NSW PHARMACEUTICAL REGULATORY GUIDELINES

CRITERIA FOR THE MANAGEMENT OF MEDICATION FOR ATTENTION DEFICIT HYPERACTIVITY DISORDER IN ADULTS

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

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

NOTE: Nurse Practitioners are not authorised to prescribe Type A drugs, including Schedule 8 psychostimulants.

ABOUT THIS GUIDELINE

This document replaces TG190/4 Criteria for the Diagnosis and Management of Attention Deficit Hyperactivity Disorder in Adults. This document is to inform Psychiatrists, Neurologists and General Practitioners about the criteria for obtaining authorisation to prescribe or supply psychostimulants as treatment of Attention Deficit Hyperactivity Disorder (ADHD).

‘Adults’ refers to persons over the age of 18 years. Separate guidelines have been developed for the management of ADHD in children and adolescents (see TG181 Criteria for the Management of Medication for Attention Deficit Hyperactivity Disorder in Children and Adolescents).

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SECTION 1: PRESCRIBER ELIGIBILITY

The assessment of ADHD in adults and initial prescribing of psychostimulants is generally limited to psychiatrists.

As a minimum, the DSM-5 diagnostic criteria should be met for a diagnosis of ADHD to occur.

The following prescribers may apply for an authority:
1.1 Psychiatrists and Neurologists

Specialists for the management of ADHD in adults include:

- **Psychiatrists** who are members (or eligible for membership) of the Royal Australian & New Zealand College of Psychiatrists (RANZCP)
- **Neurologists** who are members (or eligible for membership) of the Royal Australian & New Zealand College of Physicians (RACP)

**NOTE:**

- Only Psychiatrists and Neurologists may apply to the Ministry of Health for a General Authority number (S28c Number) to prescribe psychostimulants for patients, without the need for an individual application, provided that:
  a. Patient management is in accordance with the criteria listed in this document, Product Information (PI) and published recommendations from the RANZCP and RACP with regard to psychostimulants, and
  b. The prescribing is in accordance with the **routine prescribing criteria** (Section 2).
- Where a patient has been treated with psychostimulant medication for ADHD prior to their age 18 and there has been a break in treatment of not more than two years, a Neurologist may continue treatment utilising their General Authority
- A Paediatrician who has diagnosed and treated a patient for ADHD prior to age 18 may, in extenuating circumstances including an ongoing therapeutic relationship, continue treatment with psychostimulants until age 25. Provided that management is in accordance with the criteria and conditions outlined in this document, prescriptions may be endorsed with the CNS number. Otherwise, an individual patient authority is required.

In cases where the criteria are not met or where any of the exclusions apply, an application for authority to prescribe for an individual patient must be made.

An application form for a general authority to prescribe psychostimulants can be obtained at: [Application for General Authority to Prescribe Psychostimulants for ADHD](#)

1.2 General Practitioners

General practitioners may apply for individual patient authorisation to prescribe a psychostimulant for an adult. General practitioners seeking such authorisation must obtain written support from the patient’s current treating specialist supporting the shared care or continuation of care. The support should specify the drug, dose and care arrangement. Treatment with the current specialist is generally expected to have been in place for a minimum of six months prior to transfer (continuation) of care.

**General Practitioners will not be issued with an S28c authority number**

Patients may not be transferred from a Paediatrician directly to a General Practitioner. They must be referred to a Psychiatrist or a Neurologist who may then refer the patient to a General Practitioner after assessment.

Applications from General Practitioners to increase the dose or change the drug must be supported by the referring specialist.
SECTION 2: ROUTINE PRESCRIBING CRITERIA

All of 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 authority to prescribe for an individual patient must be made (see Section 3).

2.1 Dosage

Dosage should be titrated according to the patient's need but should generally not exceed:

- 30mg dexamfetamine, or
- 60mg methylphenidate daily in immediate release (IR), or
- 80mg methylphenidate in controlled release (CR) formulations, or
- 70mg lisdexamfetamine

The maximum dose, for each of the drugs specified above, represents a ratio of 1. If multiple psychostimulants are being prescribed, the sum of ratios must not exceed 1.

