

CRITERIA FOR THE MANAGEMENT OF MEDICINES FOR ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) BY CONTINUATION PRESCRIBERS

The management (prescribing and supply) of dexamfetamine, lisdexamfetamine and methylphenidate (psychostimulant medicines) is subject to compliance with the *Poisons and Therapeutic Goods Act 1966*, and its regulations.

Prescribing and supplying of psychostimulant medicines requires prior authorisation by the NSW Ministry of Health.

ABOUT THIS DOCUMENT

This document describes the criteria for the prescription of psychostimulant medicines for people with ADHD by continuation prescribers.

There is currently no requirement for NSW Health approval to initiate or continue prescribing or supplying non-stimulant medicines used in the treatment of ADHD (e.g. guanfacine, atomoxetine, clonidine).

SECTION 1: CONTINUATION PRESCRIBER REQUIREMENTS

The diagnosis and stabilisation of ADHD and initiation of psychostimulant medicines is generally limited to Ahpra registered paediatricians, psychiatrists, neurologists or other NSW authorised prescribers

A NSW authorised prescriber is a medical practitioner who has been formally endorsed by the NSW Ministry of Health to initiate the prescribing of psychostimulant medicines in patients with ADHD. This includes other designated prescribers (ODPs) and endorsed prescribers. If prescribing status is required to continue a prescription, please check directly with the prescriber.

General practitioners (GPs), rural generalists and registrars of the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM) meeting the continuation prescriber requirements may apply to the Ministry of Health for a **general authority** number to prescribe psychostimulant medicines for **patients 6 years and older** who have already been diagnosed with ADHD, and who have already been initiated on and are stable on psychostimulant medicines, without the need for an individual patient approval, provided that patient management and prescribing is in accordance with the criteria listed in this document.

In cases where the requirements are not met or where any of the exclusions apply, an application for an individual patient approval must be made via SafeScript NSW. Alternatively, you can submit an [application for an individual approval to prescribe or supply a Schedule 8 psychostimulant](#).

1.1 Completion of endorsed training

Continuation prescribers are required to complete at least one of the endorsed training programs specified by the NSW Ministry of Health or make a declaration of prior completion. A list of these training resources can be found on the NSW Health ADHD

website at: <https://www.health.nsw.gov.au/pharmaceutical/patients/Pages/adhd-management-prescribes.aspx>

Continuation prescribers must also consent to participate in any audit confirming evidence of completion of a specified endorsed program.

Recognition of applicable prior learning or experience will be considered with the provision of supporting evidence instead of completing an endorsed training program.

1.2 Specialist registration

Continuation prescribers are required to be:

- GPs or rural generalists who are fellows or registrars of the RACGP or ACRRM.
- Other GPs who hold specialist registration with the Australian Health Practitioner Regulation Agency, such as those on the Commonwealth Vocational Register or overseas trained doctors.
- GPs registrars participating in primary care vocational programs.

1.3 Consultation requirements

Continuation prescribers are required to practice within an **accredited general practice** (or a practice that has commenced an accreditation process).

GPs who are interested in becoming continuation prescribers but are not practicing within an accredited practice should email MOH-Approvals@health.nsw.gov.au.

SECTION 2: ROUTINE PRESCRIBING CRITERIA

All the following **routine prescribing criteria** must be met. In cases where these criteria are not met or where any of the following exclusions apply, an application for approval to prescribe for an individual patient must be made. See Section 1 above.

2.1 Therapeutic relationship

Continuation prescribers must only issue prescriptions under the general authority to patients with whom there is a therapeutic relationship, according to **at least one** of the following criteria:

- The continuation prescriber has a formalised ongoing relationship with the patient through registration with [MyMedicare](#)

- The continuation prescriber has provided the majority of general practitioner services to the person in the past 12 months or is likely to provide the majority of services to the person in the following 12 months.
- The continuation prescriber is located at a medical practice that has provided the majority of services to the person in the past 12 months or is likely to provide the majority of services to the person in the next 12 months.
- The continuation prescriber provides the majority of general practitioner services within a specialty area (i.e. neurodiversity, child health, mental health, women's health) and:
 - has had an initial face-to-face consultation with the patient
 - has a face-to-face review with the patient every 12 months at a minimum
 - communicates/shares information with the patient's usual general practitioner regularly or as required.

