Lisdexamfetamine for the management of attention deficit hyperactivity disorder in children and adolescents

NHS Devon

Commissioning policy

The commissioning of lisdexamfetamine is accepted in Devon for the management of attention deficit hyperactivity disorder (ADHD) in children aged 6 years of age and over for whom previous drug treatment for ADHD, including methylphenidate, has been unsatisfactory. The Formulary Interface Group should include this in locally defined treatment recommendations.

Rationale for the decision

The efficacy of lisdexamfetamine has been demonstrated in a head-to-head double-blind randomised controlled trial comparing lisdexamfetamine and atomoxetine in patients with an inadequate response to methylphenidate. Superior outcomes were reported for lisdexamfetamine in terms of time to first clinical response, proportion of patients achieving clinical response and improvement in ADHD symptoms. Superior outcomes were reported for lisdexamfetamine in terms of effect on function and symptoms in three double-blind randomised placebo-controlled trials conducted in patients with no previous history of drug treatment for ADHD and patients not adequately controlled on their existing drug treatment. A post-hoc analysis of one of these trials suggested that significantly more patients receiving lisdexamfetamine achieved criteria for clinical response and a reduction in ADHD symptoms than patients in a methylphenidate reference arm. However, stimulant-related adverse events were reported more frequently for lisdexamfetamine-treated patients than methylphenidate-treated patients.

Cost-effectiveness analyses indicate that lisdexamfetamine would be considered to be value for money for the NHS in patients with an inadequate clinical response to previous treatment with methylphenidate.

Guidance notes on exceptionality

Where the circumstances of treatment for an individual patient do not meet the criteria described above exceptional funding can be sought. Individual cases will be reviewed by the appropriate panel of the ICB upon receipt of a completed application from the patient's GP, consultant or clinician. Applications cannot be considered from patients personally.

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