

Guanfacine (Intuniv[®]) modified release tablets – supply issues. V3.

Further supply issues with 2mg and 3mg strengths of guanfacine (Intuniv[®]) modified-release tablets have been identified, full details of products affected and dates are included below.

This medication should not be stopped suddenly therefore proactive management is required for patients who are at risk of a break in supplies.

The following advice is for patients who currently have supplies and who are at risk of a break in treatment. Any patients who have already stopped medication (due to previous shortages), or have a de-escalation plan from their specialist, do not require further input.

Prescribing in NHS Grampian (ePrescribed data, February 2024 – March 2024, run 02/04/2024)

- 235 patients have been identified as being prescribed guanfacine (Intuniv[®]) modified-release tablets within NHS Grampian. Of these patients 127 have been prescribed 2mg and 3mg strengths of guanfacine (Intuniv[®]) modified-release tablets.
- Patient information will be circulated via HSCP Lead Pharmacists for GP practices to action. Patients prescribed any strength of guanfacine have been included in data, as there is likely to be patients both escalating and de-escalating treatment.

Stock information & availability

Intuniv[®] is the only brand of licensed guanfacine available in the UK.

Resupply dates have been provided however it should be noted that:

- These dates are a guide and not a guarantee.
- Dates are for return to wholesalers, and as such stock may take several days after date provided to reach pharmacies.
- Resupply dates are for a limited amount of stock.
- Quotas will be in place for ordering stock and will be based on previous ordering and usage patterns.

Product	Strength	Anticipated re-supply date
Intuniv [®]	2mg	6 th May 2024
Intuniv [®]	3mg	

While 1mg and 4mg guanfacine (Intuniv[®]) modified-release tablets remain available – they cannot support an uplift in demand and therefore cannot be used to support the management of this shortage.

Unlicensed imports may be available however it should be noted that:

- information on stock levels is not available
- lead times are variable

Important information relating to **unlicensed** guanfacine supplies:

- The patient's specialist service should assess each patient and consider if the patient is suitable to have a managed dose reduction and medication stopped for the duration of the supply issues.
- Where the patient is assessed as preferential to remain on treatment, this should be fed back to the primary care prescriber, with a request to support unlicensed prescribing. Due to fragility of supply chain, a plan should also be in place for ALL patients' management where no medication can be sourced.
- A request for unlicensed medication does not guarantee a supply can be made. It is imperative that patients/carers are made aware of this, and that there is a plan in place for a managed dose reduction if an appropriate medicine cannot be sourced within the necessary timeframe.
- Due to the lack of information relating to availability and lead times of unlicensed supplies of guanfacine, this **cannot be considered a guaranteed supply route**.
- Requests to order unlicensed medication must follow the appropriate [approval route](#).

Actions for Primary Care

As this medication should not be stopped suddenly, a proactive approach to this shortage must be undertaken.

Using the CHI information provided, contact patients to ascertain the following information:

- Are they still on treatment?
- If yes, how many days do they have remaining?
- Where stock will be required during period of shortage - what supplies do local pharmacies have? (Some pharmacies may have residual stock of the strengths affected by the shortage).

If the patient does not have or cannot obtain an adequate supply to cover them until the anticipated resupply dates then **contact with the specialist service who have recommended the medication should be made.**

Within NHS Grampian this may be:

- CAMHS: contact the specialist whom the patient is open to (see clinic letters). An email can be sent directly to the specialist or via gram.camhs@nhs.scot.
- CCH: contact the specialist whom the patient is open to (see clinic letters)
- Adult mental health: contact the specialist whom the patient is open to (see clinic letters)

If contacting the specialist service, state the strength, dose and how many treatment days the patient has remaining, to allow prioritisation of queries.

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 the NHS specialist service as these patients are not under their care. Patients should be directed back to their private provider and advised that this medication should not be stopped suddenly.

If the specialist service request unlicensed prescribing, and the primary care clinician agrees to prescribe, a 'note to dispenser' could be added to the prescription highlighting authorisation for unlicensed supply.

Actions for the specialist service

- Respond to queries from primary care regarding what action to take if a patient does not have an adequate supply of guanfacine to cover the duration of supply issues.
- Where it is deemed not clinically appropriate to stop guanfacine (i.e. until supply issues are resolved), a request can be made to the patient's primary care prescriber to undertake unlicensed prescribing. It is imperative this request is made to the prescriber who will be undertaking prescribing and therefore assuming clinical responsibility.
- Where a request for unlicensed prescribing is made:
 - A plan should still be put in place for treatment discontinuation, as there are no guarantees relating to supply or lead times for unlicensed medicines.
 - Patients should be made aware that supplies of unlicensed medicine, when requested, are not guaranteed as the stock levels and lead times are variable and subject to frequent change.
 - Consider what strength of medication is required – if the patient is going to miss two or more consecutive doses then they will need to be re-titrated, commencing at 1mg/day again.
- For patients unable to obtain continuous supplies of guanfacine, then medication should be discontinued, as a treatment break greater than two days requires re-titration. Ideally discontinuation should be done gradually (where supplies allow). Physical monitoring of blood pressure and pulse may be required (where the service requires this to be undertaken, ensure robust communication relating to this).

Actions for community pharmacy

- Share this information with all relevant staff.
- Where stocks cannot be procured to ensure continuous supplies of medication, contact the patient's GP practice without delay.
- Where unlicensed supplies of medication are confirmed as being requested (by primary care prescriber) the normal NHS Grampian [specials process](#) should be followed by sending an "NHS Grampian Request Form for Authorisation to Order Specials" to the Specials Team.
- Patients should not be advised to contact the 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 a widespread issue and multiple patients contacting/attending pharmacies can result in an unnecessary increase in workload.

Further information

- [Shortage of Guanfacine \(Intuniv\) prolonged-release tablets – 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](#)
- [Special Formulation And Unlicensed Products In Primary Care \(nhsgrampian.org\)](#)