DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE (JAPC) and
DHCFT MEDICINES MANAGEMENT COMMITTEE SHARED CARE AGREEMENT

DRUGS USED IN THE MANAGEMENT OF ADHD IN CHILDREN

1. REFERRAL CRITERIA

- Shared Care is only appropriate if it provides the optimum solution for the patient.
- Prescribing responsibility will only be transferred when it is agreed by the consultant and the patient's GP that the patient's condition is reasonably predictable and the treatment regime has been specified.
- Patients will only be referred to the GP once the GP has agreed in each individual case, subject to receiving the relevant clinical information.
- The patient will be given a supply of the relevant drug sufficient for 4 weeks maintenance therapy.

2. AREAS OF RESPONSIBILITY

GP responsibilities	Consultant/Specialist Service's responsibilities
• Initial referral to specialist raising possibility of ADHD. • Provide specialist with relevant background information and medical history. Perform physical examination, or ECG if requested. • Reply to the request for shared care as soon as practicable • Prescribe medication as per shared care agreement • Prescribe by brand name for MR preparations. • Adjust the dose as advised by the specialist following period of initiation and stabilisation. • Maximum of 30 days' supply recommended (NB.Controlled Drug prescription requirements for all except atomoxetine and guanfacine) • Confirm adherence to treatment and support as appropriate. • Monitor for signs of diversion and misuse (e.g. by checking prescribing intervals of prescriptions) and report to specialist if concerned. • Report significant deviations from the prescribing pattern to the specialist. • Report to and seek advice from the specialist on any aspect of patient care that is of concern and may affect treatment, including physical health parameters. • Contact specialist if dose adjustment. • Refer patient to the specialist if his or her condition deteriorates. • Stop treatment on the advice of the specialist or immediately if an urgent need to stop treatment arises. • If informed by the consultant or specialist clinic that the patient has defaulted from attending clinic **do not** continue prescription unsupervised • Report any adverse events to the referring specialist and MHRA yellow card scheme. **Switching brands of methylphenidate** Switching between brands is supported if bioequivalent and recommended by	• Use a shared decision-making process; Discuss the benefits and risks of treatment with the patient and/or their carer and provide appropriate counselling to enable patient to reach an informed decision. • Ensure the patient and/or their carer understands that treatment may be stopped if they do not attend for monitoring and review. • Discuss the benefits and side effects of treatment with the patient/carer and the importance of adherence. In particular ensure awareness of: how to recognise symptoms of hepatic disorder (stomach pain, nausea, dark urine, jaundice); need to report promptly suicidal thoughts & self-harming behaviour; possible teratogenicity in pregnancy (as appropriate). • Risk assesses for diversion and misuse. • Assess full medical history including history of cardiac disease, convulsive disorders, thyroid disorders, mental health problems and current medication. • Initiate treatment taking into account contra-indications, cautions, side-effects, compliance/diversion issues and cost. • Check concurrent medication for possible interactions. • Initiate prescriptions, titrating the dose against symptoms and side effects until dose optimisation is achieved. Titrate cautiously where indicated e.g. in neurodevelopmental disorders, mental health conditions and physical health conditions such as epilepsy or cardiac disease. • Prescribe by brand name for MR preparations. • Ask the GP whether they are willing to participate in shared care once the dose is stable. Ensure communicate to GP brand to be prescribed, current and ongoing dose, any relevant test results and when next monitoring is required. • Do not continue to prescribe once responsibility is transferred without communication with the GP (risks of misuse- communicate to GP if a Controlled Drug (CD) prescription has been issued to patient from secondary care). • Please note that prescribing under the age of 5 is unlicensed and therefore prescribing responsibility should be retained by the specialist. • Communicate promptly with the GP when treatment is changed or the patient defaults attending clinic. • Review patient regularly, with at least an annual review of medications. Communicate the results of the review to the GP and provide advice on stopping treatment as appropriate. • Have a mechanism in place to receive rapid referral of a patient from the GP in the event of deteriorating clinical condition. • Trial discontinuations should be managed by the specialist. • Resume prescribing responsibilities if a woman becomes or wishes to become pregnant.

