SHARED CARE PRESCRIBING GUIDELINE
Methylphenidate, atomoxetine, lisdexamfetamine, dexamfetamine and guanfacine for the treatment of Attention Deficit Hyperactivity Disorder in Children and Adolescents aged 6-18 years

Section A: To be completed by the specialist initiating the treatment

GP Practice Details:
Name: ……
Address: ……
Tel no: ……
NHS.net e-mail: ……

Patient Details:
Name: ……
Address: ……
DOB:
Hospital number: ……
NHS number (10 digits): ……

Specialist name: …… **Clinic name:** ……..
Contact details:
Address: .....
Tel no: ……
NHS.net e-mail: ……

Diagnosis:

Drug name, form, dose and frequency to be prescribed by GP:

Next hospital appointment:

Dear Dr. ……..,
Your patient was reviewed on *(insert date);* he/she started on the above specified drug on *(insert start date)* for the above diagnosis and in my view, his/her condition is now stable. I am requesting your agreement to prescribing/monitoring this drug for this patient from *(insert date)* in accordance with the attached guideline. **Please take particular note of the guidelines where the areas of responsibilities for the consultant, GP andpatient/carer for this shared care arrangement are detailed.**

Patient information has been given outlining potential aims and side effects of this treatment.The patient has given consent to treatment and to possibly receiving prescriptions from you as outlined in this document (with your agreement) and has confirmed to comply with instructions and follow up requirements.

The most recent investigations have been performed on *(insert date)* **and are acceptable for continued treatment. Please monitor These at month 3 and 9 and then 6 monthly. Include printout of results in GP communication.**

Test	Baseline	Date	Current	Date
Blood Pressure				
Pulse				
Monitor	**Result**	**Date**	**Centile**	
Weight (incl centiles)				
Height (incl centiles)				

Other relevant information: ……..

Specialist Name and Signature: ……Date:

Section B: To be completed by the GP and returned to the specialist as detailed in Section A above [If returned via e-mail, use NHS.net email account ONLY]

Please sign and return your agreement to take over prescribing/monitoring as outlined in this guideline within 14 days of receiving this request.
Tick which applies:

☐ I accept prescribing/monitoring responsibility as per this guideline and above instructions
☐ I would like further information. Please contact me on: ……
☐ I am not willing to undertake prescribing/monitoring for this patient for the following reason:
……

GP name: ……
GP signature: ……Date:

Section C: Role and responsibility of patient

A shared care prescribing guideline/transfer of prescribing and monitoring agreement is an agreement between healthcare providers (your consultant/specialist in hospital, your general practitioner) and yourself to jointly manage the prescribing and monitoring of your treatment.
To gain the most benefit from your treatment, it is important that you work together with your healthcare provider. It is expected that you will follow these guidelines to ensure your own safety, health and wellbeing. You should be able to decline shared care if you decide after careful consideration of the available options that shared care is not in your best interest.

- You should make sure that you understand about your treatment. This includes dosing schedules and warning symptoms
- If you do not understand certain aspects of your treatment, ask for more information from the person prescribing your medication
- Read the patient information leaflet included with your medication
- You should raise concerns about your treatment with the person prescribing your medication
- Talk to the consultant/specialist and come to an agreement of how the treatment should be provided to you
- Give permission to have aspects of your care communicated to other healthcare providers
- Ensure that you are provided with contact details for support and help if required. Contact details should be provided for both in- and out-of-hours.
- You should schedule and attend all appointments. If you are unable to attend an appointment, please inform your respective healthcare provider and reschedule.
- You should keep an up-to-date written list of all medicines (including over-the-counter products) you are taking
- You should an up-to-date written list of any additional products – such as vitamins, minerals or other dietary supplements
- You should bring these lists with you each time you visit a healthcare provider or are admitted to hospital
- You should carry these lists in case of an emergency
- You must not let anyone else take your medication

It is your responsibility to follow these guidelines. The guidelines are here for your safety, health and wellbeing. If you would like to obtain more information on your rights, roles and responsibilities in your healthcare, please ask an NHS professional for information on the NHS constitution. Alternatively you can visit www.gov.uk/government/publications/the-nhs-constitution-for-england

To be completed by patient/carer

Please read 'Section C: Role and Responsibility of patient' and sign below to indicate the following:

☐ I have read and understood the role and responsibilities of a patient in a shared care/transfer of care and monitoring setting
☐ I agree for my care to be shared between the consultant/specialist and the Primary Care Prescriber
☐ I have obtained 'Section C: Role and Responsibility of patient' as a copy for my perusal

Patient/Carer Name ……
Patient/Carer Signature …… Date: ……..

