Methylphenidate shortage:
Information to support prescribers

(Originally published September 2024 and updated February 2025, reviewed March 2025)

People may not be able to access their usual brand, presentation, or strength of methylphenidate throughout 2025.

People currently treated with a methylphenidate product

You may wish to consider the following when making a case-by-case decision:

- if the person is a child or adolescent, shorter acting medications may not work as well to improve their symptoms
- can the person/parent/carer liaise with and regularly travel to their usual pharmacy to check whether the pharmacy is expecting deliveries of their required strength or brand of methylphenidate?
- is the person's prescribed strength or brand anticipated to have an upcoming shortage? You can sign up for updates on supply issue pharmac.govt.nz/subscribe
- is a treatment break or 'treatment holiday' an option?
- as an interim measure, would an alternative formulation of methylphenidate be appropriate?
- is an alternative formulation or treatment (such as atomoxetine or lisdexamfetamine) appropriate to switch to over a longer period?
- for people with narcolepsy, have they been seen recently in a sleep clinic, and do you have an individualised treatment plan for them with oversight provided by a Specialist?

People new to medication treatment

Please do not start any new people on a methylphenidate extended-release formulation unless absolutely necessary.

Instead, consider alternative shorter duration methylphenidate formulations, i.e. immediate release tablets, or one of the 8-hour formulations of Ritalin LA or Rubifen SR (note the release profiles of these two formulations are different).

Lisdexamfetamine is also available and has been funded under Special Authority since 1 December 2024.

Unsure if your patient has a special authority for the presentation/brand?
You can use your Patient Management System Electronic Special Authority system.

www.tewhatuora.govt.nz/special-authority

People changing brands or presentations should be monitored

As the release profiles of methylphenidate differ, a brand or presentation change will affect everyone differently.

Medsafe recommends patients are monitored closely with regular clinical review. Prescribers should also consider safety plans supported by family, whānau, caregivers, and loved ones when switching brands or presentation.

Medsafe guidance on switching between modified release methylphenidate products

medsafe.govt.nz/profs/PUArticles/March2023/Use-caution-if-switching-between-long-acting-methylphenidate-products

Medsafe advice on legal requirements for GPs and nurse practitioners

The regulations outline that, legally, any registered medical practitioner or nurse practitioner may prescribe methylphenidate products for ADHD, when acting on the written recommendation of a registered psychiatrist or paediatrician.

Restriction on the Supply of Methylphenidate—Approval to Prescribe, Supply and Administer (Approval No.: 2015/AP001) - New Zealand Gazette

Medsafe has confirmed that this approval notice, issued under Regulation 22 (Misuse of Drugs Regulations), applies broadly to the chemical 'methylphenidate'– it does not apply narrowly to a specific presentation/brand of methylphenidate.

GPs and nurse practitioners can apply for a Special Authority for a methylphenidate presentation required to manage a person's care due to supply issues. Note that other eligibility criteria in Pharmac Special Authority for stimulant treatments still need to be met.

This information relates to the **legal situation** only. From a clinical perspective, GPs and nurse practitioners may still want, or clinical circumstances may require, specialist advice to change presentations of methylphenidate and/or on any important clinical considerations for a person.

Dose equivalence of methylphenidate presentations available

The table below shows approximately the equivalent totally daily doses of the 12-hour formulations of methylphenidate (extended release) and the approximately equivalent total daily dose if switching to an 8-hour formulation of methylphenidate.

While the daily exposure to an equivalent dose will be the same, take care when switching from a 12-hour formulation to the same total dose in an 8-hour formulation. Exposure to methylphenidate in an 8-hour formulation will occur over a shorter time, and the release profile will be different (see graph for population pharmacokinetics of different methylphenidate presentations).