Derbyshire medicines management team. Patients may be changed in primary care to the preferred recommended brand by their GP for ongoing prescribing, providing they have been appropriately informed before the switch takes place. ○ **Preferred modified release brand is Affenid XL.** ○ Delmosart SR, Xaggitin XL, Xenidate XL, Matoride XL and Affenid XL can be used if duration of 12 hours preferred. These are bioequivalent to Concerta XL ○ Concerta XL is not recommended ○ Equasym XL, Medikinet XL and Metyrol XL can be used first line if a duration of 8 hours preferred. ○ **Please see pg. 9 Summary of available modified release preparations of methylphenidate** for information on pharmacokinetic profiles of extended-release preparations	• Report adverse events to the MHRA yellow card scheme. • Ensure that clear arrangements exist for GPs to obtain advice and support. • Provide a care plan. • Please note all physical health monitoring is the responsibility of the specialist to arrange. **Monitoring & treatment adjustment** Baseline • Height, weight, pulse and BP • Refer to a paediatric hypertension specialist before starting medication for ADHD if blood pressure is consistently above the 95th centile for age and height. • Examination of cardiovascular system. Refer for specialist cardiac evaluation if there is: ○ a history of congenital heart disease or cardiac surgery ○ history of sudden death in a first degree relative under 40 years ○ shortness of breath on exertion compared with peers ○ fainting on exertion or in response to fright or noise ○ palpitations that are rapid, regular and start and stop suddenly ○ chest pain suggesting cardiac origin ○ signs of heart failure ○ a murmur heard during cardiac exam • An ECG is not needed before starting stimulants, atomoxetine or guanfacine unless the person has any of the conditions listed above. If cardiovascular history and examination are normal and the person is not on medicine that poses an increased cardiovascular risk an ECG is not required. • Baseline evaluation to identify patients at increased risk of sedation and somnolence before starting guanfacine. Ongoing • Before and after every dose change assess heart rate, blood pressure and weight. • Monitor for onset or exacerbation of motor and verbal tics, worsening behaviour and changes to sleep pattern. • Monitor for the development or worsening of psychiatric disorders. • Reduce the dose and refer to a paediatrician if there is sustained resting tachycardia, arrhythmia or systolic blood pressure greater than the 95th percentile or a clinically significant increase on two occasions. • If a person develops new or worsening seizures review ADHD medication and stop any that may be contributing; after investigation cautiously reintroduce if found to be unlikely cause. **Monitor BP/ HR/ weight and Height** • Monitor heart rate and blood pressure and compare with the normal range for age before and after each dose change and every 6 months. • Measure height every 6 months • Children <10 years measure weight every 3 months • Children >10 years measure weight at 3 months and 6 monthly thereafter • Plot height and weight on a growth chart and review regularly to ensure growth parameters are met. • If a child or young person's height over time is significantly affected by medication, consider a planned break in treatment over school holidays to allow 'catch-up' growth. • If sustained resting tachycardia (more than 120 beats per minute), arrhythmia or systolic blood pressure greater than the 95th percentile (or a clinically significant increase) measured on 2 occasions, reduce their dose and refer them to a paediatric hypertension specialist.

	Atomoxetine Monitor for sexual dysfunction with Atomoxetine Guanfacine • If a person taking guanfacine has sustained orthostatic hypotension or fainting episodes reduce the dose or switch to another medication • If two or more consecutive doses are missed, re-titration is recommended based on the patient's tolerability to guanfacine.

Patient/ carer responsibilities:

- Report any adverse effects
- Maintain handheld records
- Complete any monitoring forms requested by the specialist
- Order repeat prescriptions and supplies and store safely
- Attend all medical / other appointments as necessary

3. COMMUNICATION AND SUPPORT

i. Contacts	**ii. Out of hours:**
If necessary contact the specialist who is supervising care – refer to assessment letter for details.	On call psychiatrist/paediatrician/CAMHS via CRH switchboard 01246 277271 On call psychiatrist/paediatrician/CAMHS via DHCFT switchboard 01332 623700 On call paediatrician RDH via switchboard 01332 340131

4. CLINICAL INFORMATION

For full prescribing information please see the relevant Summary of Product Characteristics.

