

Specialised Medicines Service (SMS) Guideline ~ Lisdexamfetamine for attention deficit hyperactivity disorder (ADHD) in children and young people aged 6 years and above

This guideline has been reviewed by relevant stakeholders across Devon and is intended for use in accordance with locally commissioned services.

Specialist: Please complete 'Specialist Request to GP Letter' and send together with a copy of this shared care guideline to the GP.

GP: GPs are invited to participate. Please indicate whether you wish to share patient's care by completing the appropriate 'GP Acceptance/Refusal Letter' and return to specialist.

Responsibilities remain with the specialist service until formally accepted by the GP. If a GP is not confident to undertake these roles, then they are under no obligation to do so. In such an event, the total clinical responsibility for the patient for the diagnosed condition remains with the specialist. Training and education may be available from the specialist team to support GPs where required.

If the GP agrees to share the care of the patient, the patient should not be discharged from the care of their specialist, but rather the care of the patient is shared between the patient, GP and specialist in accordance with the responsibilities outlined in this guideline.

The prescriber has the clinical and legal responsibility for the drug and the consequences of its use. Responsibility for drug monitoring and acting on results remains with the prescriber.

Introduction and aims of treatment

This Devon wide Specialised Medicines Service (SMS) guideline covers the use of lisdexamfetamine for the treatment of attention deficit hyperactivity disorder (ADHD) in children and young people aged 6 years and above under the care of paediatric and Child and Adolescent Mental Health Service (CAMHS) providers. It details the responsibilities for the ongoing prescribing and monitoring required to enable a shared care agreement to be arranged between the primary and secondary care interface. Refer to the online [BNF for children](#) and individual [summaries of product characteristics \(SPCs\)](#) for full list of data.

Lisdexamfetamine is a schedule 2 controlled drug, a central nervous stimulant and prodrug of dexamfetamine.

Lisdexamfetamine is not licensed for use in children under 6 years of age with ADHD – management of this patient group falls outside the scope of this guideline.

Lisdexamfetamine is sometimes used off-label for other disorders however these indications fall outside the scope of this guideline.

The Devon wide SMS guideline for lisdexamfetamine for ADHD in patients under the care of adult specialist services can be accessed [here](#).

Service transition for young people with existing ADHD diagnosis

Young people transferring from child/adolescent services to adult services should be offered a transition appointment ideally jointly with the child/adolescent and adult specialist providers (contact details are provided later in the guideline). During the appointment drug treatment should be discussed with consideration of whether continuation into adulthood will continue to provide therapeutic benefit, or in some circumstances whether a change of ADHD medication is required. A treatment plan should be formulated collaboratively with the young person. Precise timing of transition arrangements may vary according to the needs and preferences of the individual patient but should usually be completed by the time the young person is 18 years old.

During the service transition process there may be circumstances where paediatric or CAMHS providers continue to provide care for an individual beyond the age of 18 years, or where adult services provide care for an individual below the age of 18 years. In these situations the specialist should provide the GP with age specific prescribing guidance (including dose) and monitoring requirements.

Where patient care is transferred from one specialist service to another, and/or the patient is initiated on a different ADHD treatment (excluding brand / formulation / dose changes) with associated SMS guidelines, a new shared care agreement must be completed between the specialist, the GP and the patient.

Specialist responsibilities

Lisdexamfetamine should only be initiated by a healthcare professional with training and expertise in diagnosing and managing ADHD. Treatment should be tailored effectively to the individual needs of the child or young person. Specialists may decide to delegate some of these tasks to members of their team, however the responsibility for ensuring the following are undertaken remains with the named specialist overseeing the care of the individual patient:

- Assess the patient, establish diagnosis of ADHD, agree a management plan and the need for treatment with lisdexamfetamine. Ensure the patient and/ or the patient's parent/guardian/carer is involved in making an informed choice about their treatment.
- Update records with list of existing drugs from available resources and ensure there are no drug interactions of clinical significance with current medication or recreational drugs. Recommend the patient and/ or the patient's parent/guardian/carer consults a pharmacist before using OTC treatments.
- Provide the patient and/ or the patient's parent/guardian/carer with suitable written and verbal information about the medication prior to starting treatment, including benefits, side effects, cautions, frequency of dosing, monitoring requirements and treatment reviews (timing and by whom).
- Consider and discuss contraception and/ or, where appropriate, the risks of pregnancy (including risk to the foetus and risks associated with stopping or changing medication) in women and girls of child-bearing potential.
- Ensure the patient and/ or the patient's parent/guardian/carer understands that treatment may be stopped if they do not attend for monitoring & treatment review.
- Confirm patient and/or the patient's parent/guardian/carer understands the treatment and record acceptance of associated patient responsibilities in the patient's medical records.
- Undertake pre-treatment screening and required baseline monitoring (see monitoring requirements below) and initiate lisdexamfetamine for the management of ADHD.
- **Prescribe lisdexamfetamine and continue to monitor the patient for the first 3 months of treatment or until the patient's condition/dose is stabilised, whichever is longer, before sharing care with GP.**
- Ask the GP in writing whether they are willing to participate in shared care for a particular patient. Include all relevant test results (GPs may not have access to these results in primary care).
- Prescribing and monitoring will remain in secondary care until the patient is stable and GP agrees to share care.
- Following the request to the patient's GP to participate in a shared care agreement, the specialist must ensure that the patient has an adequate supply of medication (usually 28 days) until shared care arrangements are in place. Further prescriptions will be issued by the specialist if, for unforeseen reasons, arrangements for shared care are not in place at the end of 28 days.
- [NICE Guideline NG87](#) recommends that ADHD medication should be reviewed at least once a year. **The specialist will advise frequency of reviews on an individual patient basis.** During the review consider and discuss clinical effectiveness and adverse effects with the patient with ADHD and/ or the patient's parent/guardian/carer and liaise with school as required. Evaluate the long-term benefit and continuation of treatment; discuss trial periods off medication where indicated.
- Ensure prompt written summary is sent to the GP whenever the patient is reviewed including any changes in treatment or monitoring requirements, results of monitoring undertaken, assessment of adverse events, or guidance on when to stop treatment if indicated.
- Urgent changes to treatment should be communicated electronically and directly to the GP surgery (followed up by telephone as required) to ensure prompt and immediate update.
- Provide the GP with relevant contact information and clear arrangements for back-up advice and support.
- Where patient care is transferred from one specialist service to another, and/or the patient is initiated on a different ADHD treatment (excluding brand / formulation / dose changes) with associated SMS guidelines, a new shared care agreement must be completed between the specialist, the GP and the patient.
- Ensure that the GP is informed in writing of any changes to the patient's specialist or their contact details.

- Ensure formal communication is sent to the child/ young person's school regarding the use of lisdexamfetamine where indicated.
- Respond promptly to the GP and advise on action required when abnormal monitoring results are identified or adverse effects signs or symptoms are detected.
- Report suspected side effects to the [MHRA via yellow card scheme](#) when appropriate.

General practitioner responsibilities

GPs may decide to delegate some of these tasks to members of their team; however, the responsibility for ensuring the following are undertaken remains with the GP overseeing the care of the individual patient:

- Ensure a timely reply is sent to specialist in response to request for shared care agreement.

If GP has agreed to share care:

- Continue to prescribe and monitor lisdexamfetamine in accordance with these guidelines.
- If home monitoring is considered appropriate on an individual patient basis the requirements and expectations should be discussed and responsibilities agreed with the patient and / or patient's parent/guardian/carer. Advise the patient on suitable equipment to facilitate home monitoring.
- Review monitoring results including those reported by the patient and take any necessary action (see monitoring requirements below).
- A copy of measurements recorded by the GP since the previous review should be provided whenever the patient is seen by the specialist; this will enable a continuous assessment of developing height and weight.
- Be alert to the possibility of interactions when initiating new medicines or recommending over the counter (OTC) treatments, or interactions with recreational drugs.
- Be alert to the possibility of adverse effects at every contact. Ensure prompt action in the case of a severe adverse effect or signs or symptoms (see monitoring requirements below).
- Ensure advice sought promptly from the specialist if there is a change in the patient's physical or mental health status which is of concern to the GP and may affect treatment, including pregnancy.
- Respond promptly to advice from specialist regarding any changes in treatment or monitoring requirements.
- Ensure that the specialist is informed in writing of any changes to the patient's GP or their contact details.
- Where patient care is transferred from one GP practice to another a new shared care agreement must be completed.
- Report suspected side effects to specialist and the [MHRA via yellow card scheme](#) when appropriate.