Date prepared: 12/2019	**Review date:** 12/2021
Approved by: Croydon Prescribing Committee 6th January 2020	**Changes before review date:**

This shared care prescribing guideline has been signed off by the following individuals on behalf of their respective organisations:

Participating Clinical Commissioning Groups (CCG)	Participating Hospital Trusts
NHS Croydon CCG Dr John French, GP Clinical Lead, Paediatric Mental health Lucy Galloway, Principal Pharmacist Mihir Shah, Practice Support Pharmacist	**South London and Maudsley NHS Trust** Dr Fernando Salazar, Consultant CAMHs Georgina Boon, Specialist Pharmacist CAMHS

SHARED CARE PRESCRIBING GUIDELINE
Methylphenidate, atomoxetine, lisdexamfetamine, dexamfetamine and guanfacine for the treatment of Attention Deficit Hyperactivity Disorder in Children and Adolescents aged 6-18 years

NOTES to the GP

The information in the shared care guideline has been developed in consultation with Croydon CCG and it has been **agreed** that it is suitable for shared care.

This document should provide sufficient information to enable you to make an informed decision regarding the clinical and legal responsibility for prescribing either **methylphenidate, atomoxetine, lisdexamfetamine, dexamfetamine or guanfacine for the treatment of ADHD in Children and Adolescents aged 6-18 years***

The questions below will help you confirm this:

- Is the patient's condition predictable or stable?
- Do you have the relevant knowledge, skills and access to equipment to allow you to monitor treatment as indicated in this shared care prescribing guideline?
- Have you been provided with relevant clinical details including monitoring data?

If you can answer YES to all these questions (after reading this shared care guideline), then it is appropriate for you to accept prescribing responsibility.

If the answer is NO to any of these questions you should contact the requesting specialist or your local CCG Medicines Management Team. There may be implications for the patient where the invitation to share care is declined. For example, the patient may need to be changed to an alternative treatment regimen. **It would not normally be expected that shared care prescribing would be declined on the basis of cost.**

Sharing of care assumes communication between the specialist, GP and patient. The intention to share care should be explained to the patient by the specialist initiating treatment. **It is important that patients are consulted about treatment and are in agreement with it**.

Prescribing should follow requirements in the South West London Interface Prescribing Policy.
The doctor who prescribes the medication legally assumes clinical responsibility for the drug and the consequences of its use. The patient's best interests are always paramount.

***N.B** *NICE recommends that the treatment of ADHD can start from the age of 5 years – however all medicines that are used to treat ADHD are only licensed for children from 6 years of age.*

Once you have read the shared care guideline and considered the information above, please complete the GP decision form (Section B) and email back to the requesting clinician if you are in agreement to participate in shared care. If you are not in agreement, please include reasons for this.

Methylphenidate, atomoxetine, lisdexamfetamine, dexamfetamine and guanfacine for the treatment of ADHD in Children and Adolescents aged 6-18 years