Information Sources Used:

- NICE clinical guideline 87: Attention Deficit Hyperactivity Disorder – Attention deficit hyperactivity disorder: diagnosis and management (March 2018). Last accessed 07/23
- SPCs accessed July 2023 at www.emc.medicines.org.uk
  - Equasym XL, Delmosart SR, Xaggitin SR, Medikinet XL, Matoride XL, Xenidate XL and Affenid XL
  - Atomoxetine
  - Dexamfetamine
  - Elvanse
  - Intuniv
- MHRA Drug Safety Update December 2014. Atomoxetine: risk of psychotic or manic symptoms in children and adolescents
- MHRA Drug Safety Update January 2012 Atomoxetine (Strattera▼): increases in blood pressure and heart rate—new contraindications, warnings, and advice for monitoring
- BNF for Children accessed on-line July 2023

Clinical Knowledge Summaries. Attention deficit hyperactivity disorder. (https://cks.nice.org.uk/attention-deficit-hyperactivity-disorder)

Acknowledgement

Shared care ADHD guideline for adults:
Written by: Shared Adult and Childrens - Simon Taylor, Consultant Psychiatrist and Beverley Thompson Deputy Chief Pharmacist, Derbyshire Healthcare NHS Foundation Trust Updated by Michelle Lad, Deputy Chief Pharmacist and Kate Gupta Advanced Pharmacist, Derbyshire Healthcare NHS Foundation Trust September 2023 to split to separate adult and children's with consultation from DHCFT CAMHs and Children's services

This does not replace the SPC, which should be read in conjunction with it.
Reviewed: September 2023
Next Review Date: September 2026

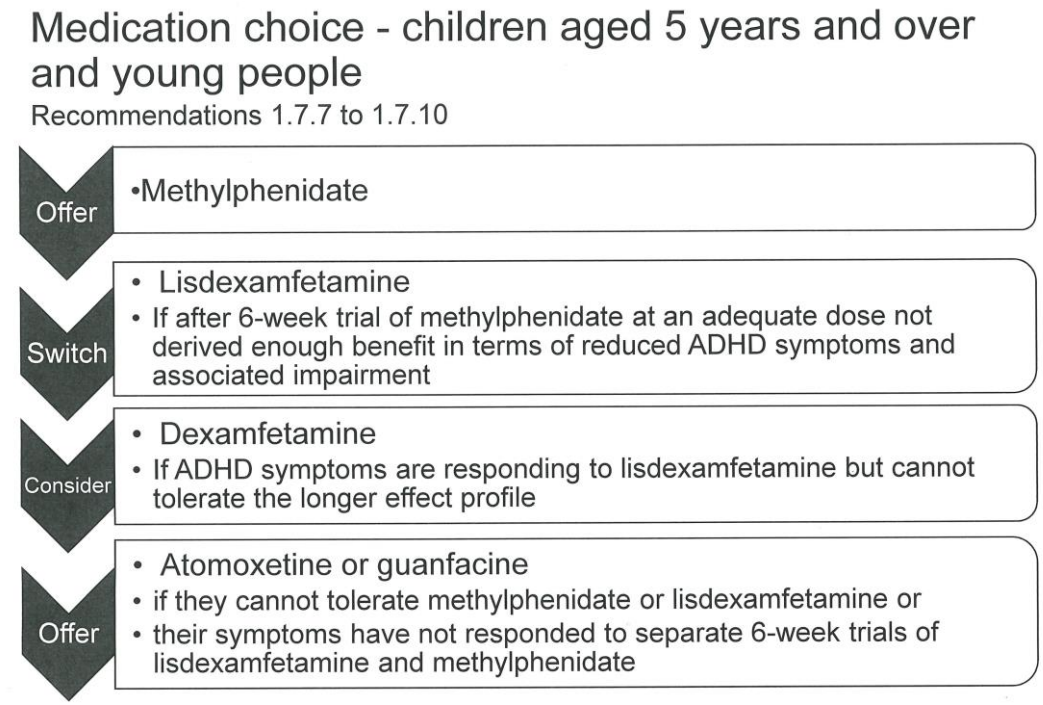
	Methylphenidate	Methylphenidate MR		
Brand	Prescribe generically (brands include Ritalin and Medikinet)	**Affenid XL** (preferred brand) Delmosart SR, Xenidate XL Xaggitin XL, Matoride XL	Equasym XL	Metyrol XL Medikinet XL
Strength	5mg, 10mg, 20mg tablets	18mg, 27mg (**except Matoride XL**),36mg, 54mg	10mg, 20mg, 30mg capsules	Metyrol XL: 10mg, 20mg, 30mg, 40mg, 60mg capsules Medikinet XL: 5mg, 10mg, 20mg, 30mg, 40mg, 50mg, 60mg capsules
Indication	As part of a comprehensive treatment programme for ADHD in children aged 6 years of age and over when remedial measures alone prove insufficient. NICE: Offer medication for ADHD only if - • Their ADHD symptoms are still causing a persistent significant impairment in at least one domain after environmental modifications have been implemented and reviewed • They and their parents and carers have discussed information about ADHD • A baseline assessment has been carried out			
Place in therapy	**First line**	**First line**, if once daily dosing and 12-hour action is required, or there are concerns about diversion (22% immediate release and 78% extended)	**First line**, if once daily dosing and 8-hour action is required or there are concerns about diversion. (Equasym XL 30% immediate release and 70% extended; Metyrol XL/ Medikinet XL 50% immediate release and 50% extended)	
Controlled drug	**Yes**			
Dose in children 6 years and over	5 mg once or twice daily. Titrate by weekly increments of 5 – 10 mg/day against symptoms and side effects. Max dose: 60mg/day administered in divided doses.	Not usually for initiation of treatment, use lowest possible dose (i.e. 18mg) if required. Lower doses of short-acting methylphenidate formulations may be considered sufficient to treat patients new to methylphenidate. The dosage may be adjusted in 18 mg increments. A 27 mg dosage strength is available for those who wish to prescribe between the 18 mg and 36 mg (not for Matoride XL). Titrate dose as at a minimum of weekly intervals. Max dose: 54 mg.	As per immediate release tablets, using equivalent dose. 10 mg once daily, increased at weekly intervals if necessary. Max dose: 60 mg daily Equasym: before breakfast Medikinet: with breakfast Metyrol: Can be taken with or without food.	

