Shared care guidelines

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Drug	**LISDEXAMFETAMINE** (Elvanse® / Elvanse® Adult) ▼
Specialty	CHILDREN & YOUNG PEOPLE'S SERVICES and ADULT MENTAL HEALTH SERVICES
Indication	ATTENTION-DEFICIT HYPERACTIVITY DISORDER (ADHD)
Overview	Lisdexamfetamine is a prodrug of dexamfetamine. It is a CNS stimulant licensed for the treatment of ADHD in children aged 6-17 who have not responded adequately to methylphenidate, and for the first-line treatment of ADHD in adults as an alternative to methylphenidate. It should be initiated by a specialist with expertise in ADHD as part of a comprehensive treatment plan but prescribing & monitoring responsibility can transfer to GPs under these shared care guidelines. Drug treatment of ADHD in patients under the care of TEWV is guided by separate prescribing algorithms for children & adolescents *(Intranet; Trust website)* & adults *(Intranet; Trust website)*

Specialist responsibilities

Pre-treatment: *(see SPC for full details of contra-indications and cautions)*
Assess suitability for treatment with lisdexamfetamine by reviewing the patient's medical history and completing a physical examination, including:

- Evaluation of cardiovascular status including BP & heart rate, and ECG if indicated (see Trust Psychotropic Monitoring Guidance) – supply relevant centile charts and record BP & heart rate
- Family history of serious cardiac disease
- History of psychiatric disorders
- Height & weight – supply centile chart & record *[not applicable in patients >18 yrs]*
- History of exercise syncope or undue breathlessness
- Current and previous medication
- Potential for abuse, misuse or diversion

Initial prescription - dosage and administration: *(see BNF and SPC for full details)*
For all patients, whether starting treatment for ADHD or switching from another medication, the starting dose is 30 mg once daily (a lower starting dose of 20 mg daily may be appropriate in some patients). The dose may be increased by 10-20 mg increments, at approximately weekly intervals, up to the lowest effective dose; maximum daily dose is 70 mg daily

The dose should be taken in the morning, with or without food; afternoon doses should be avoided due to the potential for sleep disturbance. The capsule may be swallowed whole, or opened and the contents mixed with a soft food such as yogurt or in a glass of water or orange juice (this does not affect the duration of action of each dose) - the patient must consume the whole portion of food or drink immediately

Monitoring:
For effectiveness – review regularly in early phase and discontinue if no response after an adequate therapeutic trial; review at least annually thereafter. Consider trial periods off medication to assess functioning without treatment, preferably during school holidays. If still on treatment at school-leaving age, determine if treatment needs to be continued and, if it does, arrange for transition to adult services by 18 years of age.

For safety / adverse effects:

- Appetite – at each face-to-face review if >6 months since last check by team or GP
- Height (children & adolescents only) – at each face-to-face review if >6 months since last check by team or GP – record on growth chart
- Weight – within 3 months (prior to transfer) in children and young people; at each face-to-face review if >3 months (children 10 years & under) or >6 months (children >10 years & adults) since last check by team or GP, more often if concerns arise– record on growth chart
- BP and heart rate – at each dose change, and at each face-to-face review if>6 months since last check by team or GP – record on centile charts to detect clinically important changes
- Assess for new or worsening of pre-existing psychiatric disorders, tics, or seizures, after each dose increase, then at each face-to-face review if >6 months since last assessment by team or GP.

Specialist responsibilities *(continued)*

Transfer of prescribing / communication
Prescribing and monitoring responsibility may transfer to the patient's GP after 3 months or once the treatment has been stabilised, whichever is the longer. The request must be made using the attached form with a covering clinic letter and a copy of this guideline (with contact details added) – the following details should be clearly communicated:

- Diagnosis
- Dose of lisdexamfetamine and method of administration
- Date and duration of last prescription provided
- Completed and required monitoring.
- Discontinued medication for same diagnosis
- Date of next specialist review

GP responsibilities

Maintenance (repeat) prescription:
Prescribe lisdexamfetamine in accordance with specialist advice received on transfer and following reviews:
Maintenance dose range: 30-70 mg daily (maximum dose: 70 mg daily)
Limit repeat prescriptions to 28 days' supply in line with good practice relating to CDs
Monitoring:
For safety / adverse effects:

- Appetite – every 6 months unless notified that done at review by specialist team
- Height (children & adolescents only) - every 6 months unless notified that done at review by specialist team – record on growth chart
- Weight – every 3 months (children 10 years & under) or every 6 months (children >10 years & adults) unless notified that done at review by specialist team; more often if concerns arise– record on growth chart;
- BP & heart rate – every 6 months unless notified that done at review by specialist team – record on centile charts for children & young people to detect clinically important changes
- Asses for new or worsening of pre-existing psychiatric disorders, tics, or seizures, every 6 months unless notified that done at review by specialist team.

