

## Prescribing in attention deficit hyperactivity disorder (ADHD)

In England, Scotland and Wales, approximately £78 million is spent annually on the prescribing of medication for ADHD [NHSBSA Sept-Nov21, and Public Health Scotland Sept-Nov21]. Medicines optimisation in ADHD focuses on ensuring medication use is safe, appropriate and cost-effective.

### Key recommendations




- Primary care practitioners should not make the initial diagnosis or start drug treatment in children, young people or adults with suspected ADHD. They should refer these patients to the appropriate specialist.
- Drug treatment for children, young people and adults with ADHD should always form part of a comprehensive treatment plan that includes psychological, behavioural and environmental interventions.
- Commissioners should consider the cost difference in primary care of the various ADHD medications when making formulary decisions across healthcare systems.
- Commissioners and Providers should agree local shared care protocols for ADHD medication. Regional Medicines Optimisation Committee (RMOC) shared care protocols should be used where available.
- If prescribing under shared care agreements, ensure it is clear where responsibility for prescribing and ongoing monitoring lies.
- Different versions of methylphenidate modified release preparations can have different release profiles and may not have the same clinical effect, therefore, prescribers should specify the brand to be dispensed. However, commissioners should consider the cost difference in primary care of the 'branded generic' formulations equivalent to Concerta® XL tablets when making formulary decisions.
- Atomoxetine is available as a generic formulation and preparations have a flat pricing structure (most of the available strengths cost the same per capsule). Maximising cost-effectiveness involves prescribing generically and ensuring that the required dosage is given using the fewest number of capsules.
- Side effects resulting from drug treatment for ADHD should be routinely monitored for and documented.
- Adults should be advised not to drive until they are reasonably certain that their performance is not affected by their ADHD medicine. It is an offence to drive with more than a specified amount of amphetamine (e.g. dexamfetamine, lisdexamfetamine) in the body.
- The stimulants methylphenidate, dexamfetamine and lisdexamfetamine are Schedule 2 controlled drugs. Before prescribing ADHD medication the risk of substance misuse and drug diversion should be assessed, particularly with the shorter acting formulations.
- Following an adequate treatment response, drug treatment should be continued for as long as it remains clinically effective. The need for continued drug treatment should be reviewed at least annually.

### Costs and savings

Reducing the dose or deprescribing in 10% of clinically appropriate patients could release **savings of £6.6 million in England, £260,582 in Wales and £915,533 in Scotland** [NHSBSA Sept-Nov21, and Public Health Scotland Sept-Nov21]. **This equates to £11,124 per 100,000 population.**

- If 50% of Concerta® XL prescribing was for one of the branded generic preparations instead, this **could release annual savings of £3.2 million in England, £151,894 in Wales, £246,503 in Scotland. This equates to £10,286 per 100,000 population.**

- Prescribing atomoxetine capsules generically could **release annual savings of £99,297 in England, £2,085 in Wales and £29,469 in Scotland over 12 months.** Additional savings could be made by optimising atomoxetine doses (i.e. using the fewest number of capsules) which is more convenient for patients.
- Prescribing Ritalin® 10mg tablets generically as methylphenidate 10mg tablets, **could release annual savings of £70,686 in England, £2,828 in Wales and £6,393 in Scotland over 12 months.**

Additional resources available	 Bulletin	<a href="https://www.prescqipp.info/our-resources/bulletins/bulletin-302-prescribing-in-adhd/">https://www.prescqipp.info/our-resources/bulletins/bulletin-302-prescribing-in-adhd/</a>
	 Tools	
	 Data pack	<a href="https://data.prescqipp.info/views/B302_PrescribinginADHD/FrontPage?%3Aembed=y&amp;%3Aiid=1&amp;%3AisGuestRedirectFromVizportal=y">https://data.prescqipp.info/views/B302_PrescribinginADHD/FrontPage?%3Aembed=y&amp;%3Aiid=1&amp;%3AisGuestRedirectFromVizportal=y</a>

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