2.2 Maximum daily dosage

Dexamfetamine

Continuation prescribers may increase the dose of dexamfetamine to a **maximum of 50 mg per day**, as required and tolerated.

Prescribing or supplying doses above 50 mg per day of dexamfetamine requires input from a psychiatrist or paediatrician, and prior individual patient approval from the NSW Ministry Health.

Considerations for children and young people:

In general, doses of more than 0.75 mg/kg/day of dexamfetamine are not required for children and young people. Dexamfetamine is dosed based on effect and tolerability, however higher dose ranges may impact growth. Height, weight, blood pressure and heart rate should be measured every six months at a minimum and monitored using growth charts. Usual procedures for escalation should be followed when advice is required.

Lisdexamfetamine

Continuation prescribers may increase the dose of lisdexamfetamine to a **maximum of 70 mg per day**, as required and tolerated.

Prescribing or supplying doses above 70 mg per day of lisdexamfetamine requires input from a psychiatrist or paediatrician, and prior individual patient approval from the NSW Ministry Health.

Considerations for children and young people:

In general, doses of more than 1 mg/kg/day of lisdexamfetamine are not required for children and young people. Lisdexamfetamine is dosed based on effect and tolerability, however higher doses may impact growth. Height, weight, blood pressure and heart rate

should be measured every six months at a minimum and monitored using growth charts. Usual procedures for escalation should be followed when advice is required.

Methylphenidate

Continuation prescribers may increase the dose of methylphenidate to a **maximum of 108 mg per day**, as clinically required and tolerated.

Prescribing or supplying doses above a total of 108 mg per day of methylphenidate requires input from a psychiatrist or paediatrician, and prior individual patient approval from the NSW Ministry Health.

Considerations for children and young people:

In general, doses of more than 2 mg/kg/day of any methylphenidate preparation are not required for children and young people. Methylphenidate is dosed based on effect and tolerability, however higher doses may impact growth. Height, weight, blood pressure and heart rate should be measured every six months at a minimum and monitored using growth charts. Usual procedures for escalation should be followed when advice is required.

2.3 Medicine switching

Continuation prescribers may switch between different formulations of the same medicine (e.g. between methylphenidate immediate release formulation and methylphenidate modified release formulations). However, if a switch of medicine is required (e.g. from dexamfetamine to lisdexamfetamine or from lisdexamfetamine to methylphenidate) referral to a relevant specialist is required.

SECTION 3: PRESCRIPTIONS FOR PSYCHOSTIMULANT MEDICINES

All prescriptions for dexamfetamine, lisdexamfetamine and methylphenidate written by continuation prescribers under this authority must be endorsed with the general authority.

NOTE: These requirements apply to all prescriptions for psychostimulants irrespective of whether they are listed on the Pharmaceutical Benefits Scheme (PBS) or if they are private (non-PBS) prescriptions.

Prescriptions for Schedule 8 medicines are only valid for 6 months and must specify repeat intervals if repeats are ordered. Prescriptions may be issued for a shorter period than 6 months. Further information about prescribing Schedule 8 drugs can be found [here](#).

SECTION 4: SAFESCRIPT NSW (REAL TIME PRESCRIPTION MONITORING)

Regular review of SafeScript NSW is a condition of the general authority. SafeScript NSW must be checked for evidence of alerts, approvals, or other issues related to the prescribing or supply of high-risk monitored medicines.

For links to registration and information about SafeScript NSW, click [here](#).

SECTION 5: EXCLUSIONS

Continuation prescribers may **not** use their general authority number in the following circumstances:

- The daily dose prescribed is greater than 50 mg dexamfetamine, 70 mg lisdexamfetamine, 108 mg methylphenidate, or
- The person is under 6 years of age, or
- The person is a [drug dependent person](#).

This document has been produced by:

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