Patient and/ or patient's parent/guardian/carer responsibilities

- Understand the importance of monitoring treatment and attend specialist appointments and GP appointments to ensure timely monitoring can be completed in accordance with the prescribing guideline.
- If home monitoring has been agreed, ensure recommended equipment is used. Report results to the GP in a timely manner.
- Understand that treatment will be stopped if they do not attend for monitoring and treatment review.
- Read the lisdexamfetamine patient information leaflet. Request information in different format(s) if required to aid understanding. Understand treatment, expected benefits and potential side effects.
- Take (or support administration of) medication as directed by the prescriber.
- Consult a pharmacist before using over the counter (OTC) treatments.
- Seek guidance from a pharmacist, GP or specialist on medication safety and potential interaction with methylphenidate if engaging in recreational drug use.
- Report any adverse effects or newly presenting signs or symptoms to the GP or specialist.
- Women and girls of child-bearing potential should take a pregnancy test if they think there is a possibility they could be pregnant, and inform the GP or specialist immediately if they become pregnant or wish to become pregnant.
- Store medicines safely and securely and dispose of any unused medication appropriately.
- Tell [DVLA](#) if ADHD or ADHD medication affects their ability to drive safely.
- Report suspected side effects to the GP or specialist and the [MHRA via yellow card scheme](#) when appropriate.

Monitoring requirements

Baseline assessment to be completed by the specialist before initiating treatment in children and young people:

Full history and physical examination to include:

- Medical history and current medication
- Social circumstances including a risk assessment for substance misuse and drug diversion
- Pulse and blood pressure measured with an appropriately sized cuff and compared with the normal range for age
 - If blood pressure is consistently above the 95th centile for age and height, refer patient to an appropriate specialist for further evaluation according to local guidelines. Ambulatory monitoring may be helpful. Possible treatment for hypertension may be required before ADHD medication can be initiated. Specialist to arrange follow-up.
- Height and weight measured and recorded against the normal range for age, height and sex.
 - If low body mass index (BMI), provide advice on weight gain before considering treatment
- Cardiovascular assessment to include (but not limited to) the following considerations:
 - Presence of cardiac disease, history of exercise syncope, undue breathlessness, signs of heart failure, chest pain suggesting cardiac origin, palpitations and heart murmur
 - Family history of cardiovascular disease and consideration of major lifestyle risk factors such as smoking and obesity
 - Electrocardiogram (ECG) to be carried out if clinically indicated based on patient medical history, cardiovascular assessment or if the patient is being treated with a medicine that may pose an increased cardiac risk.
 - Specialist cardiac evaluation to be requested if the ECG shows abnormalities or if the cardiovascular assessment raises concerns.

Monitoring to be completed by the specialist service provider before initiation of shared care agreement:

- Continue to monitor the patient until shared care agreement is accepted, and ongoing prescribing and monitoring responsibilities are transferred to the GP.
- Respond promptly with advice on action required if adverse effects signs or symptoms are reported by the patient, either directly or through their GP.

Monitoring to be completed by the GP once shared care agreement in place:

The specialist should provide the GP with age specific prescribing guidance (including dose) and monitoring requirements.

Monitoring results should be compared against the normal range for age, height and sex. The patient's height and weight should be plotted on growth charts to enable a visual representation of continuous individualised growth over time. A continuous record enables any deviation from the patients expected growth pattern and centile to be detected. The Royal College of Paediatrics and Child Health (RCPCH) website provides UK-WHO growth charts which are accessible [here](#). Apps may be available to download from online stores for use on electronic devices to aid calculation of growth centiles. Consideration should be given as to whether the App is endorsed by recognised professional bodies such as the RCPCH.

Children's blood pressure increases with size. Hypertension is defined as average systolic blood pressure (SBP) and/or diastolic blood pressure (DBP) that is greater than or equal to the 95th percentile for sex, age, and height. A child would be considered to be normotensive if their blood pressure is at the 90th percentile or less. Local specialists advocate use of the following resource for determination of blood pressure percentiles: [The Fourth Report on the Diagnosis, Evaluation, and Treatment of High Blood Pressure in Children and Adolescents. Pediatrics 2004 Aug;114\(Suppl 2\):555-76.](#)

Nationally agreed normal range values for children's heart rate (based on age) can be viewed in the table below replicated from the following resource: Advanced Paediatric Life Support: A Practical Approach to Emergencies, Sixth Edition. Edited by Martin Samuels and Susan Wieteska, 2016.

Age	Pulse (5 th -95 th centile)
6-7 years	80-130 bpm
8-11 years	70-120 bpm
12 years	65-115 bpm
14 years	60-110 bpm
Adult	60-100 bpm.