Drug Name	Licensed Indication	Preparations
METHYLPHENIDATE (CD Schedule 2) Prescriptions for sustained release tablets or capsules should specify the brand	**Licensed for ADHD for children over 6 years of age. First line for ADHD**	***Plain tablets*:** **Available in the following strengths: 5mg, 10mg, 20mg** *Brands include Ritalin® Medikinet®* N.B. any equivalent strength tablet can be prescribed ***Sustained Release TABLETS*:** **Available in the following strengths: 18mg, 27mg, 36mg, 54mg** *Brands include Concerta® XL Matoride XL Xenidate XL, Delmosart, Xaggitin XL* NB – These three brands are bioequivalent. Xenidate® XL or Delmosart® prolonged-release tablets should be prescribed first-line. Concerta® XL tablets remain as a third-line option if patient's ADHD control destabilizes on Xenidate® XL and Delmosart® prolonged-release tablets). ***Sustained Release CAPSULES:*** **Available in the following strengths: 5mg, 10mg, 20mg, 30mg, 40mg, 50mg, 60mg** *Brands include Medikinet® XL Equasym® XL* N.B. any equivalent strength sustained release capsule can be prescribed but patients should remain on the same brand that they are initiated on
ATOMOXETINE	**Licensed for ADHD for children over 6 years of age.**	**Strattera® capsules 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg** **Oral solution 4mg/ml**
LISDEXAMFETAMINE (dimesylate) (CD Schedule 2)	**Licensed for ADHD for children over 6 years of age.**	**Elvanse® capsules 20mg, 30mg, 40mg, 50mg,60mg and 70mg**
DEXAMFETAMINE (sulphate) (CD Schedule 2)	**Licensed for ADHD for children over 6 years of age.**	**Amfexa® tablets 5mg, 10mg 20mg** **Oral solution 1mg/ml**
GUANFACINE	**Licensed for ADHD for children and adolescents 6-17 years old**	**Intuniv® tablets 1mg, 2mg, 3mg 4mg**

CIRCUMSTANCES WHEN SHARED CARE IS APPROPRIATE

- Prescribing responsibility will only be transferred when the consultant/specialist and the GP are in agreement that the patient's condition is stable or predictable.
- On initiation of treatment the consultant/specialist will provide prescriptions for a minimum of 12 weeks (if CD schedule 2 drug supply either as 3x28 or 3x30 day prescriptions depending on pack size).

1. AREAS OF RESPONSIBILITY

Consultant / Specialist team responsibilities

Before requesting agreement for shared care

- Establish or confirm diagnosis and assess patient suitability for treatment
- Conduct a careful history and physical examination to assess any presence of cardiac disease
- Establish and document any allergies and previous hypersensitivity

Baseline monitoring - **These should be shared with the GP following a request to take up shared care**

- Height and weight – add to a growth chart
- Cardiovascular status, including blood pressure and heart rate before prescribing and obtain specialist cardiac advice if appropriate
- Discuss treatment with patients or carers, ensuring and documenting that they have a clear understanding of benefits, side effects, frequency of administration and monitoring requirements
- Email a signed shared care guideline with patient details completed to GP for consideration of shared care request
- Before treatment is initiated check for any potential drug interactions if patient is currently on other medications
- Initiate treatment and titrate the dose against symptoms and side effects over 4-6 weeks until dose optimisation is achieved.
- Prescribe and monitor treatment according to local guideline or formulary until patient's condition is stable or predictable
- At the time of initiating, inform GP in writing as to which of the 5 drugs included in this shared care guideline has been prescribed and **to clarify this in Section A of this agreement**.
- The GP should be invited to share care once the patient is stable. Information provided to the GP should include:
    - A copy of the shared care guidelines with the relevant amendments made under *Agreement to participate in shared care* (Section A) detailing the drug which will involve shared care.
    - That prescriptions for a minimum of 12 weeks supply has or will be given
    - Information on when the patient will next be reviewed and by whom.
    - A request that the GP continue prescribing after 12 weeks.
- Advise GP on the appropriateness of any necessary periodic drug holidays

After agreement to shared care

- Inform GP when patient is stable see above – dose titration should occur before transfer.
- Inform GP of abnormal monitoring results and any changes in therapy
- Evaluate adverse events reported by GP or patient
- Carry out ongoing monitoring and follow up according to shared care guidelines including continued need for therapy.
- If a dose change is needed, a prescription is issued from the clinic and GP provided with a letter of the dose change and information regarding any further monitoring that may be required. Consultant/Specialist should review the patient within 3-6 months following any dose change. Advise GP when ADHD treatment should be discontinued and provide necessary supervision and support during the discontinuation phase.
- To communicate promptly with the GP if treatment is changed.
- To report any suspected adverse effects to the MHRA: http://www.yellowcard.gov.uk
- Notify the GP if medication is likely to cease when adolescent approaches 18 years and confirm by letter the stop date.
- Notify ADULT ADHD clinic for a transition meeting when adolescent is 17.5 years old, if medication is likely to continue beyond the age of 18. Specialist to notify GP outcome of this meeting and when shared care with CAMHS team is expected to cease.
- Pregnancy: If patient becomes pregnant, the specialist clinician will take over the complete ADHD care of the patient and shared care will resume after pregnancy.