	Methylphenidate	Methylphenidate MR	
Unlicensed dose in children **Methylphenidate is not indicated in children less than 6 years of age.**	**4-5 years (unlicensed):** 2.5 mg twice daily, increased in steps of 2.5 mg daily if required, at weekly intervals. Max dose: 1.4 mg/kg daily in 2–3 divided doses. Discontinue if no response after 1 month.	increased if necessary up to 2.1 mg/kg daily, licensed max. dose is 54 mg once daily, to be increased to higher dose only under direction of specialist. Discontinue if no response after 1 month; maximum 108 mg per day. **(Please note: BNFC only includes this under Concerta XL)**	increased if necessary up to 2.1 mg/kg daily, licensed max. dose is 60 mg daily, to be increased to higher dose only under direction of specialist; discontinue if no response after 1 month; maximum 90 mg per day.
Monitoring in children by specialist	**Monitor BP/ HR/ weight and Height** • Monitor heart rate and blood pressure and compare with the normal range for age before and after each dose change and every 6 months • Measure height every 6 months • Children <10 years measure weight every 3 months • Children >10 years measure weight at 3 months and 6 monthly thereafter • Plot height and weight on a growth chart and review regularly to ensure growth parameters are met		
Interactions (Please refer to SPC/BNFc for exhaustive list)	Anticonvulsants, antidepressants (TCAs and SSRIs), clonidine, alcohol, antipsychotics		
Side effects (common or significant)	At the beginning of treatment: Nervousness, insomnia, decreased appetite **CNS:** headache, drowsiness, dizziness, dyskinesia, psychomotor hyperactivity **Skin:** rash, pruritus, urticaria, arthralgia, hair loss. **GI:** abdominal pain, nausea/vomiting, dry mouth, weight loss, diarrhoea **Blood:** very rarely leukopenia, anaemia, thrombocytopenia **CVS:** tachycardia, palpitations, arrhythmias, changes in heart rate and BP(usually increase). Heart disease: Symptoms require prompt specialist cardiac evaluation. **Psychiatric disorders:** associated with causing or worsening e.g. depression, suicidal thoughts, hostility, anxiety, agitation, psychosis and mania. Motor and verbal tics: associated with exacerbation or onset. **Other:** fever, cough, moderately reduced weight gain and growth retardation		
Cautions and contra-indications	**Cautions**: Family history of sudden cardiac or unexplained death, malignant arrhythmia, known drug or alcohol dependence or misuse of CNS stimulants, epilepsy, renal or hepatic insufficiency, psychiatric or neuropsychiatric symptoms or disorders, leukopenia, thrombocytopenia, anaemia, susceptibility to open-angle glaucoma, pregnancy or breast-feeding **Contra-indications**: Hypersensitivity to methylphenidate or excipients, glaucoma, phaeochromocytoma, treatment with MAOI or discontinuation in last 14 days, hyperthyroidism or thyrotoxicosis, see SmPC for information about pre-existing cardiovascular disorders unless specialist cardiac advice obtained and documented. See BNF and/or SmPC for more details.		