Monitoring parameters to be measured by the GP and recommended frequencies:

Monitoring Parameter	Children aged 6 to 10 years	Children and young people aged 11 years and above
Height	Every 6 months	
Weight	Every 3 months Specialist may advise a reduction to 6 monthly monitoring if child consistently gaining weight and prescribed stable dose	Every 6 months Specialist may advise an increase in frequency if concerns arise
Pulse and blood pressure <i>(use appropriately sized cuff for the size of the child's upper arm and repeat blood pressure manually if reading is raised)</i>	Every 6 months Specialist may advise measuring pulse and blood pressure one week after a dose change	
Adverse events	Be alert to the possibility of adverse effects at every contact	

Where abnormal results are identified during routine monitoring consider the actions in the table below, seeking advice from ADHD specialist for further support and guidance where required. If monitoring results are forwarded to the specialist team, please include clear clinical information on the reason for sending, to inform action to be taken by secondary care.

As well as responding to absolute values, a rapid change or a consistent trend in any value should prompt caution and extra vigilance.

Monitoring Parameter	Result prompting further action	Action to be taken by GP
Height	Height expectation for age not met; deviation from patients expected growth pattern and centile	Continue treatment and contact initiating specialist for advice; specialist may consider planned break in treatment to allow catch-up growth
Weight	Unintentional weight loss >5% total body weight over 6-12 months and other possible causes have been excluded	Continue treatment and contact initiating specialist for advice
Pulse	Heart rate elevated above the normal limit for the patient's age (see above). See table below for patient reported cardiovascular signs and symptoms.	Recheck measurement after at least 24 hours apart. Stop lisdexamfetamine if persistently elevated and seek advice from initiating specialist. Manage ongoing symptoms in accordance with local guidelines and specialist advice.
Blood pressure <i>Note: Lisdexamfetamine may decrease the effectiveness of antihypertensives (see supporting information below).</i>	Systolic blood pressure $\geq$ 95th percentile to $\leq$ 99th percentile for sex, age, and height according to the charts here <u>Or</u> A clinically significant increase in blood pressure from baseline determined on an individual patient basis.	Recheck measurement after at least 24 hours apart. Reduce lisdexamfetamine dose if persistently elevated and seek advice from initiating specialist. In context of recent dose increase, revert to previous dose; in absence of recent dose changes, reduce dose by half. Manage ongoing symptoms in accordance with local guidelines and specialist advice.
	Systolic blood pressure > 99th percentile for sex, age, and height according to the charts here	Stop lisdexamfetamine and seek advice from initiating specialist.

Presentation of the following adverse effects, signs or symptoms and associated actions should be noted. Any serious adverse reactions should be reported to the [MHRA via the Yellow Card scheme](#). See also adverse effects in supporting information below.

Adverse effects, signs and symptoms	Action to be taken by GP
Concerns about possible diversion, misuse or abuse of medication	Contact initiating specialist for advice
Worsening behaviour	Continue treatment and contact initiating specialist for review
Change in sleep pattern	Continue treatment; advise patient to record sleep diary which may aid identification of sleeping patterns and lifestyle factors that may be contributing. Offer practical sleep hygiene information. If problem persists beyond routine primary care management of sleep disorders, and other possible causes have been excluded, contact initiating specialist for review
Onset or exacerbation of motor and verbal tics	Contact initiating specialist for advice. Decision to reduce/stop lisdexamfetamine should be specialist led.
Development of symptoms such as palpitations, exertional chest pain, unexplained syncope, dyspnoea or other symptoms suggestive of cardiac disease or arrhythmia. See table above for tachycardia detected during routine monitoring	Stop lisdexamfetamine. Contact initiating specialist who will determine whether dexamfetamine can be re-started once patient stable. Manage ongoing symptoms in accordance with local guidelines. Refer for prompt cardiology review if indicated.
Development or worsening of psychiatric disorders e.g. suicidal tendency and ideation, anxiety, irritability, agitation, tension, aggression, hostility, emotional lability, depression, psychotic or manic symptoms	Contact initiating specialist for advice. Decision to reduce/stop lisdexamfetamine should be specialist led. Follow local guidelines for treatment and/or referral to mental health services if symptoms persist.
Onset or exacerbation of seizures	Stop lisdexamfetamine. Refer for urgent neurology review in accordance with local referral guidance. Notify initiating specialist

Supporting Information

This section provides additional information regarding lisdexamfetamine. Refer to the online [BNF for children](#) and [SPCs](#) for full prescribing data.

During the service transition process there may be circumstances where paediatric or CAMHS providers continue to provide care for an individual beyond the age of 18 years, or where adult services provide care for an individual below the age of 18 years. In these situations the specialist should provide the GP with age specific prescribing guidance (including dose) and monitoring requirements.

Refer to [NICE Guideline NG87 Attention deficit hyperactivity disorder: diagnosis and management](#) (2018) for guidance on the management of ADHD.

