- At present the following re-supply dates for Equasym[®] XL capsules have been provided:

Item Description	Expected Re-supply Date
Equasym [®] XL capsules 10mg	30 October 2023
Equasym [®] XL capsules 20mg	30 October 2023
Equasym [®] XL capsules 30mg	27 November 2023

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 stocks are sufficient to cover duration of supply issues, advise patient of widespread stock shortage and provide information to patient on when they can expect further supplies to be made.
- Consider making part supplies, when appropriate, to manage demand until stock returns (giving consideration to re-supply dates above).
- When patient's personal supplies and community pharmacy stocks are assessed as not sufficient to cover until issues are resolved (see table above):
 - Consider contacting local pharmacies to see if stocks are available within local network.
 - Consider if other strengths of Equasym[®] XL are available (in stock or for order).
 - Contact patient's GP practice with information on what (if any) strengths are available and to discuss if it is appropriate for a prescription for an alternative strength to be provided.
 - Advise patient/carer of ongoing issues and actions being taken to resolve.

This information has been produced in collaboration with CAMHS, CCH and adult mental health services.

- Patients/carers 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.

Actions for primary care

- No proactive switching of patients should be undertaken owing to variable dates for stock being both out of stock and returning. As such, patients should be considered on a case-by-case basis.
- As we understand this to be a short-term issue, patient personal stock and stock within the community pharmacy network may mean that not all patients will require an intervention. No actions should be taken in advance of patients making repeat requests for medication or when patients have sufficient supplies to ensure no break in treatment.
- Where a patient is flagged as not having enough medication to cover the duration of supply issue (see table above), work alongside the patient's community pharmacy (see note above) and other local pharmacies to explore if alternative strengths of Equasym[®] XL are available to cover for the duration of the supply issues.
- Planned omissions of Equasym[®] XL treatment can be suggested to patients/carers e.g. only taking doses on days when the patient attends school/University/work and omitting doses during holiday periods/weekends. Whilst this is not ideal it will prolong their supply.
- If Equasym[®] XL of a **lower** strength than that which the patient usually takes can be sourced, then this can be provided to the patient.
 - The patient should take one Equasym[®] XL capsule daily only i.e. we do **not** advise combining lower strength capsules to maintain their usual dose (this would exacerbate shortages and lead to inequity in access of available stock).
 - Although lowering the dose is not ideal, as ADHD symptoms may not be as well-controlled at the lower dose, it may provide some symptom control.
 - Patients/carers should be counselled on any changes to their prescription and should be made aware that the lower alternative strength is a substitute for the duration of the supply issues only.
- Where additional support is needed in the management of these patients, the recommending specialist service can 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.
 - The supply issue is widespread and across other ADHD medications too, leaving very few options for switching a patient from Equasym[®] XL. Furthermore, switching from Equasym XL to another stimulant is not always a helpful or appropriate action to manage a short-term supply issue.

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- The specialist services will be managing a large volume of queries, in addition delivering care to other patients. As such, please only contact the specialist service for advice if the above actions have been undertaken and significant clinical concern remains.
- 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 any 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 specialist services (Adult Mental Health, CAMHS, CCH)

- Do not start new patients on ADHD medications until supply issues have been resolved.
- When contacted for advice regarding a specific patient, confirm that the above 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.
- Consider whether it is appropriate to recommend a switch to another stimulant preparation in the short-term e.g. Medikinet® XL, standard-release methylphenidate or an even longer-acting modified-release preparation. Take into consideration the pharmacokinetic and pharmaceutical differences between Equasym® XL and these preparations, as well as availability of stock (the possibility that other ADHD products will be affected by shortages in the coming months cannot be ruled out).
- For each patient who has a scheduled review of their ADHD medication by their specialist service during the period of shortage, the specialist should:
 - Inform them of the shortage and anticipated resupply dates,
 - Make a plan appropriate to clinical need and situation, and in the context of the widespread shortages.

Further information

- [Extended-release-methylphenidate-3.pdf \(sps.nhs.uk\)](#)
- [Shortage of Methylphenidate \(Equasym XL\) modified release capsules – 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](#)