such as yoghurt or in a glass of water or orange juice; contents should be dispersed completely and consumed immediately.

- **PATIENT AND CARER ADVICE** Patients and carers should be counselled on the administration of capsules.

Driving and skilled tasks **Drugs and Driving** Prescribers and other healthcare professionals should advise patients if treatment is likely to affect their ability to perform skilled tasks (e.g. driving). This applies especially to drugs with sedative effects; patients should be warned that these effects are increased by alcohol. General information about a patient's fitness to drive is available from the Driver and Vehicle Licensing Agency at www.gov.uk/government/organisations/driver-and-vehicle-licensing-agency.

For information on 2015 legislation regarding driving whilst taking certain controlled drugs, including amfetamines, see *Drugs and skilled tasks* under Guidance on prescribing p. 1.

- **NATIONAL FUNDING/ACCESS DECISIONS**

Scottish Medicines Consortium (SMC) decisions

The *Scottish Medicines Consortium* has advised (May 2013) that lisdexamfetamine dimesylate (*Elvanse*®) is accepted for use within NHS Scotland as part of a comprehensive treatment programme for attention deficit hyperactivity disorder (ADHD) in children aged 6 years and over when response to previous methylphenidate treatment is considered clinically inadequate.

All Wales Medicines Strategy Group (AWMSG) decisions

The *All Wales Medicines Strategy Group* has advised (December 2013) that lisdexamfetamine dimesylate (*Elvanse*®) is recommended as an option for use within NHS Wales as part of a comprehensive treatment programme for attention deficit hyperactivity disorder (ADHD) in children aged six years and over when response to previous methylphenidate treatment is considered clinically inadequate. Treatment must be under the supervision of a specialist in childhood and/or adolescent behavioural disorders.

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

Capsule

CAUTIONARY AND ADVISORY LABELS 3, 25

- **Elvanse** (Shire Pharmaceuticals Ltd)

Lisdexamfetamine dimesylate 20 mg Elvanse 20mg capsules | 28 capsule PoM £54.62 DT = £54.62 CD2
Lisdexamfetamine dimesylate 30 mg Elvanse Adult 30mg capsules | 28 capsule PoM £58.24 DT = £58.24 CD2
Elvanse 30mg capsules | 28 capsule PoM £58.24 DT = £58.24 CD2
Lisdexamfetamine dimesylate 40 mg Elvanse 40mg capsules | 28 capsule PoM £62.82 DT = £62.82 CD2
Lisdexamfetamine dimesylate 50 mg Elvanse Adult 50mg capsules | 28 capsule PoM £68.60 DT = £68.60 CD2
Elvanse 50mg capsules | 28 capsule PoM £68.60 DT = £68.60 CD2
Lisdexamfetamine dimesylate 60 mg Elvanse 60mg capsules | 28 capsule PoM £75.18 DT = £75.18 CD2
Lisdexamfetamine dimesylate 70 mg Elvanse 70mg capsules | 28 capsule PoM £83.16 DT = £83.16 CD2
Elvanse Adult 70mg capsules | 28 capsule PoM £83.16 DT = £83.16 CD2

SYMPATHOMIMETICS › ALPHA$_2$-ADRENOCEPTOR AGONISTS

Guanfacine

03-Apr-2020

- **INDICATIONS AND DOSE**

Attention deficit hyperactivity disorder in children for whom stimulants are not suitable, not tolerated or ineffective (initiated under specialist supervision)

- BY MOUTH
- Child 6–12 years (body-weight 25 kg and above): Initially 1 mg once daily; adjusted in steps of 1 mg every week if necessary and if tolerated; maintenance 0.05–0.12 mg/kg once daily (max. per dose 4 mg), for optimal weight-adjusted dose titrations, consult product literature
- Child 13–17 years (body-weight 34–41.4 kg): Initially 1 mg once daily; adjusted in steps of 1 mg every week if necessary and if tolerated; maintenance 0.05–0.12 mg/kg once daily (max. per dose 4 mg), for optimal weight-adjusted dose titrations, consult product literature
- Child 13–17 years (body-weight 41.5–49.4 kg): Initially 1 mg once daily; adjusted in steps of 1 mg every week if necessary and if tolerated; maintenance 0.05–0.12 mg/kg once daily (max. per dose 5 mg), for optimal weight-adjusted dose titrations, consult product literature
- Child 13–17 years (body-weight 49.5–58.4 kg): Initially 1 mg once daily; adjusted in steps of 1 mg every week if necessary and if tolerated; maintenance 0.05–0.12 mg/kg once daily (max. per dose 6 mg), for optimal weight-adjusted dose titrations, consult product literature
- Child 13–17 years (body-weight 58.5 kg and above): Initially 1 mg once daily; adjusted in steps of 1 mg every week if necessary and if tolerated; maintenance 0.05–0.12 mg/kg once daily (max. per dose 7 mg), for optimal weight-adjusted dose titrations, consult product literature

DOSE ADJUSTMENTS DUE TO INTERACTIONS

- Manufacturer advises reduce dose by half with concurrent use of moderate and potent inhibitors of CYP3A4.
- Manufacturer advises increase dose up to max. 7 mg daily with concurrent use of potent inducers of CYP3A4—no specific recommendation made for children.

- **CAUTIONS** Bradycardia (risk of torsade de pointes) · heart block (risk of torsade de pointes) · history of cardiovascular disease · history of QT-interval prolongation · hypokalaemia (risk of torsade de pointes)
- **INTERACTIONS** → Appendix 1: guanfacine
- **SIDE-EFFECTS**
- **Common or very common** Anxiety · appetite decreased · arrhythmias · asthenia · constipation · depression · diarrhoea · dizziness · drowsiness · dry mouth · gastrointestinal discomfort · headache · hypotension · mood altered · nausea · skin reactions · sleep disorders · urinary disorders · vomiting · weight increased
- **Uncommon** Asthma · atrioventricular block · chest pain · hallucination · loss of consciousness · pallor · seizure · syncope
- **Rare or very rare** Hypertension · hypertensive encephalopathy · malaise
- **Frequency not known** Erectile dysfunction

SIDE-EFFECTS, FURTHER INFORMATION Somnolence and sedation may occur, predominantly during the first 2-3 weeks of treatment and with dose increases; manufacturer advises to consider dose reduction or discontinuation of treatment if symptoms are clinically significant or persistent.

Overdose Features may include hypotension, initial hypertension, bradycardia, lethargy, and respiratory depression. Manufacturer advises that patients who develop lethargy should be observed for development of more serious toxicity for up to 24 hours.

- **CONCEPTION AND CONTRACEPTION** Manufacturer recommends effective contraception in females of childbearing potential.
- **PREGNANCY** Manufacturer advises avoid—toxicity in *animal* studies.