Justice Health and
Forensic Mental Health Network

NSW GOVERNMENT

Justice Health NSW Guideline

Guidelines for the Management of Psychostimulants

Issue Date: 1 July 2024

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Guidelines for the Management of Psychostimulants

Guideline Number	6.150
Guideline Function	Continuum of Care
Issue Date	1 July 2024
Next Review Date	1 July 2027
Summary	The prescribing of psychostimulant medications dexamfetamine, lisdexamfetamine and methylphenidate for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in Justice Health and Forensic Mental Health Network (Justice Health NSW) is subject to the *Poisons and Therapeutic Goods Act 1966* and the *Poisons and Therapeutic Goods Regulation 2008*. The purpose of these guidelines is provide clinicians with information pertaining to the safe prescribing and assessment of psychostimulant medications.
Responsible Officer	Drugs and Therapeutics Committee
Applies to	☐ Administration Centres ☐ Community Sites and programs ☒ Health Centres - Adult Correctional Centres or Police Cells ☒ Health Centres - Youth Justice Centres ☒ Long Bay Hospital ☒ Forensic Hospital ☒ Pharmacy Department
CM Reference	GUIJH/6150
Change summary	Updates for prescribing privileges within Justice Health NSW
Authorised by	Drugs and Therapeutics Committee

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Revision History

#	Issue Date	Number and Name	Change Summary
1	March 2024	Guidelines for the Management of Psychostimulants	Creation of Guidelines for the Management of Psychostimulants. Content has been deleted from the Medication Guidelines and put into a new standalone guideline. Updated information to include new Class Authority.
2	July 2024	Guidelines for the Management of Psychostimulants	Updates for prescribing privileges within Justice Health NSW

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2. Preface

The prescribing of psychostimulant medications dexamfetamine, lisdexamfetamine and methylphenidate for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in Justice Health and Forensic Mental Health Network (Justice Health NSW) is subject to the *Poisons and Therapeutic Goods Act 1966* and the *Poisons and Therapeutic Goods Regulation 2008*. The purpose of these guidelines is provide clinicians with information pertaining to the safe prescribing and assessment of psychostimulant medications.

Atomoxetine, clonidine and guanfacine for the management of ADHD are not subject to these prescribing restrictions however, prescribing of complex psychostimulants or medications for ADHD must be managed by a qualified psychiatrist or paediatrician. For custodial patients this would be in accordance with Custodial Mental Health as per Policy 1.443 Custodial Mental Health Referral and Case Management Policy.

The guidelines must be read in conjunction with NSW Health Guidelines:

- Criteria For The Diagnosis And Management of Attention Deficit Hyperactivity Disorder In Children and Adolescents (TG181/12)
- Criteria For The Diagnosis And Management of Attention Deficit Hyperactivity Disorder In Adults (TG190/7)

3. Definitions

Must

Indicates a mandatory action to be complied with.

Should

Indicates a recommended action to be complied with unless there are sound reasons for taking a different course of action.

4. Prescribing Restrictions

Prescribing stimulants within NSW requires authorisation from Pharmaceutical Regulatory Unit (PRU) either on an individual patient basis, or eligible prescribers may be authorised to prescribe under instrument H23/80035 “Class Authority to prescribe psychostimulant.”

From 13 November 2023 psychiatrists, paediatricians and neurologists are authorised under a Class Authority [Authority reference number CA2023] to prescribe or supply psychostimulant medication for the treatment of ADHD in a non-drug dependent person.

The class Authority can be used to prescribe up to a maximum daily dose of:

- dexamfetamine 50mg

- lisdexamfetamine 70mg
- methylphenidate 108mg

The Class Authority to prescribe psychostimulants replaces the general authority (CNS or S28c) held by psychiatrists, paediatricians or neurologists.

Psychiatrists, paediatricians, and neurologists must still apply for an authority to prescribe or supply a psychostimulant medication to an individual patient when treating:

- drug-dependent patients
- indications other than ADHD
- ADHD with doses exceeding dexamfetamine 50mg, or lisdexamfetamine 70mg, or methylphenidate 108mg.