General Practitioner responsibilities

Before agreement to shared care

- Consider shared care proposal within 2 weeks of receipt and fill in GP Decision form (Section B) and return to specialist.
- State in the patient's records that the medicine is being prescribed under a shared care agreement

After agreement to shared care

- Prescribe dose as recommended once the patient's condition is stable or predictable.
- Add 'shared care' read code to patient's medical record.
- Continue prescriptions after stabilisation in line with the points below.
- Monitor general health of patient and check adverse effects as appropriate
- Monitor height, weight, (check against https://www.rcpch.ac.uk/resources/growth-charts) blood pressure* and pulse after the first 3 months of treatment, as well as after each dose adjustment as directed by the specialist, and then every 6 months. Any significant changes from baseline in BP/weight/pulse should be discussed with the specialist.. If patients develop symptoms suggestive of cardiac disease during treatment, they should be referred for prompt specialist cardiac evaluation and the consultant/specialist team informed
- Stop treatment on advice of specialist or immediately if urgent need arises
- Check for drug interactions when prescribing new or stopping existing medication
- Discuss any abnormal results with specialist and agree any action required (this could be a telephone discussion).
- Only ask specialist to take back prescribing should the patients clinical condition deteriorate. Allow an adequate notice period of 10 working days. Consider a telephone discussion with the specialist if appropriate.
- Check that the patient is attending specialist appointments at least annually
- To advise the specialist if non-compliance is suspected
- To report any suspected adverse effects to the MHRA via the Yellow Card scheme: http://www.yellowcard.gov.uk
- Pregnancy: If patient becomes pregnant, the GP will STOP methylphenidate and refer patient back to Specialist Clinician, shared care for ADHD will resume after pregnancy.
- GP to contact the CAMHS specialist (when adolescent approaches 18) if GP has NOT been notified if patient is stopping treatment or transferring to adult ADHD team.

- *GP's can order small cuffs to enable them to monitor blood pressure, where they are unable to carry out this monitoring they should inform the specialist to arrange how blood pressure can be monitored.

Patient's / Carer's responsibilities

- To contact the specialist or GP if he or she does not have a clear understanding of any aspect of the treatment.
- To inform prescribing specialist, GP and other healthcare professionals of any other medication being taken, including over the counter products, alternative therapies or recreational drugs.
- To inform community pharmacists that they are using ADHD Treatments before purchasing medication over-the-counter
- To attend all hospital and GP appointments
- To take medicines as agreed and take steps to ensure that no doses are missed and not to share medicines with others
- To read the patient information leaflet included with the medication.
- To report any adverse effects or warning symptoms to GP or hospital specialist
- To report to GP if pregnant or breastfeeding.
- To inform GP and hospital of any changes in addresses or telephone contact numbers.

To request the need for repeat prescriptions in a timely manner to allow appropriate processing of the script. N.B.If patient is prescribed methylphenidate, dexamfetamine or lisdexamfetamine these prescriptions will be issued as paper prescriptions and be picked up from the GP and taken to local pharmacy for dispensing

2. CLINICAL INFORMATION

METHYLPHENIDATE, ATOMOXETINE LISDEXAMFETAMINE, DEXAMFETAMINE AND GUANFACINE

Monitoring Requirements including frequency

Consultant/Specialist:

- To assess baseline cardiovascular status, including blood pressure and heart rate before prescribing and obtain specialist cardiac advice if appropriate.
- To review the patient and monitor the following on an annual basis for the duration that the patient is on the medicine and communicate these results to the GP:
- For children under 10 years monitor height, weight and appetite, recorded on a growth chart (check against https://www.rcpch.ac.uk/resources/growth-charts)
- Blood pressure and pulse, recorded on a centile chart (also following dose adjustments).
- To refer patients who develop symptoms such as palpitations, exertional chest pain, unexplained syncope, dyspnoea, or other symptoms suggestive of heart disease for prompt specialist cardiac evaluation.
- The development of new or worsening of pre-existing, psychiatric symptoms (also following dose adjustments and at every visit).
- Monitoring of motor / verbal tics should be carried out at every dose adjustment and at least annually.
- Blood testing should be carried out periodically at the discretion of the supervising clinicians and when clinically indicated (e.g. if recurrent nose bleeds, bruising or infections occur).