For example:

- Dexamfetamine 15mg (15mg/30mg = 0.5; ratio = 0.5) + methylphenidate (IR) 30mg (30mg/60mg) = 0.5; ratio = 0.5); therefore 0.5 + 0.5 = 1.0 – within routine criteria
- Dexamfetamine 20mg (ratio = 0.6) + methylphenidate (CR) 40mg (ratio = 0.5); therefore 0.6 + 0.5 = 1.1 – requires individual authority and written support from an independent specialist
- Dexamfetamine 30mg (ratio = 1.0) + methylphenidate (CR) 40mg (ratio = 0.5); therefore 1.0 + 0.5 = 1.5 – requires individual authority and written support from an independent specialist

2.2 Contraindications, Precautions and other considerations

The Ministry of Health recommends that all prescribing is in accordance with the approved Product Information (PI) and with published recommendations from the RANZCP and RACP with regard to psychostimulants. Treatment should be in accordance with a treatment management plan, which should consider all available treatment options, including non-pharmacological strategies.

NOTE: Although co-morbidity (e.g., depression, anxiety/panic, affective disorder) may exist, ADHD should be the most prominent disorder.

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- The Royal Australian College of Physicians Australia (RACP) publishes Guidelines on ADHD: www.racp.edu.au
- The Royal Australian & New Zealand College of Psychiatrists (RANZCP) refers its members to the Canadian ADHD Practice Guidelines and the National Institute for Health and Clinical Excellence (NICE) Clinical Guideline 72 Diagnosis and management of ADHD in children, young people and adults: www.ranzcp.org
2.3 Exclusionary factors

Authorised specialist prescribers may not use their ‘S28c’ authority number in the following circumstances:

- The daily dose prescribed is greater than that specified in Section 2.1, or
- The patient has a history of significant substance abuse or dependency, including past or present treatment for dependency (e.g., methadone, buprenorphine, naltrexone, acamprosate, etc.) and intravenous drug use.

**NOTE:** Past history (but not in the last 3 months) of infrequent, non-parenteral illicit substance (including cannabis) abuse may be considered not significant.

SECTION 3: INDIVIDUAL PATIENT APPLICATIONS

3.1 Prescribing Without General Authority

An application for authority to prescribe for an individual patient must be made where:

- a medical practitioner does not have an S28c authority issued by the NSW Ministry of Health, or
- where the medical practitioner does have an S28c authority and the routine criteria are not met with regard to dose or any of the above exclusions apply

In these cases, applications for authority to prescribe must be supported in writing by a second opinion from an independent Psychiatrist (e.g., from a different practice).

If substance abuse is current, the application or second opinion should be from an Addiction Medicine Specialist or an Addiction Psychiatrist.

Concerns about, or evidence of, the misuse of appropriately prescribed psychostimulant medication should be discussed with the patient and appropriate measures should be taken to address the misuse. *Applicants are advised to consider if the patient would benefit from a review by an addiction medicine specialist or an addiction psychiatrist to manage any perceived drug dependence issues.*

Applications may be referred to the Medical Committee, established under Section 30 of the *Poisons and Therapeutic Goods Act 1966*, for its advice.

Authority application forms can be obtained at:

*Application for Authority to Prescribe or Supply a Schedule 8 Drug - Psychostimulants for ADHD.*

SECTION 4: PRESCRIPTIONS FOR PSYCHOSTIMULANTS

All prescriptions for dexamfetamine, lisdexamfetamine and methylphenidate must be endorsed, in the prescriber’s handwriting, with either the S28c general authority number (S28c.........) or the authority number (AU.........), where an individual authority has been obtained.

In accordance with clause 90 of the *Poisons and Therapeutic Goods Regulation 2008*, a pharmacist must not dispense or supply a psychostimulant (dexamfetamine, lisdexamfetamine or methylphenidate) unless the prescription is endorsed with either an S28c or AU number.

**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 non-PBS (private) prescriptions.
Prescriptions for Schedule 8 drugs 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 if considered appropriate. Further information about prescribing Schedule 8 drugs can be found in TG12 Guide to the Poisons and Therapeutic Goods Legislation for Medical, Nurse and Midwife Practitioners and Dentists available at:

Guide to the Poisons and Therapeutic Goods legislation for Medical Practitioners

All Schedule 8 medicines are generally associated with a higher risk of misuse and diversion. Prescriptions should be issued in quantities and at intervals consistent with the intended use.

Application forms and further information including processing times, FAQs and appeal mechanisms is available from the Pharmaceutical Services website:

Pharmaceutical Services.

NOTE: Failure to use the correct application form or to complete it may delay the processing of the application.

SECTION 5: SAFESCRIPt NSW (REAL TIME PRESCRIPTION MONITORING)

The NSW Ministry of Health recommends the use of SafeScript NSW to assist practitioners to make informed clinical decisions. SafeScript NSW should be checked for evidence of alerts or other issues related to the prescribing or supply of high-risk monitored medicines.

For links to registration and information about SafeScript NSW, visit SafeScript NSW.

This guide has been produced by:
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