Legal classification

Lisdexamfetamine is a Schedule 2 controlled drug. Prescriptions must comply with [Misuse of Drugs Regulations 2001](#). The Department of Health has issued a strong recommendation that the **maximum quantity of Schedule 2, 3 or 4 Controlled Drugs prescribed should not exceed 30 days**; exceptionally, to cover a justifiable clinical need and after consideration of any risk, a prescription can be issued for a longer period, but the reasons for the decision should be recorded on the patient's notes.

Dosage and administration (to be determined by specialist)

Refer to [Devon formulary](#) for list of preparations approved for use locally.

Child 6–17 years: Initially 30 mg once daily in the morning. When in the judgment of the clinician a lower initial dose is appropriate, patients may begin treatment with 20 mg once daily in the morning. Dose may be increased in steps of 10–20 mg every week if required; maximum 70 mg per day. The lowest effective dose should be prescribed.

Severe renal impairment (GFR 15 to <30 mL/min/1.73 m² or CrCl <30 mL/min): The maximum dose should not exceed 50 mg/day. Further dosage reduction should be considered in patients undergoing dialysis. Lisdexamfetamine and dexamfetamine are not dialysable.

Treatment review and discontinuation

Treatment must be stopped if the symptoms do not improve after appropriate dosage adjustment over a 1-month period as determined by the specialist. Other circumstances surrounding treatment, such as adherence to medication schedule, side effects and motivation should be considered. If paradoxical aggravation of symptoms or other intolerable adverse effects occur, the dosage should be reduced or treatment discontinued. Avoid abrupt withdrawal.

Trial periods of stopping medication or reducing the dose may be considered when assessment of the overall balance of benefits and harms suggests this may be appropriate. This should be undertaken and supervised by the specialist who will advise the patient and primary care prescriber of the outcome.

Contraindications

- Hypersensitivity to sympathomimetic amines or any product excipients.
- Concomitant use of monoamine oxidase inhibitors (MAOI) or within 14 days after MAOI treatment (hypertensive crisis may result).
- Hyperthyroidism or thyrotoxicosis.
- Agitated states.
- Symptomatic cardiovascular disease; advanced arteriosclerosis; moderate to severe hypertension.
- Glaucoma.

Precautions

In addition to the points listed below, refer to the monitoring section above for further cautions to be noted during treatment depending on patient medical history and actions to take in the case of a severe adverse effect or patient reported signs or symptoms.

- Prescribe cautiously to patients with a history of substance abuse or dependence.
- Sudden death has been reported in patients taking CNS stimulants, including those with structural cardiac abnormalities or other serious heart problems. Refer to [SPCs](#) for further details.
- Caution is indicated in treating patients whose underlying medical conditions might be compromised by increases in blood pressure or heart rate.
- Lisdexamfetamine has been shown to prolong the QTc interval in some patients. It should be used with caution in patients with prolongation of the QTc interval, in patients treated with drugs affecting the QTc interval, or in patients with relevant pre-existing cardiac disease or electrolyte disturbances.
- Co-morbidity of psychiatric disorders should be taken into account when prescribing.
- Stimulants may lower the convulsive threshold in patients with prior history of seizure, in patients with prior EEG abnormalities in absence of seizures, and very rarely, in patients without a history of seizures and no prior EEG evidence of seizures.

Adverse effects

This list is not exhaustive. Only very common (greater than 1 in 10), common (1 in 100 to 1 in 10) and uncommon (1 in 1000 to 1 in 100) adverse effects are listed below. Refer to the online [BNF for children](#) and [SPCs](#) for less frequent adverse effects. Seek specialist advice where necessary.

Common or very common: Abdominal pain upper; anxiety; appetite decreased; behaviour abnormal; constipation; depression; diarrhoea; dizziness; drowsiness; dry mouth; dyspnoea; fatigue; feeling jittery; fever; headache; insomnia; mood altered; nausea; palpitations; psychiatric disorders; skin reactions; tachycardia; tremor; vomiting; weight decreased

Uncommon: Cardiomyopathy; erectile dysfunction; hallucination; hyperhidrosis; logorrhea; movement disorders; mydriasis; Raynaud's phenomenon; taste altered; vision blurred

Interactions

This list is not exhaustive. Consider interaction with prescription and recreational drugs. Refer to the online [BNF for children](#) and [SPCs](#) for full prescribing data. Seek specialist advice where necessary and / or refer to specialist Medicines Information services for additional support (and reference to Stockley's Drug Interactions where paid subscription available) if concomitant administration of interacting medicines is clinically indicated.

