Guidelines for Prescribing Methylphenidate

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Version Number	1
Document effective from	27th June 2022
Next review due	27th June 2024

Intended audience	All prescribers of methylphenidate (primary and secondary care)	
Superseded documents	N/A	
Stakeholders consulted prior to ratification	Primary and Secondary Care Prescribers	
Ratified by	Integrated Medicine Optimisation Group	Date 16/06/2022
Previous reviews	N/A	
Changes made during latest review	N/A	

1. INTRODUCTION

1.1 Purpose

To guide prescribers in both primary care (as part of the shared care agreement) and secondary care to select the most appropriate methylphenidate products for the patient, including a consideration of cost effectiveness.

Methylphenidate can be prescribed in numerous formulations: Immediate Release tablets, capsules and liquids, as well as Modified Release tablets or capsules.

This guidance is aimed to help select the appropriate preparation for the patient. When prescribing methylphenidate modified release it is good practice to prescribe by brand ensuring that the same preparation and release profile is prescribed each time.

Methylphenidate is a **Schedule II** controlled drug, therefore prescribing must comply with controlled drug regulations as stated in the Misuse of Drugs Act 1976.

1.2 Scope

These guidelines apply to all Manx Care prescribers both primary and secondary care.

2. RELATED LEGISLATION and POLICY

Misuse of Drugs Act 1976
Controlled Drug Policy for non-acute settings

3. GUIDELINES

Methylphenidate is used to treat attention deficit hyperactivity disorder (ADHD).

ADHD diagnosis should be made after a full clinical and psychosocial assessment by an appropriate healthcare professional from secondary or tertiary care. This should not be undertaken by primary care team.

If drug treatments are required, a comprehensive treatment plan should be included offering psychological, behavioural, educational advice and intervention.

Methylphenidate is the first line drug therapy for those with a diagnosis of ADHD. It acts as a central stimulant drug and acts principally on dopamine and noradrenaline reuptake inhibition and presynaptic release.

The pharmacokinetic profiles of all modified release and immediate release preparations should be taken into account to ensure the treatment is tailored effectively to the individual.

NICE recommend that drug treatment should continue for as long as it remains clinically effective, and the need for continued drug treatment should be reviewed at least annually. This should involve a comprehensive assessment of clinical need, benefits and side effects, as well as evaluating the effects of missed doses, planned dose reductions and brief periods of no treatment[1].

Different versions of methylphenidate modified release preparations can have individual release profiles and may not have the same clinical effect. Specific brands of modified release methylphenidate should be specified when prescribing.

Different preparations of ADHD medication are listed below along with the release profile; more details can be found in the Electronic Medicines Compendium[2]

Brand Name	Release Profile	Duration of Action
Methylphenidate	Immediate Release – 100%	Up to 4hrs
Equasym XL	Immediate Release – 30% Modified Release – 70%	Up to 8hrs
Medikinet XL	Immediate Release – 50% Modified Release – 50%	Up to 8hrs
Delmosart XL, Xenidate XL, Xaggitin XL, Matoride XL	Immediate Release – 22% Modified Release – 78%	Up to 12hrs

Choice of brand:

Generic prescribing of Methylphenidate modified release is not recommended due to difficulty in monitoring treatment efficacy, potential for adverse medication incidents, cost implications and variability in brand supply.

Where clinically appropriate, any young person requiring a release profile matching that of Concerta XL* should be prescribed Delmosart XL, Xenidate XL, Xaggitin XL, or Matoride XL. Newly commenced or current patients requiring a brand switch do not necessitate titration and/or crossover of treatment.

*Concerta XL was the initial branded licenced product however, this is now not cost effective.

If prescribing immediate release methylphenidate no brand should be specified on the prescription.

4. REFERENCES AND/OR RESOURCES

1. NICE. Attention deficit hyperactivity disorder: diagnosis and management. NICE guideline (NG87). Published 14/03/18, last updated 13/09/2019. https://www.nice.org.uk/guidance/ng87
2. Electronic Medicine Compendium (2022) Available at https://www.medicines.org.uk/emc#gref
3. Prescqipp (2022) Prescribing in attention deficit hyperactivity disorder (ADHD). Available at https://www.prescqipp.info/umbraco/surface/authorisedmediasurface/index?url=%2fmedia%2f6106%2f302-adhd-20.pdf Accessed on 24/05/2022