NHS Circular: MSAN (2019) 11

> **Chief Medical Officer Directorate** Pharmacy and Medicines Division



Dear Colleague

MEDICINE SUPPLY ALERT NOTICE

Medicine in short supply: Delmosart[®] (methylphenidate) 18mg prolonged-release tablets

Priority: Level 2 Valid until: mid-November 2019

Issue

1. This Medicine Supply Alert Notice provides NHS Boards, community pharmacies and healthcare professionals on the current supply issues for **Delmosart®** (methylphenidate) 18mg prolonged-release tablets.

2. Delmosart[®] (methylphenidate) 18mg prolonged-release tablets is out of stock until mid-November 2019. It is anticipated that this will be resolved 15 November 2019.

3. All other strengths of Delmosart[®] tablets remain available; and all other brands of (methylphenidate) XL 18mg tablets remain available during this period.

Actions and advice

4. For patients without sufficient supplies of Delmosart[®] 18mg tablets to last until the resolution date, prescribers may consider switching to an alternative brand of methylphenidate 18mg prolonged-release tablets (listed below):

- Concerta XL[®] 18mg prolonged-release tablets Matoride XL[®] 18mg prolonged-release tablets 0
- 0
- Xaggitin XL[®] 18mg prolonged-release tablets 0
- Xenidate XL[®] 18mg prolonged-release tablets 0

1 November 2019

Addressees:

For action **Community Pharmacy Scotland** Scottish Prescribing Advisor Network Medicines Shortage Response Group (Scotland)

General Enquiries to:

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Further information

5. UK Medicines Information has confirmed a switch to one of the above brands is bioequivalent and clinically appropriate, there are no licensed indication differences and no dosing adjustments are required.

Actions

6. Healthcare professionals are asked to note the content and actions outlined in Annex A of this Medicine Supply Alert Notice.

Yours sincerely,

Jose Marie Para

Rose Marie Parr Chief Pharmaceutical Officer/ Deputy Director Pharmacy & Medicines Division

CLASSIFICATION OF MEDICINE SHORTAGES

LEVEL	DESCRIPTION	POTENTIAL RESPONSES
Level one (low impact)	Supply problem with a short duration (up to one month) where <u>immediately available</u> <u>measures are expected to be sufficient</u> and there is minimal additional management requirement.	 Business as usual. Response likely to involve using the same medicine. Alternative strength/formulation available to meet demand, potentially from other suppliers.
Level two (medium impact)	Supply problem where <u>alternatives in the same</u> <u>therapeutic class are available but which may</u> <u>require some management</u> such as switching to those alternatives, which may include unlicensed medicines.	 Business as usual. Response not likely to require a change in the class of medicine. Alternative strength/formulation available but clinical advice is required to help manage the switch. Alternative medicine in the same therapeutic class. Unlicensed alternatives may be used. Issuing a Medicine Supply Alert Notice.
Level three (high impact)	Supply problems where there are <u>limited or no</u> <u>alternatives in the same therapeutic class and</u> <u>which require significant management</u> , potentially including changes in clinical practice or operational direction or that have patient safety implications. Level three shortages also include level two shortages for medicines used in <u>life saving</u> <u>conditions</u> such as anaphylaxis or involving <u>patient groups considered as vulnerable</u> , such as neonates, paediatrics or people with learning disabilities.	 Serious shortage situation. Response likely to require a change in the class of medicine. Alternative therapeutic class of medicine available. The use of a 'serious shortage protocol'. Additional clinical advice. Exceptional MHRA regulatory measures. Issuing a Medicine Supply Alert Notice.
Level four (critical impact)	Supply problems where there is <u>no viable</u> <u>therapeutic alternative</u> and where responses may also require support from outside the health system and / or which trigger the use of national resilience structures.	 Very serious shortage situation. Wider burden on NHS and public sector. Non-medicine support provided to patients. National Resilience procedures potentially activated – including links with agencies outside NHS. Additional project management or communications support may be required. Issuing a Medicine Supply Alert Notice.