The following interactions are classified in the online [BNF for children](#) as **severe** (the result may be a life-threatening event or have a permanent detrimental effect):

- **Apraclonidine:** Lisdexamfetamine is predicted to decrease the effects. Manufacturer advises avoid.
- **Atomoxetine:** Increased risk of adverse effects. Manufacturer advises caution.
- **Fluoxetine and paroxetine:** Predicted to increase the exposure to lisdexamfetamine
- **Moclobemide:** Increased risk of a hypertensive crisis when given with lisdexamfetamine. Manufacturer advises avoid.
- **Monoamine oxidase inhibitors (MAOI) (isocarboxazid, phenelzine and tranylcypromine):** Increased risk of a hypertensive crisis when given with lisdexamfetamine. Manufacturer advises avoid and for 14 days after stopping the MAOI.
- **Nabilone:** Predicted to increase the risk of cardiovascular adverse effects when given with lisdexamfetamine. Manufacturer advises caution.
- **Nirmatrelvir boosted with ritonavir:** Predicted to increase the concentration of lisdexamfetamine. Manufacturer advises monitor.
- **Rasagiline, safinamide and selegiline:** Predicted to increase the risk of severe hypertension when given concomitantly. Manufacturer advises avoid for rasagiline and selegiline; caution for safinamide.
- **Ritonavir and tipranavir:** Predicted to increase the exposure to lisdexamfetamine.

The following interactions in the online [BNF for children](#) are noted as **moderate** (the result could cause considerable distress or partially incapacitate a patient; they are unlikely to be life-threatening or result in long-term effects):

- **First generation antipsychotics (chlorpromazine, levomepromazine, pericyazine, prochlorperazine, promazine and trifluoperazine):** decrease the effects of lisdexamfetamine and lisdexamfetamine is predicted to decrease their effects.

A number of treatments can increase the risk of **serotonin syndrome** when administered concomitantly with amfetamines. The list of potentially interacting medicines is extensive, refer to the [BNFC](#) and [SPCs](#) for specifics.

The [SPCs](#) also document the following interactions:

- **Ascorbic acid, thiazide diuretics, diets high in animal protein, diabetes, respiratory acidosis:** Agents and conditions that acidify urine increase urinary excretion and decrease the half-life of amfetamine.
- **Sodium bicarbonate, diets high in fruits and vegetables, urinary tract infections, vomiting:** Agents and conditions that alkalinise urine decrease urinary excretion and extend the half-life of amfetamine
- **Guanethidine or other antihypertensive medications:** Amfetamines may decrease their effectiveness.
- **Narcotic analgesics:** Amfetamines potentiate the analgesic effect.
- **Lithium carbonate:** May reduce the effects of amfetamines
- **Sympathomimetic drugs:** Lisdexamfetamine should be used with caution

Amfetamines can cause a significant elevation in **plasma corticosteroid levels**. This increase is greatest in the evening. Amfetamine may interfere with **urinary steroid determinations**.

The [UK Medicines Information Service](#) identifies that there are a number of potential drug interactions with **cannabis-based medicinal products**; tetrahydrocannabinol found in cannabis can increase the effects of amfetamines and cause a significant increase in heart rate and blood pressure.

Pregnancy and lactation

Before prescribing in this area seek specialist advice and check up-to-date sources of information.

The [SPCs](#) state that:

- Dexamfetamine, the active metabolite of lisdexamfetamine, crosses the placenta. Lisdexamfetamine should only be used during pregnancy if the potential benefit justifies the potential risk to the foetus.
- Amfetamines are excreted in human milk; lisdexamfetamine should not be used during breast-feeding.

Devon Partnership NHS Trust have produced a Prescribing Guideline for the Pharmacological Management of Perinatal Mental Health Conditions which can be accessed [here](#). Contact details for perinatal mental health services can be found below.

The [UK Teratology Information Service \(UKTIS\)](#) provides a national service on all aspects of the toxicity of drugs and chemicals in pregnancy (Tel: 0344 892 0909), and provides the '[best use of medicines in pregnancy](#)' ([bumps](#)) website for supportive patient information relating to individual treatments.

[UK Drugs in Lactation Advisory Service \(UKDILAS\)](#) provides evidence based information on the use of drugs during the breastfeeding period to all UK healthcare professionals. Information relating to lisdexamfetamine can be accessed [here](#).