Prescribing stimulants within Justice Health NSW must be prescribed in accordance with the associated NSW Ministry of Health approved criteria (TG181/12 or TG190/7). A summary of prescribing restrictions is outlined in Table 1. Practitioners, approved to prescribe stimulants, but who are not for a Class Authority, are considered "Other Designated Prescribers" (ODP) and must practice within the principle described. Note, in the community General Practitioners may be eligible to prescribe psychostimulants (according to TG181/12 and TG190/7), however within Justice Health NSW prescribing for adult patients is restricted to Custodial Mental Health as per Policy 1.443 Custodial Mental Health Referral and Case Management Policy. Patients in the Forensic Hospital will be managed by Forensic Psychiatrists.

Psychiatrists or paediatricians treating adolescents in Youth Justice (YJ) facilities and psychiatrics treating patients in adult custodial services (CS) facilities are approved to use the Class Authority [CA2023]. Psychiatrists treating patients in The Forensic Hospital will need to make individual applications to the PRU.

4.1 Applying for PRU Authority

Please refer to the most current information and forms available online on the NSW Health Pharmaceutical Services Branch Website.

For Adults:

- Scan the completed PRU Application for authority to prescribed schedule 8 drug - psychostimulant form onto JHeHS under "Pharmaceutical Regulatory Unit Application Form"

- Scan the returned PRU Application for authority to prescribed schedule 8 drug - psychostimulant form onto JHeHS under "Pharmaceutical Regulatory Unit Approval Letter"

Table 1: Prescribing stimulants and restrictions by specialty in accordance with the associated NSW Ministry of Health approved criteria (TG181/12 or TG190/7)

	Justice Health NSW Prescribing	Class Authority	Initiate Treatment			Continue Treatment	Prescribe outside routine prescribing criteria
			Age 4 to 16	Age 16 to 17	Age 18 or above		
Consultant Paediatricians	Yes	Yes	Yes	Yes	No	Yes *Up to age 25*	Yes

							Individual Patient Authority Only
Psychiatrists	Yes	Yes	Yes	Yes	Yes	Yes	Yes *Individual Patient Authority Only*
Neurologists	Yes	Yes	No	No	No	Yes (Aged 18 or above)	Yes *Individual Patient Authority Only*
Advanced Trainees in Community Paediatrics or Child Psychiatry	Yes	No	Yes Individual Patient Authority Only	Yes Individual Patient Authority Only	No	Yes Individual Patient Authority Only (Age 4 to 18)	No

4.2 Medication Chart – Legal Requirements

A pharmacist in NSW cannot dispense or a nurse cannot administer from a medication order for a stimulant medication unless the medication order bears an authority number issued by the NSW Ministry of Health.

Therefore, all medication orders (adult and adolescent) for dexamfetamine, methylphenidate or lisdexamfetamine must be endorsed by the prescriber with an authority number issued by the PRU, which will be either:

- The individual authority number issued to the prescriber by the Pharmaceutical Regulatory Unit on a patient by patient basis in the form 'AUXXXXXXX' or 'AXXXXXX' or

- **Psychiatrists, paediatricians and neurologists** are authorised under a Class Authority to prescribe or supply psychostimulant medication for the treatment of ADHD in a non-drug dependent person, with an authority reference number in the form "**CA2023**", for prescribing in accordance with the associated NSW Ministry of Health approved criteria.

Current prescriptions endorsed with reference number "CNS" or "S28c" are valid for dispensing until 30 June 2024, unless expired.

Following a PRU approval, an Individual Patient Use (IPU) form is to be completed and submitted for the stimulant medication (adult patients only).

When prescribing the stimulant medication on the medication chart, the prescriber is to add the authority reference number and (if relevant the) expiry date in the "additional details" section of JHeHS eMeds.

4.2.1 Discharge/Release Prescriptions

Refer to the Justice Health NSW Medication Guidelines.

