tendencies · thrombocytopenia · tic (in those at risk) · vasculitis cerebral · vision disorders

- **Frequency not known** Acidosis · alopecia · cardiomyopathy · chest pain · circulatory collapse · colitis ischaemic · concentration impaired · confusion · diarrhoea · dizziness · drug dependence · hyperhidrosis · hypermetabolism · hyperpyrexia · kidney injury · myocardial infarction · neuroleptic malignant syndrome · obsessive-compulsive disorder · reflexes increased · rhabdomyolysis · sexual dysfunction · sudden death · taste altered · tremor

Overdose Amfetamines cause wakefulness, excessive activity, paranoia, hallucinations, and hypertension followed by exhaustion, convulsions, hyperthermia, and coma. See Stimulants under Emergency treatment of poisoning p. 891.

- **PREGNANCY** Avoid (retrospective evidence of uncertain significance suggesting possible embryotoxicity).
- **BREAST FEEDING** Significant amount in milk—avoid.
- **RENAL IMPAIRMENT** Use with caution.
- **MONITORING REQUIREMENTS**
- Monitor growth in children.
- Monitor for aggressive behaviour or hostility during initial treatment.
- Pulse, blood pressure, psychiatric symptoms, appetite, weight and height should be recorded at initiation of therapy, following each dose adjustment, and at least every 6 months thereafter.
- **TREATMENT CESSATION** Avoid abrupt withdrawal.
- **DIRECTIONS FOR ADMINISTRATION** Tablets can be halved.
- **PRESCRIBING AND DISPENSING INFORMATION** Data on safety and efficacy of long-term use not complete.
- **PATIENT AND CARER ADVICE**

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.dvla.gov.uk.

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.

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug. Forms available from special-order manufacturers include: modified-release capsule, oral suspension, oral solution

Oral solution

- **Dexamfetamine sulfate (Non-proprietary)**

Dexamfetamine sulfate 1 mg per 1 ml Dexamfetamine 5mg/5ml oral solution sugar-free | 150 ml PoM £114.49 DT = £114.49 CD2

Modified-release capsule

- **Dexedrine Spansules** (Imported (United States))

Dexamfetamine sulfate 5 mg Dexedrine 5mg Spansules | 100 capsule PoM CD2

Dexamfetamine sulfate 10 mg Dexedrine 10mg Spansules | 100 capsule PoM CD2

Dexamfetamine sulfate 15 mg Dexedrine 15mg Spansules | 100 capsule PoM CD2

Tablet

- **Dexamfetamine sulfate (Non-proprietary)**

Dexamfetamine sulfate 5 mg Dexamfetamine 5mg tablets | 28 tablet PoM £24.75 DT = £24.72 CD2

- **Amfexa** (Flynn Pharma Ltd)

Dexamfetamine sulfate 5 mg Amfexa 5mg tablets | 30 tablet PoM £19.89 CD2

Dexamfetamine sulfate 10 mg Amfexa 10mg tablets | 30 tablet PoM £39.78 DT = £39.78 CD2

Dexamfetamine sulfate 20 mg Amfexa 20mg tablets | 30 tablet PoM £79.56 DT = £79.56 CD2

Lisdexamfetamine mesilate

14-Jan-2020

- **DRUG ACTION** Lisdexamfetamine is a prodrug of dexamfetamine.

- **INDICATIONS AND DOSE**

Attention deficit hyperactivity disorder (initiated by a specialist)

- BY MOUTH
- Child 6-17 years: Initially 30 mg once daily, alternatively initially 20 mg once daily, increased in steps of 10–20 mg every week if required, dose to be taken in the morning, discontinue if response insufficient after 1 month; maximum 70 mg per day

- **CONTRA-INDICATIONS** Advanced arteriosclerosis · agitated states · hyperthyroidism · moderate hypertension · severe hypertension · symptomatic cardiovascular disease
- **CAUTIONS** Bipolar disorder · history of cardiovascular disease · history of substance abuse · may lower seizure threshold (discontinue if seizures occur) · psychotic disorders · susceptibility to angle-closure glaucoma · tics · Tourette syndrome

CAUTIONS, FURTHER INFORMATION

- Cardiovascular disease Manufacturer advises caution in patients with underlying conditions that might be compromised by increases in blood pressure or heart rate; see also *Contra-indications*.
- **INTERACTIONS** → Appendix 1: amfetamines
- **SIDE-EFFECTS**
- **Common or very common** Abdominal pain upper · anxiety · appetite decreased · behaviour abnormal · constipation · depression · diarrhoea · dizziness · drowsiness · dry mouth · dyspnoea · fatigue · feeling jittery · fever · headache · insomnia · mood altered · nausea · palpitations · psychiatric disorders · skin reactions · tachycardia · tremor · vomiting · weight decreased
- **Uncommon** Cardiomyopathy · erectile dysfunction · hallucination · hyperhidrosis · logorrhea · movement disorders · mydriasis · Raynaud's phenomenon · taste altered · vision blurred
- **Frequency not known** Angioedema · drug dependence · hepatitis allergic · psychotic disorder · seizure · Stevens-Johnson syndrome

Overdose Amfetamines cause wakefulness, excessive activity, paranoia, hallucinations, and hypertension followed by exhaustion, convulsions, hyperthermia, and coma. See Stimulants under Emergency treatment of poisoning p. 891.

- **PREGNANCY** Manufacturer advises use only if potential benefit outweighs risk.
- **BREAST FEEDING** Manufacturer advises avoid—present in human milk.
- **RENAL IMPAIRMENT**

Dose adjustments Manufacturer advises max. dose 50 mg daily in severe impairment.

- **MONITORING REQUIREMENTS**
- Manufacturer advises monitor for aggressive behaviour or hostility during initial treatment.
- Manufacturer advises monitor pulse, blood pressure, and for psychiatric symptoms before treatment initiation, following each dose adjustment, and at least every 6 months thereafter. Monitor weight in adults before treatment initiation and during treatment; in children, height and weight should be recorded before treatment initiation, and height, weight and appetite monitored at least every 6 months during treatment.
- **TREATMENT CESSATION** Avoid abrupt withdrawal.
- **DIRECTIONS FOR ADMINISTRATION** Manufacturer advises swallow whole or mix contents of capsule with soft food