	Lisdexamfetamine	Dexamfetamine	Atomoxetine	Guanfacine
Brand name	Elvanse	Amfexa (prescribe generically)	Prescribe generically	Intuniv
Strength	20mg, 30mg, 40mg, 50mg, 60mg, 70mg	5mg, 10mg, 20mg	10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg	1mg, 2mg, 3mg 4mg Prolonged-release tablets
Indication	As part of a comprehensive treatment programme for ADHD in children and adolescents aged 6 years and over when response to previous methylphenidate treatment is considered clinically inadequate	As part of a comprehensive treatment programme for ADHD in children and adolescents aged 6 years and over when response to previous methylphenidate treatment is considered clinically inadequate	As part of a comprehensive treatment programme for ADHD in children and adolescents aged 6 years and over when response to previous methylphenidate treatment is considered clinically inadequate	As part of a comprehensive treatment programme for ADHD in children and adolescents aged 6 years and over when response to previous methylphenidate treatment is considered clinically inadequate
Place in therapy	**Second line** For those who have not derived enough benefit from an adequate (NICE suggest 6 weeks) trial of methylphenidate	**Third line** For those whose symptoms respond to lisdexamfetamine but who cannot tolerate the longer effect profile	**Third line** For children aged 5 years and over and young people if: (off-label use for children aged 5 years) For patients who cannot tolerate methylphenidate or lisdexamfetamine or their symptoms have not responded to separate 6-week trials of each	**Third line** For children aged 5 years and over and young people if: (off-label use for children aged 5 years) For patients who cannot tolerate methylphenidate or lisdexamfetamine or their symptoms have not responded to separate 6-week trials of each
Controlled drug	**Yes** **prescription requirements**	**Yes** **prescription requirements**	**No**	**No**
Dose in children over 6 years	30 mg taken once daily in the morning or 20mg if appropriate Titrate according to response and tolerability. May be increased by 10-20 mg increments, at approximately weekly intervals. **Max dose:** 70mg/day	2.5 mg 2–3 times a day, increased in steps of 5 mg once weekly if required, **Max dose:** 1 mg/kg daily, up to 20 mg daily (40 mg daily has been required in some children)	< 70 Kg: 0.5mg/kg daily for minimum of 7 days, then titrate according to response and tolerability Recommended maintenance dose is 1.2 mg/kg daily Unlicensed: maximum 1.8 mg/kg per day; maximum 120 mg per day. >70 Kg: Initially 40 mg daily for 7 days, dose is increased according to response; maintenance 80 mg daily, total daily dose may be given either as a single dose in the morning or in 2 divided doses with last dose no later than early evening, high daily doses to be given under the direction of a specialist; maximum 120 mg per day. Total daily dose may be given either as a single dose in the morning or in 2 divided doses with last dose no later than early evening,	1 mg once a day, adjusted in increments of not more than 1 mg per week then titrated according to response and tolerability. Recommended maintenance dose range is 0.05-0.12 mg/kg/day.