4.3 Medication Chart Rewrites and Ongoing Review

Medication orders for dexamfetamine, methylphenidate or lisdexamfetamine are not permitted to be re-written without a valid current authority from the PRU or class authority reference number.

Ongoing management of patients prescribed stimulants must be in accordance with the Justice Health NSW Policy 1.443 Custodial Mental Health Referral and Case Management Policy.

Other designated prescribers must either apply for PRU authority to continue treatment or make a referral to a practitioner with class authority. Discuss with the relevant Clinical Director to ensure timely review of patients and continuity of medication supply.

A PAS psychiatrist waitlist is to be created for at least four weeks prior to the authority expiry. A psychiatrist assessment is conducted to determine the indication for continuation of treatment.

5. Stimulant Medications – Adolescents and Children

5.1 Who Can Prescribe?

The assessment of ADHD in adolescent and children and the prescribing of stimulants in accordance with the associated NSW Ministry of Health approved criteria (TG181/10) - Table 1.

In order to prescribe stimulant medications for adolescent and children for ADHD, the criteria as set out in the latest version of 'Criteria For The Diagnosis And Management Of Attention Deficit Hyperactivity Disorder In Children and Adolescents', must be met.

Consultant paediatricians and child psychiatrists working in Justice Health NSW who are granted specific clinical privileges in child and adolescent psychiatry are permitted to use the Class Authority to prescribe the stimulants for the treatment of ADHD in children and adolescent patients.

Other Designated Prescribers (ODPs) such as advanced trainees (Table 1) are not eligible for a class authority and therefore must apply to the PRU for individual authority.

5.2 Initiating Treatment in Custody

The assessment of ADHD in children and adolescents should follow the guidelines set out in the NSW MoH document 'Criteria for the Diagnosis and Management of Attention Deficit Hyperactivity Disorder in Children and Adolescents' (TG181/10).

Assessments of young people suspected of having ADHD and possibly requiring treatment with stimulants should be undertaken by a Justice Health NSW Psychiatrist or Paediatrician. The clinical assessment should be supplemented by information from other sources, including Youth Justice (YJ) staff (usually the psychologist) and teaching staff. A written management plan detailing the diagnosis, severity of symptoms, relevant family and personal history and comorbidity should be documented in the health record. If there is a co-morbid mental health condition this should be addressed and the case should be discussed with the Clinical Director Adolescent Mental Health before initiation of stimulants if necessary.

If there is a history of significant substance use including past treatment for dependency (for example methadone, buprenorphine, naltrexone, acamprosate), IV drug use at any time, or history of significant amphetamine use, then a second opinion from an adolescent and/or forensic psychiatrist experienced in drug and alcohol is recommended prior to making an application to prescribe stimulant medication. A history of casual, non-parenteral substance abuse (including cannabis) may be considered insignificant.

The risks and benefits of initiating stimulant treatment in detention should be clearly documented in the health record, as should the outcome of the discussion with the young person and their family/carer (where possible) regarding treatment options. A finalised plan, including what arrangements are being made for ongoing treatment in the community should be available in the health record.

5.2.1 Patient Consent

Ideally both the young person and their parent/carer will be able to consent to treatment for ADHD. The patient must give informed, written consent if over the age of 16, and if between the ages of 14 and 16 they can do so if a judgement is made that they are capable of consenting.

If for any reason, a parent/carer is excluded from the consent process where a young person is capable of giving consent for themselves, the reasons for this needs to be clearly documented. This is not encouraged as most young people will be living with a parent/carer when they leave custody. For a young person under the age of 14, consent from a parent or carer must be obtained before stimulants can be initiated. Written consent is required from the case manager when a young person is in the care of the Minister. When discussing consent, it is the responsibility of the approved practitioner to ensure that adequate information has been given to the patient and/or parent/carer. This should include the nature of the treatment, likely benefits and information about potential side effects and monitoring requirements.

For detailed information regarding patient consent refer to the Justice Health NSW Policy 1.085.

