

## Pharmacy Guidance: Stimulant Shortages

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Since 2022, shortages and other factors have contributed to ongoing supply issues with stimulants as a whole.

- ➔ Shortages exist with specific manufacturers but not all. However, the shortages have put a strain on manufacturers that do have a normal supply.
- ➔ Pharmacies are limited in what they can receive, which can vary between pharmacies. Additionally, some manufacturers, wholesalers, and pharmacies are maintaining their supplies for existing customers only.

In addition to issues caused by the shortages, stimulants also carry a risk for serious side effects and misuse.<sup>1</sup> As such, CBH recommends that stimulant medications be prescribed judiciously. Below are some suggestions to assist prescribers as they partner with CBH members and pharmacies to ensure continued access to medications.

- ➔ Refer to the [FDA](#) and the [American Society of Health-System Pharmacists \(ASHP\)](#) drug shortage lists for up-to-date shortage and availability information. The lists differ in their shortage parameters. The ASHP list also provides resources to healthcare professionals to help manage shortages.
  - » If considering alternative therapies for a member, [the American Association of Psychiatric Pharmacists \(AAPP\) offers a free toolkit that provides guidance on converting from one stimulant product formulation to another](#) (You will need to make a free account to access the resource). Some common stimulant conversions are referenced on page 3 of this document.
- ➔ If the member has not filled a prescription for a stimulant before, they should consider filling the prescription at a pharmacy where they have filled other medications previously and a trusting relationship has already been established.
- ➔ If the member has filled a prescription for a stimulant before, they should try to continue to fill their stimulant prescriptions at that specific pharmacy.
- ➔ The prescriber is strongly encouraged to call the pharmacy prior to sending the prescription to ensure that the prescription can be fulfilled. It may be helpful if it is a local pharmacy that the provider has worked with before. This is particularly critical with levels of care transitions.

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<sup>1</sup> [Philadelphia Department of Public Health. Stimulant Prescribing and Stimulant-Related Deaths in Philadelphia. CHART 2021;6\(4\):1-9.](#)

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The FDA will continue to provide updates and additional information regarding the shortages on their website.

Please direct PHMCO-specific questions to their pharmacy help desk, which can be reached at the following numbers:

- ➔ **Geisinger Health Plan:** 855-552-6028
- ➔ **Health Partners Plans:** 215-991-4300
- ➔ **Keystone First:**
  - » Keystone First HealthChoices: 1-800-588-6767
  - » Keystone First Community HealthChoices: 866-907-7088
- ➔ **PA Health & Wellness:** 1-844-626-6813
- ➔ **United Healthcare Community Plan:** 1-800-797-9791
- ➔ **UPMC Community Health Choices / UPMC for you, Inc.:** 1-800-979-8762

For general questions, please email [CBH.PharmacyInitiatives@phila.gov](mailto:CBH.PharmacyInitiatives@phila.gov).

### 1.1.1. Dose Conversions for Commonly Used Stimulants

Transition	Recommendation
Amphetamines	

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Immediate-release (IR) amphetamine mixed salts → extended-release (XR) amphetamine mixed salts	<ul style="list-style-type: none"> <li>Same total daily dose but taken once daily (e.g., Adderall IR 5mg twice daily → Adderall XR 10mg once daily)</li> </ul>	
Amphetamine mixed salts XR → lisdexamfetamine	Amphetamine mixed salts XR 10mg	Lisdexamfetamine 30mg
	Amphetamine mixed salts XR 20mg	Lisdexamfetamine 50mg
	Amphetamine mixed salts XR 30mg	Lisdexamfetamine 70mg
<b>Methylphenidates</b>		
Methylphenidate IR → methylphenidate ER	Methylphenidate IR 5mg twice daily or three times daily	Methylphenidate ER 18mg daily
	Methylphenidate IR 10mg twice daily or three times daily	Methylphenidate ER 36mg daily
	Methylphenidate IR 15mg twice daily or three times daily	Methylphenidate ER 54mg daily
	Methylphenidate IR 20mg twice daily or three times daily	Methylphenidate ER 72mg daily
Methylphenidate IR → dexmethylphenidate IR	<ul style="list-style-type: none"> <li>Half the total daily dose of methylphenidate IR (e.g., methylphenidate IR 5mg twice daily → dexmethylphenidate IR 2.5mg twice daily)</li> </ul>	
Methylphenidate IR → dexmethylphenidate XR	<ul style="list-style-type: none"> <li>Half the total daily dose of methylphenidate IR (e.g., methylphenidate IR 5mg twice daily → dexmethylphenidate XR 5mg daily)</li> </ul>	
Dexmethylphenidate IR → dexmethylphenidate XR	<ul style="list-style-type: none"> <li>Same total daily dose but taken once daily (e.g., dexmethylphenidate IR 5mg twice daily → dexmethylphenidate XR 10mg once daily)</li> </ul>	