Methylphenidate, dexamfetamine and lisdexamfetamine are classed as ***controlled drugs (see page 5) for prescribing information)****,* ***Atomoxetine and Guanfacine are Prescription Only Medicines.*** *In order to monitor the effects of treatment the specialist or parents should inform the school concerning any medication for these indications. In order to assess the effects of the drug on the child's emotional, physical or behavioral states the specialist should request further information from the school about the child's behaviour.*

GP:

- To monitor, pulse, blood pressure*, and height and weight (for children under 10 years old - check against https://www.rcpch.ac.uk/resources/growth-charts) after the first 3 months of treatment, as well as after each dose adjustment as directed by the specialist, and then every 6 months.
- To contact specialist if deterioration in behaviour.
- To report adverse drug reactions to specialist.
- To refer patients who develop symptoms such as palpitations, exertional chest pain, unexplained syncope, dyspnoea, or other symptoms suggestive of heart disease for prompt specialist cardiac evaluation.
- To refer patients with recurrent nose bleeds, bruising or infection.

Blood pressure and pulse rate checks should ideally be done in the more relaxed environment of a GP surgery rather than in hospital. But in reality, the BP and pulse should be checked by whoever sees the patient first after a dose increase (usually within 2 weeks of the change)

*GP's can order small cuffs to enable them to monitor blood pressure, where they are unable to carry out this monitoring they should inform the specialist to arrange how blood pressure can be monitored

Follow up arrangements

Consultant/Specialist:

- To arrange for follow up at least annually and following each dose adjustment
- Arrangement of a clinic review when the patient is between 17 to 18 years should be considered to assess continued treatment into adult services and to plan for the transfer of care if needed

GP:

- To act upon results communicated by specialist.
- To review the appropriateness of prescribing for patients who have not been seen by a specialist for over one year.
- Communicate with the consultant/specialist if the patient does not attend appointments
-

Duration of treatment

Long-term treatment may continue into adulthood. Patients who take treatment for extended periods (i.e. >1 year) should have their treatment reviewed at least once a year by a specialist to determine whether continuation is needed

Criteria for stopping treatment

If improvement of symptoms is not observed after the appropriate dosage adjustment over one month, it should be discontinued.

The drug may be discontinued periodically (e.g. by stopping the drug for up to two weeks each year) to assess the child's condition as advised by the consultant/specialist. Need for continued treatment should be routinely reviewed beyond the age of 18 years

NOTE: *The Information here is* ***not*** *exhaustive.* ***Please consult the current Summary of Product Characteristics (SPC) for the treatment prior to prescribing for up to date prescribing information including detailed information on adverse effects, drug interactions, cautions and contraindications (available via www.medicines.org.uk)***