Transfer of prescribing / communication:
Notify specialist immediately (within 2 weeks) if transfer of prescribing and monitoring responsibility is not accepted so that alternative arrangements can be put in place.
Contact specialist if communication of prescribing & monitoring requirements is not clear.
Notify the specialist of any adverse effects, or any family/social circumstances which may preclude treatment with lisdexamfetamine (including current/past use of illicit drugs)
Seek advice from the specialist should any of the following occur - failure to thrive/retardation of growth, persistent sleep disturbance, persistent problems with poor attention, pronounced change in mental state.
Check annual review by specialist has taken place within last 12 months
Care should be transferred back to the specialist if the patient has started misusing substances such as cocaine, heroin or amphetamines

Adverse events

See BNF and SPC for full details of known adverse effects - action in response to known / expected adverse events as follows:

Adverse event	Action (GP)	Action (specialist)
Raised BP(systolic BP> 95th centile or clinically significant increase) or pulse >120 bpm resting) or arrhythmia	Notify and seek advice from specialist	Reduce dose & seek advice from paediatrician or cardiologist
Significantly reduced rate of growth		Reduce dose, or switch to alternative drug
Signs / symptoms of psychiatric disorder		Stop treatment & perform full psychiatric assessment
Signs / symptoms of heart disease		Reduce dose & seek advice from paediatrician or cardiologist
Tics		Reduce dose, or switch to alternative drug
New or worsening seizures		Review ADHD medication & stop anything that might be contributing

Specialist contact details ***(to be added by specialist prescriber when transferring prescribing)***

Name:
Base:
Telephone no:
E-mail address:

AMBER ▲	TRANSFERRING PRESCRIBING OF ADHD TREATMENTS

GP details:

Patient details (name/address/DOB/NHS number):

Diagnosis:

Checklist for transfer:

- ☐ The patient has completed at least 3 months of treatment and is suitable for 28 day prescriptions
- ☐ The medication and patient's mental health are stable (i.e the patient has completed their response to medication and there are no recognised problems with compliance or significant acute risks of harm to self or to others).
- ☐ A minimum of one month's notice is being provided to the GP to ensure adequate time to add the prescription to the GP system
- ☐ The patient & medication meets all of the criteria defined within the shared care protocol
- ☐ A clear and a copy of the shared care protocol has been sent to the GP
- ☐ Arrangements have been made to continue prescribing until the GP agrees to shared care being established for this patient
- ☐ Arrangements have been made for the necessary secondary care responsibilities to be carried out (as defined in the protocol)
- ☐ There has been consideration of STOMP (if applicable)

Medication details: (dose, frequency and brand if appropriate. State rationale if first line option not prescribed or non-standard formulation prescribed):

Discontinued medication (list any medicines discontinued when this AMBER treatment initiated):

Prescription issued (details of date and length of supply):

Monitoring results:

Secondary care review frequency:

Actions requested of GP: **Please continue to issue monthly prescriptions until advised** The treatment has been explained to the patient and they understand they should contact you for future prescriptions. You will be informed of any changes to treatment, if you are not required to issue prescriptions or if treatment is to be discontinued. Please contact the prescriber on the number below if there is any change in the patient's condition, if the patient fails to regularly collect prescriptions, if non-compliance with treatment is suspected or you require advice.

Secondary care contacts:	**Contact details (address/telephone no):**
Care coordinator (name):	
Consultant (name):	
Prescriber (name):	
Signature & date:	

Acceptance of prescribing responsibility by GP

Patient's name:	**NHS Number:**
Address:	
Medication:	
I confirm receipt of prescribing transfer information for the above patient and accept prescribing responsibility	
GP's name: *(Please print name in BLOCK CAPITALS)*	
Signature/ Practice Stamp:	
Date:	
Please scan/e-mail back to (e-mail address):	
or return as soon as possible to (postal address):	