Support

Local child and adolescent ADHD service providers

Children and Family Health Devon https://childrenandfamilyhealthdevon.nhs.uk Email: CFHD.DevonSPA@nhs.net Telephone: 0330 0245 321	University Hospitals Plymouth NHS Trust Email: plh-tr.cdcplymouth@nhs.net Telephone 01752 439400
RD&E Foundation Trust Email: rde-tr.exeterchildhealth@nhs.net	Livewell Southwest https://www.livewellsouthwest.co.uk/childrens-services/camhs Telephone: 01752 434476
Torbay and South Devon NHS Foundation Trust www.torbayandsouthdevon.nhs.uk/services/camhs/ Telephone: 01803 655692	

Local adult ADHD service providers

Devon Adult Autism & ADHD Service (DAANA); Devon Partnership NHS Trust Email: dpt.adhd@nhs.net Telephone: 01392 674250	Livewell Southwest Email: livewell.adultadhdassessment@nhs.net Telephone: 01752 434034
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Additional ADHD service providers with an NHS Devon ICB Contract

Refer to the DRSS ADHD and Autism FAQ for a list of additional providers with an NHS Devon contract (and Devon shared care agreements): [North & East Devon](#) | [South & West Devon](#)

Perinatal mental health teams

Exeter Email: dpn-tr.PerinatalTeamExeter@nhs.net Telephone: 01392 674964	North Devon Email: dpn-tr.perinatalNorth@nhs.net Telephone: 01271 322772
Plymouth Email: livewell.perinatalmht@nhs.net Telephone: 01752 431607	South Hams and West Devon Email: dpt.perinatalteamwestdevon@nhs.net Telephone: 01822 813 070
Torbay Email: dpn-tr.PerinatalTeamTorbay@nhs.net Telephone: 01803 396590	

For further support and information in relation to individual shared care agreements please contact your practice pharmacist or alternatively please contact the Medicines Optimisation Team.

Email: D-ICB.medicinesoptimisation@nhs.net

Date ratified: May 2023 (Link to DRSS ADHD and Autism FAQ added Dec 25)

Shared Care Agreement Letter - Specialist Request to GP

To	GP name	
	Practice address	
Patient name		
Hospital number		
NHS number		
Date of birth		
Address		

GPs are invited to participate in shared care agreements, but if the GP is not confident to undertake these roles then they are under no obligation to do so. If so, the total clinical responsibility for the patient for the diagnosed condition remains with the specialist. If asked to prescribe this drug the GP should reply to this request as soon as practical. Continuing the care assumes communication between the specialist, GP and patient; the intention should be explained to the patient and accepted by them.

The prescriber has the clinical and legal responsibility for the drug and the consequences of its use. Responsibility for drug monitoring and acting on results remains with the prescriber.

NHS England 'Responsibility for prescribing between Primary & Secondary/Tertiary care' guidance (2018) states that "when decisions are made to transfer clinical and prescribing responsibility for a patient between care settings, it is of the utmost importance that the GP feels clinically competent to prescribe the necessary medicines. It is therefore essential that a transfer involving medicines with which GPs would not normally be familiar should not take place without full local agreement, and the dissemination of sufficient, up-to-date information to individual GPs."

I have discussed and agreed the following treatment with the patient:

Lisdexamfetamine (state formulation, dose, frequency)

.....

For the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in a child or young person aged:.....

Treatment was started on

The patient has been on the optimised dose stated for

This patient is now suitable for prescribing to move to primary care. The patient fulfils criteria for shared care therefore I am writing to request your agreement to continue the care of this patient according to the Specialised Medicines Service (SMS) Guideline for lisdexamfetamine.

In accordance with the SMS Guideline the transfer of monitoring and prescribing to the GP is after at least 3 months, or once the patient's condition/dose is stabilised whichever is longer.

I have provided the patient with sufficient medication to last until

Please undertake prescribing and monitoring from in line with the SMS Guideline.

The next monitoring is due on

I have arranged a follow up with this patient in

I can confirm that the following has happened with regard to this treatment:

	Specialist to complete (YES/NO)
Baseline investigation and monitoring as set out in the SMS Guideline have been completed and were satisfactory	
The condition being treated has a predictable course of progression and the patient can be suitably maintained by primary care	
The risks and benefits of treatment have been explained to the patient	
The roles of the Specialist / GP / Patient have been explained and agreed	
The patient has agreed to this shared care arrangement, understands the need for ongoing monitoring, and has agreed to attend all necessary appointments	
I have enclosed a copy of the SMS Guideline which covers this treatment. The guideline can also be found here	
I have included with this letter copies of the information the patient has received	

The results of baseline tests, early monitoring and any additional supportive information are included below and/or attached:

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GP please sign response letter and return promptly (where possible this should be within 14 days of the request being made).

Specialist signature		Date	
Specialist name, role, speciality			
Daytime telephone number			
Email address			
Alternative contact e.g. clinic or specialist nurse			
Out of hours contact details e.g. duty doctor			

Remember to keep a copy of this letter for the patient's records.