Drug	Indication	Place in therapy	Dose and Route of Administration		
			Preparation	Dose	Notes
Methylphenidate	Treatment of ADHD	First line for ADHD	**Plain tablets*** Available in the following strengths: **5mg, 10mg, 20mg** Ritalin® Medikinet®	Initially 5 mg 1–2 times a day, increased in steps of 5–10 mg daily if required, at weekly intervals, increased if necessary up to 2.1 mg/kg daily in 2–3 divided doses, max. licensed dose is 60 mg daily in 2–3 doses, (maximum of 90 mg daily under the direction of a specialist) discontinue if no response after 6 weeks	In some children rebound hyperactivity may occur if the effect of the drug wears off in the evening. An additional dose later in the day may eliminate this difficulty but may disturb sleep.
			Sustained release tablets Available in the following strengths **18mg, 27mg, 36mg, 54mg** Concerta® XL, Xenidate® XL, Delmosart® prolonged-release tablets ***The prescriber must specify the brand***	Initially 18 mg once daily in the morning, increased in steps of 18 mg daily at weekly intervals, increased if necessary up to 2.1 mg/kg daily, max. licensed dose is 54 mg daily, (maximum of 108 mg daily under the direction of a specialist) discontinue if no response after 6 weeks	Total daily dose of 15mg of standard release tablet is considered equivalent to 18mg once daily of sustained release tablets. 60mg of Ritalin is the maximum licensed dose. The equivalent dose of Concerta® XL is 72mg, which is above the maximum licensed dose.
			Sustained release capsules Available in the following strengths **5mg, 10mg, 20mg, 30mg, 40mg, 50mg,60mg** Equasym® XL Medikinet® XL ***The prescriber must specify the brand***	Initially 10mg once daily (in the morning before breakfast), increasing if necessary, by weekly increments of 10mg to a max. licensed dose of 60 mg daily, (maximum of 90 mg daily under the direction of a specialist) discontinue if no response after 6 weeks	40mg XL strength not available in Equasym® XL brand
Lisdexamfetamine	Licensed for ADHD for children over 6 years of age.	To be considered if methylphenidate has not been successful or tolerated	**Elvanse® 20mg. 30mg, 40mg, 50mg 60mg and 70mg Capsules**	Starting dose 30mg taken once in the morning (with or without food) The dose may be increased by10-20mg increments at approximately weekly intervals. Maximum recommended dose = 70mg/day	Lower starting dose of 20mg once daily may be needed in some patients Lisdexamfetamine may be swallowed whole, or the capsules opened and the entire contents emptied and mixed with a soft food such as yogurt or in a glass of water or orange juice
Dexamfetamine	Licensed for ADHD for children over 6 years of age.	To be considered if methylphenidate not successful or tolerated and have responded to lisdexamfetamine but cannot tolerate the longer effect profile	**Amfexa® tablets 5mg, 10mg 20mg** Oral solution is 1mg/ml	Initially 2.5 mg 2–3 times a day, increased in steps of 5 mg once weekly if required, increased if necessary up to 1 mg/kg daily, maintenance dose to be given in 2–4 divided doses, up to 20 mg daily (40 mg daily has been required in some children).	

Drug	Indication	Place in therapy	Dose and Route of Administration		
			Preparation	Dose	Notes
Atomoxetine	Licensed for ADHD for children over 6 years of age.	To be considered if methylphenidate or lisdexamfetamine has not been successful or tolerated	**Strattera® Capsules 10mg, 18mg, 25mg, 40mg, 60mg, oral solution 4mg/ml** **Child over 6 years (body-weight <70kg)**	Initially 500 micrograms/kg daily for 7 days, increased according to response; usual maintenance dose 1.2mg/kg daily, but may be increased to 1.8mg/kg daily (max. 120mg daily) under the direction of a specialist	The SPC dosing states that: *"No additional benefit has been demonstrated for doses higher than 1.2mg/kg/day. The safety of single doses over 1.8mg/kg/day and total daily doses above 1.8mg/kg has not been systematically evaluated."* [4] The 1.2mg/kg/day dose is based on 2001 data on uncomplicated 'pure' attention deficit hyperactivity disorder. The consultant-led clinic is full of complex patients with co-morbidities, and since 2005 a 1.8mg/kg/day dose is known to be more effective in this group[4].
			Child over 6 years (body-weight >70kg)	Initially 40mg daily for 7 days, increased according to response; usual maintenance dose 80mg daily, but may be increased to 120mg daily under the direction of a specialist.	
Guanfacine	Licensed for ADHD for children over 6 years of age	To be considered if methylphenidate or lisdexamfetamine has not been successful or tolerated	**Intuniv ® tablets 1mg, 2mg, 3mg, 4mg** **Child 6-17years (body-weight 25kg – 41.4kg)**	Initially 1mg once daily increasing in weekly increments of 1mg up to a maximum of 4mg once daily	
			Child 13 - 17years (body-weight 41.5kg – 49.4kg)	Initially 1mg once daily increasing in weekly increments of 1mg up to a maximum of 5mg once daily	
			Child 13 - 17years (body-weight 49.5kg – 58.4.kg)	Initially 1mg once daily increasing in weekly increments of 1mg up to a maximum of 6mg once daily	
			Child 13 - 17years (body-weight >58.4.kg)	Initially 1mg once daily increasing in weekly increments of 1mg up to a maximum of 7mg once daily	Dose can be titrated to a 7 mg/day dose after the subject has completed a minimum of 1 week of therapy on a 6 mg/day dose and the physician has performed a thorough review of the subject's tolerability and efficacy.