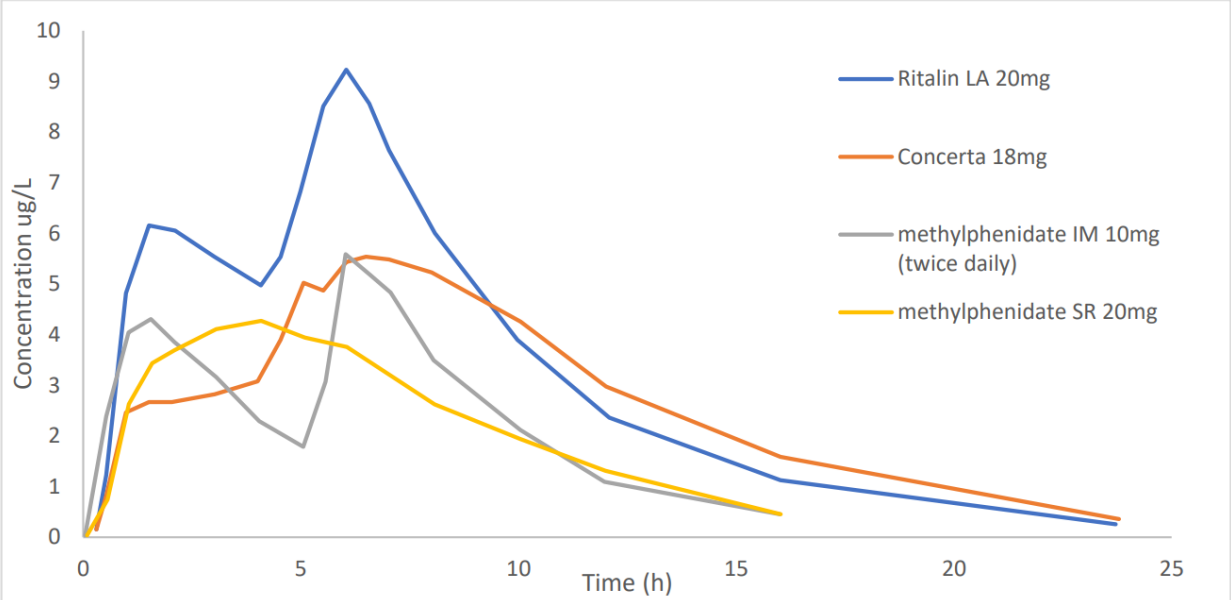
For people who need a 12-hour dose duration, our clinical advisors have suggested combining an 8-hour formulation with an immediate release formulation later in the day. Or, if 8-hour formulations are out of stock, consider using an immediate release formulation twice daily with food (especially high fat meals with Rubifen IR) to maximise absorption and duration of action. Additionally, a small evening dose can be given if the drug effect wears off too early and causes sleep issues. See Medsafe Datasheet Rubifen and Ritalin for further information.

Formulation	**Immediate release tablets**	**12-hour tablet**	**8-hour 50:50 release capsule**	**8-hour sustained release tablet**
Brand name	Rubifen Ritalin	Concerta ER (and Teva ER*)	Ritalin LA	Rubifen SR
Equivalent total daily doses (in mg)	5	-	-	-
	10	-	10	-
	15	18	-	-
	20	-	20	20
	-	27	-	-
	30	36	30	-
	40	-	40	40
	45	54	-	-
	50	-	50	-
	60	72**	60	60

***** the Medsafe datasheets for Concerta ER and Methylphenidate ER (Teva) indicate the same pharmacokinetic profile, but clinicians and patients have reported experiencing different release profiles, thus dosing may need to be adjusted on a case-by-case basis

****** unapproved dose

Pharmacokinetics of different methylphenidate formulations



adapted from Markowitz et al. Clin Pharmacokinet. 2003;42:393-401 and Patrick et al. Biopharm Drug Dispos 1989;10:165-71. Note that this graph has been developed and is provided for illustrative purposes.

LA = long-acting IM = immediate release SR= sustained release.

More information

Information on stock levels |www.pharmac.govt.nz/methylphenidate

ADHD New Zealand | adhd.org.nz

ADHD in children on Healthify | www.healthify.nz/health-a-z/a/adhd-children

ADHD in adults on Healthify | www.healthify.nz/health-a-z/a/adhd-adults

Narcolepsy on Healthify | www.healthify.nz/narcolepsy

Goodfellow Webinar: *Navigating ADHD treatment: Strategies for prescribing and transitions* (1 April 2025) | goodfellowunit.org/events-and-webinars/navigating-adhd-treatment-strategies-prescribing-and-transitions

Australian Evidence-Based Clinical Practice Guideline For Attention Deficit Hyperactivity Disorder (ADHD) (First Edition). https://adhdguideline.aadpa.com.au/

Canadian ADHD Practice Guidelines (4.1 Edition). adhdlearn.caddra.ca/wp-content/uploads/2022/08/Canadian-ADHD-Practice-Guidelines-4.1-January-6-2021.pdf

Attention deficit hyperactivity disorder: diagnosis and management. NICE guideline (last reviewed 14 December 2021). https://www.nice.org.uk/guidance/ng87

Medsafe datasheets available on the NZ Formulary's ADHD and narcolepsy page | https://nzf.org.nz/nzf_2328

Medsafe guidance on switching between long-acting methylphenidate products | medsafe.govt.nz/profs/PUArticles/March2023/Use-caution-if-switching-between-long-acting-methylphenidate-products