	Lisdexamfetamine	Dexamfetamine	Atomoxetine	Guanfacine
Monitoring in children by specialist	**Monitor BP/ HR/ weight and Height** • Monitor heart rate and blood pressure and compare with the normal range for age before and after each dose change and every 6 months • Measure height every 6 months • Children <10 years measure weight every 3 months • Children >10 years measure weight at 3 months and 6 monthly thereafter • Plot height and weight on a growth chart and review regularly to ensure growth parameters are met • For guanfacine: monitor for signs and symptoms of somnolence and sedation, hypotension and bradycardia weekly during dose titration then every three months during the first year of treatment			
Other monitoring			Monitor for sexual dysfunction with and refer back to specialist if a problem.	If orthostatic hypotension or fainting episodes reduce the dose and refer back to the specialist for review.
Interactions (Please refer to SPC/BNFc for exhaustive list)	MAOIs Tricyclic antidepressants SSRIs SNRIs Lithium Haloperidol **HIV protease inhibitors**		CYP2D6 inhibitors e.g. Fluoxetine & Paroxetine Drugs that increase the QT interval e.g. methadone Drugs that lower the convulsive threshold Drugs that cause electrolyte imbalance MAOIs	CYP3A4/5 inhibitors or inducers e.g. grapefruit juice, clarithromycin, erythromycin, Carbamazepine, Valproate Phenytoin Drugs that increase the QT interval **Tricyclic antidepressants**
Cautions and contra-indications (refer to SPC/BNF for details)	**Cautions**: History of epilepsy, mild hypertension, history of cardiovascular disease, susceptibility to angle-closure glaucoma, psychiatric or neuropsychiatric symptoms or disorders, renal or hepatic insufficiency, breast-feeding, family history of sudden cardiac or unexplained death. **Contra-indications**: Hypersensitivity to active ingredient or excipients, glaucoma, phaeochromocytoma, advanced atherosclerosis, treatment with MAOI or discontinuation in last 14 days, hyperthyroidism or thyrotoxicosis, Gilles de la Tourette syndrome or similar dystonia's, cerebrovascular disorders, porphyria, history or drug or alcohol misuse, see SmPC for information about pre-existing cardiovascular disorders unless specialist cardiac advice obtained and documented, pregnancy.		**Cautions**: Psychiatric or neuropsychiatric symptoms or disorders, known serious structural cardiac abnormalities, underlying medical conditions that could be worsened by increased blood pressure and heart rate, conditions or medicines that predispose to hypotension or hypertension, prolonged QTc, hepatic insufficiency, history of seizures, susceptibility to angle-closure glaucoma, over 65 years old, known CYP2D6 poor metaboliser genotype **Contra-indications**: Hypersensitivity to active ingredient or excipients, narrow angle glaucoma, treatment with MAOI or discontinuation in last 14 days, severe cardiovascular and cerebrovascular disorders, history of phaemochromocytoma	**Cautions:** Risk factors for torsade's de pointes, history of cardiovascular disease, family history of cardiac or unexplained death, dehydration, alcohol consumption, concomitant treatment with centrally acting depressants or antihypertensives, suicidal ideation or behaviour, prescribing in elderly. **Contra-indications:** Hypersensitivity to active ingredient or excipients, hereditary problems of galactose intolerance, total lactase deficiency or glucose-galactose malabsorption

Summary of NICE NG87 recommended on medication choice



MHRA drug safety update for modified release preparations of methylphenidate (Sep 2022)

Caution is advised when switching between extended-release versions of methylphenidate due to differences in formulation

Switching between brands is supported if bioequivalent and recommended by Derbyshire medicines management team. Patients may be changed in primary care to the preferred recommended brand by their GP for ongoing prescribing, providing they have been appropriately informed before the switch takes place

Summary of MHRA advice:
Caution should be used if long-acting formulations of methylphenidate are to be used interchangeably due to the differences between formulations in dosing frequency, administration with food, amount and timing of the modified-release component, and overall clinical effect.

- When switching patients to an alternative modified release formulation:
- consult with the patient (and their parent or caregiver if relevant) to discuss the reasons for this and the possible changes they may experience in symptom management and side effects (and what to do if these occur)
- consider patient preferences such as their individual needs, dose frequency, possible side effects, or other issues related to the patient's condition
- reiterate the instructions for use for the newly prescribed formulation, especially whether it should be taken with or without food
- report any suspected adverse drug reactions associated with methylphenidate or other medicines via the yellow card reporting scheme: https://yellowcard.mhra.gov.uk/
- Please see drug safety update for further information: https://www.gov.uk/drug-safety-update/methylphenidate-long-acting-modified-release-preparations-caution-if-switching-between-products-due-to-differences-in-formulations