Further Information

A pharmaceutical company patient information leaflet (PIL) will be provided to the patient with each supply. Medicines for children have also produced PIL which can be accessed via the online website
http://www.medicinesforchildren.org.uk/search-for-a-leaflet/

NICE has produced an information leaflet for parents:
http://www.nice.org.uk/nicemedia/pdf/CG72UNG.pdf

A review letter will be sent after initial assessment and following each further appointment. It is assumed that the GP agrees to the shared care arrangements.

Information which can be provided to the schools - Managing Medicines in Schools and Early Years Settings
https://www.education.gov.uk/publications/standard/publicationdetail/page1/DFES-1448-2005

Information on prescribing Controlled Drugs
Methylphenidate, lisdexamfetamine and dexamfetamine are schedule 2 Controlled drugs - the following applies:

- Prescribers can now issue computer-generated prescriptions for all CDs including Schedule 2 and 3 CDs; all details except the signature can be computer-generated
- Prescriptions for Schedule 2 CDs are only valid for 28 days.
- Schedule 2 CDs cannot be prescribed on repeat dispensing prescriptions
- There is a good practice requirement that the quantity of Schedule 2 CDs be limited to a quantity for up to 30 days treatment. In cases where the prescriber believes that a prescription should be issued for a longer period they may do so but will need to be able to justify that there is a clinical need and that it would not cause an unacceptable risk to patient safety
- The prescription for CDs must contain the dose, form, strength (where appropriate) and a total quantity of the preparation in both words and figures

References

1. NICE. Clinical Guideline 87: Attention deficit hyperactivity disorder: Diagnosis and Management (March 2018). Accessed via: https://www.nice.org.uk/guidance/ng87
2. NICE Technology Appraisal Number 98 Methylphenidate, atomoxetine and dexamfetamine for attention deficit hyperactivity disorder (ADHD) in children and adolescents. March 2006 www.nice.org.uk
3. NICE. Clinical Guideline 72: Attention deficit hyperactivity disorder: Diagnosis and management of ADHD in children, young people and adults (2008). Accessed via http://publications.nice.org.uk/attention-deficit-hyperactivity-disorder-cg72 (superseded by NG87)
4. British National Formulary for Children 2016/17

Summary of Product Characteristics – accessed via www.medicines.org.uk

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6. Equasym® - (Last accessed April 2018)
7. Equasym XL® - (Last accessed April 2018)
8. Medikinet® - (Last accessed April 2018)
9. Medikinet XL® - (Last accessed April 2018)
10. Concerta XL® - (Last accessed April 2018)
11. Strattera® - (Last accessed April 2018)
12. Elvanse® - (Last accessed April 2018)
13. Matoride® XL (Last accessed April 2018)
14. Xenidate® XL (Last accessed April 2018)
15. Amfexa ® (Last accessed April 2018)
16. Intuniv® (Last accessed April 2018)
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18. Delmosart (Last accessed April 2018)
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20. NICE ESNM19: Attention deficit hyperactivity disorder in children and young people: lisdexamfetamine dimesylate (May 2013). Accessed via http://publications.nice.org.uk/esnm19-attention-deficit-hyperactivity-disorder-in-children-and-young-people-lisdexamfetamine-esnm19
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22. Coghill D, Banaschewski T et al. European, randomized, phase 3 study of lisdexamfetamine dimesylate in children and adolescents with attention-deficit/hyperactivity disorder. European Neuropsychopharmacology 2013; doi:10.1016/j.euroneuro.2012.11.012
23. Dittmann RW, Cardo E et al. Efficacy and safety of lisdexamfetamine dimesylate and atomoxetine in the treatment of Attention-Deficit/Hyperactivity Disorder: a head-to-head, randomised, double blind, Phase IIIb study. CNS Drugs 2013 DOI 10.1007/s40263-013-0104-8

3. COMMUNICATION AND SUPPORT

Please note that the clinical letter received from the consultant/specialist team should have the relevant contact details. If this is not provided you may find the following contact details useful.

South London and Maudsley (SLAM): 020 3228 6000	
Medication – Prescribing advice, interactions, availability of medicines Maudsley Medicines Information Services	Tel: 020 3228 2317