Shared Care Agreement Letter – GP Acceptance Letter to Specialist

To	Specialist name	
Patient name		
Hospital number		
NHS number		
Date of birth		
Address		

GPs are invited to participate in shared care agreements, but if the GP is not confident to undertake these roles then they are under no obligation to do so. If so, the total clinical responsibility for the patient for the diagnosed condition remains with the specialist. If asked to prescribe this drug the GP should reply to this request as soon as practical. Continuing the care assumes communication between the specialist, GP and patient; the intention should be explained to the patient and accepted by them.

The prescriber has the clinical and legal responsibility for the drug and the consequences of its use. Responsibility for drug monitoring and acting on results remains with the prescriber.

NHS England 'Responsibility for prescribing between Primary & Secondary/Tertiary care' guidance (2018) states that "when decisions are made to transfer clinical and prescribing responsibility for a patient between care settings, it is of the utmost importance that the GP feels clinically competent to prescribe the necessary medicines. It is therefore essential that a transfer involving medicines with which GPs would not normally be familiar should not take place without full local agreement, and the dissemination of sufficient, up-to-date information to individual GPs."

Thank you for your request for me to accept prescribing responsibility for this patient under a shared care agreement and to provide the following treatment:

Medicine	Formulation	Route	Dose and frequency
Lisdexamfetamine		Oral	

I can confirm that **I am willing to take on this responsibility** from and will maintain the prescribing and monitoring responsibilities as set out in the Specialised Medicines Service (SMS) Guideline for lisdexamfetamine for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in children and young people aged 6 years and above.

GP signature		Date	
GP name			
Practice address			
Telephone number			
Email address			

Remember to keep a copy of this letter for the patient's records. If this letter is not returned sharing of the care for this patient will not commence.

Shared Care Agreement Letter – GP Refusal Letter to Specialist

To	Specialist name	
Patient name		
Hospital number		
NHS number		
Date of birth		
Address		

GPs are invited to participate in shared care agreements, but if the GP is not confident to undertake these roles then they are under no obligation to do so. If so, the total clinical responsibility for the patient for the diagnosed condition remains with the specialist. If asked to prescribe this drug the GP should reply to this request as soon as practical. Continuing the care assumes communication between the specialist, GP and patient; the intention should be explained to the patient and accepted by them.

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In the interest of patient safety NHS Devon, in conjunction with local acute trusts have classified lisdexamfetamine as a "shared care" drug which requires a number of conditions to be met before transfer can be made to primary care.

Thank you for your request for me to accept prescribing responsibility for this patient. I regret to inform you that in this instance I am unable to take on responsibility due to the following:	Tick applicable box
The prescriber does not feel clinically confident in managing this individual patient's condition, and there is a sound clinical basis for refusing to accept shared care. As the patients GP I do not feel clinically confident to manage this patient's condition. I have consulted with other GPs in my practice who support my decision. This is not an issue which would be resolved through adequate and appropriate training of prescribers within my practice. I have discussed my decision with the patient and request that prescribing for this individual remain with you as the specialist, due to the sound clinical basis given below.	

The condition does not fall within the criteria defining suitability for inclusion in a shared care arrangement. As the condition requested to be treated is not included on the locally recognised list of indications for shared care for lisdexamfetamine I am unable to accept clinical responsibility for prescribing this medication at this time. Until this condition is identified locally as requiring shared care with lisdexamfetamine the responsibility for providing this patient with their medication remains with you.	
A minimum duration of supply by the initiating specialist. As the patient has not had the minimum supply of medication to be provided by the initiating specialist I am unable to take clinical responsibility for prescribing this medication at this time. Therefore can you please contact the patient as soon as possible in order to provide them with the medication that you have recommended. Until the patient has had the appropriate length of supply the responsibility for providing the patient with their medication remains with you.	
Initiation and optimisation by the initiating specialist. As the patient has not been optimised on this medication I am unable to take clinical responsibility for prescribing this medication at this time. Therefore can you please contact the patient as soon as possible in order to provide them with the medication that you have recommended. Until the patient is optimised on this medication the responsibility for providing the patient with their medication remains with you.	
Other (GP to complete if there are other reasons why shared care cannot be accepted): 	

I would be willing to consider prescribing for this patient once the above criteria have been met for this treatment.

Please do not hesitate to contact me if you wish to discuss any aspect of my letter in more detail and I hope to receive more information regarding this shared care agreement as soon as possible.

GP signature		Date	
GP name			
Practice address			
Telephone number			
Email address			

Remember to keep a copy of this letter for the patient's records.