Please also see Specialist Pharmacy Service website for further information on the pharmacokinetic profiles of modified release preparations: https://www.sps.nhs.uk/articles/extended-release-methylphenidate-a-review-of-the-pharmacokinetic-profiles-of-available-products/#:~:text=methylphenidate

Summary of available modified release preparations of methylphenidate

Preparation	Available strengths (mg)	Cost (Oct2022) Pack size 30	Release profile (immediate release/extended release)	Duration of action	Administration instructions
Affenid XL	18	£10.90	22/78	Up to 12 hours	Swallow whole with liquids Must not be chewed, broken, divided, or crushed Can be taken with or without food
	27	£12.87			
	36	£14.85			
	54	£25.75			
Delmosart SR tablets Xenidate XL tablets	18	£15.57			
	27	£18.39			
	36	£21.21			
	54	£36.79			
Xaggitin XL tablets	18	£15.58			
	27	£18.40			
	36	£21.22			
	54	£36.80			
Matoride XL tablets	18	£15.58			
	36	£21.22			
	54	£36.80			
Concerta XL tablets (Not recommended)	18	£31.19			
	27	£36.81			
	36	£42.45			
	54	£73.62			
Equasym XL capsules	10	£25.00	30/70	Up to 8 hours	Swallow whole with the aid of liquids. Capsule contents may be sprinkled onto a small amount (teaspoon) of apple sauce and given immediately. Drinking some fluids should follow the intake of the sprinkles with apple sauce. The capsules and the capsule contents must not be crushed or chewed. Take 30 minutes before breakfast
	20	£30.00			
	30	£35.00			
Metyrol XL	10	£17.94	50/50	Up to 8 hours	Swallow whole with liquids. Capsules may be administered by sprinkling the capsule content on a small amount of food. The capsule contents must not be crushed, chewed, or divided. Can be taken with or without food.
	20	£21.54			
	30	£25.12			
	40	£43.07			
	60	£50.24			
Medikinet XL capsules	5	£24.04			Swallow whole with liquids. Capsule contents may be sprinkled onto a small amount (teaspoon) of food/ apple sauce or yoghurt and given immediately. Drinking some fluids should follow the intake of the sprinkles with apple sauce. The capsules and the capsule contents must not be crushed or chewed. Take with or without food.
	10	£24.04			
	20	£28.86			
	30	£33.66			
	40	£57.72			
	50	£62.52			
	60	£67.32			

ADHD Shared Care Request letter for Children's Services (Specialist to Primary Care Prescriber)

Dear [insert Primary Care Prescriber's name]

Patient name: [insert patient's name]
Date of birth: [insert date of birth]
NHS Number: [insert NHS Number]

Diagnosis: [insert diagnosis]

As per the agreed Derbyshire shared care protocol for drugs used in the management of ADHD this patient is now suitable for prescribing to move to primary care.
The patient fulfils criteria for shared care and I am therefore requesting your agreement to participate in shared care. Where baseline investigations are set out in the shared care protocol, I have carried these out.

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

	Specialist to complete
The patient has been initiated on this therapy and has been on an optimised dose for the following period of time:	
Baseline investigation and monitoring as set out in the shared care documents have been completed and were satisfactory	*Yes/No*
The condition being treated has a predictable course of progression and the patient can be suitably maintained by primary care	*Yes/No*
The risks and benefits of treatment have been explained to the patient	*Yes/No*
The roles of the specialist/specialist team/ Primary Care Prescriber / Patient and pharmacist have been explained and agreed	*Yes/No*
The patient has agreed to this shared care arrangement, understands the need for ongoing monitoring, and has agreed to attend all necessary appointments	*Yes/No*
I have enclosed a copy of the shared care protocol which covers this treatment/the SCP can be found here (insert electronic/ web link)	*Yes/No*
I have included with the letter copies of the information the patient has received	*Yes/No*
I have provided the patient with sufficient medication to last until	Yes/No
I have arranged a follow up with this patient in the following timescale	

Treatment was started on [insert date started] and the current dose is [insert dose and frequency]. Physical health monitoring will continue to be undertaken by the specialist.

Please could you reply to this request for shared care and initiation of the suggested medication to either accept or decline within 14 days.