

Methylphenidate shortage:

Information to support prescribers

(Originally published September 2024, reviewed February 2025)

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

Patients new to medication treatment

Please do not start any new patients 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 Ritalin LA or Rubifen SR (note the release profiles of these two formulations are different).

Patients currently treated with a methylphenidate

Make an individual case by case decision. You may wish to consider the following:

- can the patient/parent/carer liaise with their usual pharmacy to establish whether they are expecting deliveries of their required strength of methylphenidate?
- is the patient's prescribed strength anticipated to have an upcoming shortage?
- is a treatment break an option?
- is an alternative formulation of methylphenidate an appropriate interim measure?
- is an alternative formulation appropriate to switch to over a longer period?

Patients changing brands should be monitored

As the release profiles for longer acting methylphenidate differ, a brand change will affect everyone differently. Medsafe recommends patients are monitored when switching brands.

[Medsafe guidance on switching between long-acting methylphenidate products](#)

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 \(Approval No.: 2015/AP001\) - 2015-go760- New Zealand Gazette](#)

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

This means the legal requirements to prescribe a methylphenidate presentation are satisfied whether or not the specialist recommendation was written for a specific presentation of methylphenidate.

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

This advice relates to the **legal situation** only. From a clinical perspective, GPs and nurse practitioners may still need specialist advice to change presentations of methylphenidate and any important clinical considerations for an individual patient.

If you are unsure if your patient has a special authority for the presentation/brand, you can call Sector Operations 0800 855 066.

Dose equivalence of methylphenidate presentations available

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

However, while the daily exposure to an equivalent dose will be the same, if switching

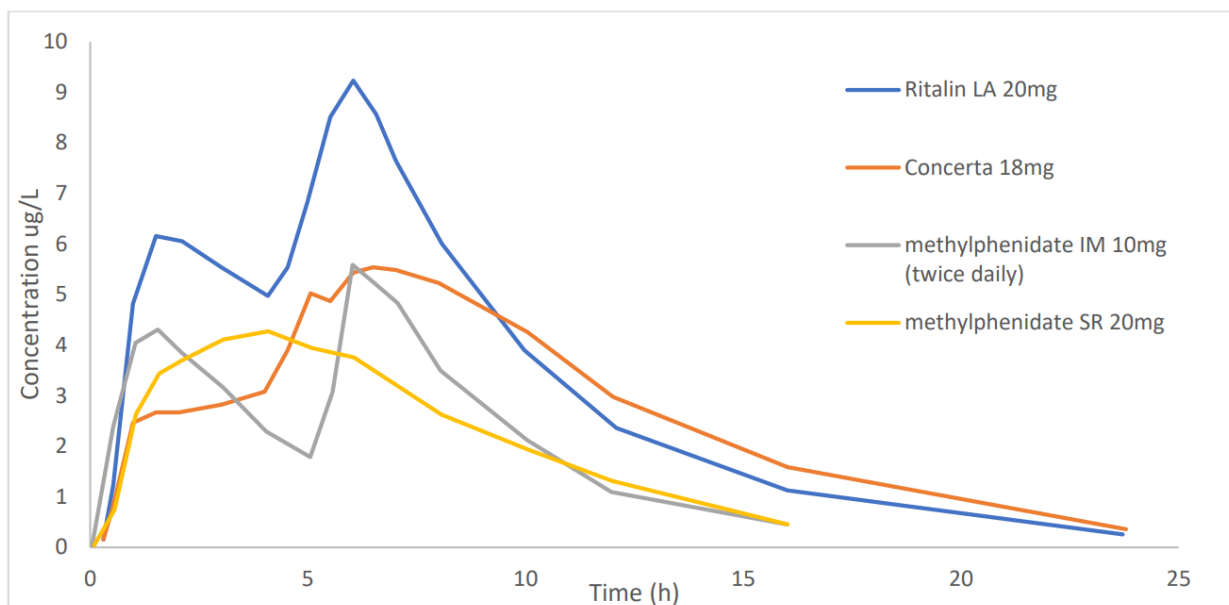
from a 12-hour formulation to the same total dose as an 8-hour formulation, the exposure to that dose will occur over a shorter period of time, and the release profile will be different (see graph for pharmacokinetics of different methylphenidate presentations).

Our clinical advisors have outlined that an 8-hour formulation combined with an immediate release formulation later in the day could be considered for people that require a 12-hour dose duration.

Formulation	Immediate release tablets	12-hour tablet	8-hour 50:50 release capsule	8-hour sustained release tablet
Brand name	Rubifen Ritalin	Concerta ER 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	

* Unlicensed doses.

Pharmacokinetics of different methylphenidate formulations



Adapted from Markowitz et al, Clin Pharmacokinet. 2003;42(4):393-401; and Patrick KS et al, Biopharmaceutics & Drug Disposition. 1989; Mar-Apr;10(2):165-71. IM = immediate release SR= sustained release

More information

[Long-acting methylphenidate formulations in the treatment of attention-deficit/hyperactivity disorder: a systematic review of head-to-head studies](#)

Coghill et al. BMC Psychiatry 2013, 13:237 <http://www.biomedcentral.com/1471-244X/13/237>

[Medsafe guidance on switching between long-acting methylphenidate products](#)