5.3 Treatment Choice

Once a decision is made to initiate stimulant treatment for a young person, or the current diagnosis and treatment in the community has been established and recent compliance verified, the process for prescribing in detention settings should be followed. Methylphenidate, dexamfetamine and lisdexamfetamine are appropriate first-line stimulant options for the treatment of adolescent ADHD. The dose should be started low and increased gradually according to the criteria as set out in TG181/12.

Monitoring of response to stimulants should include feedback from YJNSW and custodial school staff with adjustments made accordingly. Forms are available to allow feedback from school staff and regular discussion should take place with staff from YJNSW/CSNSW to ensure treatment is effective.

In the adolescent detention setting it is preferable that children and adolescents are maintained on monotherapy for ADHD where possible. Although initiation on short acting methylphenidate is recommended for new patients to allow for individual adjustment of dose, short or long-acting methylphenidate medication or controlled release preparations are available, and may be used in combination depending on the response of young person and any side effects experienced.

In children and adolescents, a second opinion is required if the daily dose exceeds 1mg/kg for dexamfetamine, 2mg/kg for methylphenidate and 70mg for lisdexamfetamine. The dose should be titrated according to patient need and should not exceed those as recommended in the guidelines. Treatment above these recommended doses is considered outside the routine prescribing criteria and as a result, prescribers with general authority to prescribe will be required to apply to the PRU for further approval to prescribe a higher than the recommended dose.

It is important that the prescriber is aware of the side effect profile of the medication prescribed and discusses with clinic staff the monitoring requirements and records a response to medication at reviews.

There are several cautions as set out in TG181/10 in regard to treatment with stimulants, and practitioners should also be aware of interactions with other medications. Where there is any concern, discussion should take place with the Clinical Director Adolescent Mental Health. Discussion must also take place with the Clinical Director Adolescent Mental Health if stimulant treatment is being considered for a young person with recent or active psychosis, to ensure appropriate precautions are in place for monitoring and all non-stimulant alternatives have been considered.

5.4 Continuing Treatment in Custody

Where a young person already has an established diagnosis of ADHD and is currently prescribed stimulants in the community by a paediatrician, child psychiatrist or an adult psychiatrist (an individual application will be in place) and has been compliant with this medication, treatment may be continued by a Paediatrician or Psychiatrist for up to 14 days while awaiting a review by an authorised prescriber.

Prior to commencing treatment, the current medication order of stimulant medication must be verified with the community treating doctor along with a recent compliance assessment and consent to continue treatment sought from the young person and their caregiver.

In addition, an Initial Assessment (JUS060.430) form completed and physical examination by nursing staff has taken place prior to commencing treatment.

The patient must then be placed on the AH Mental Health PAS waiting list for urgent review by the psychiatrist. No young person should continue to receive stimulants for more than 14 days without a clinical review by a Psychiatrist or Paediatrician (this can be undertaken by AVL if necessary).

5.5 Patient Transfers (Between Centres) and Ongoing Care

Where a young person is subsequently transferred to a centre where there is not an approved prescriber available (child psychiatrist, paediatrician or other designated prescriber), the medical practitioner will need to ensure that reviews are discussed with the Clinical Director Adolescent Mental Health who will arrange for the young person to be reviewed at least every 3 months by a medical practitioner with authority and credentialling to prescribe stimulants in child and adolescent patients.

5.6 Patients on Stimulant Medication Due for Release

When a patient on stimulant medication is due for release, the treating practitioner should ensure that a referral has been made to a practitioner in the community to continue treatment. Given the difficulty in trying to arrange an urgent appointment in the community, facilitating the continuation of stimulant treatment when a young person is released from detention, discharge planning needs to start at the point of initiating stimulant treatment. All efforts should be made to organise an appointment for a young person to see a practitioner who is approved to prescribe stimulants to adolescents as soon as possible after release.

Where an appointment will be delayed, a young person can be provided with 30 days stimulant medication, if appropriate arrangements are in place in the community to ensure safe administration. The medication should be provided to a responsible carer and not the young person. The adolescent mental health team will need to ensure that arrangements have been made for review and follow up in the community and that this has been communicated to the carers.

6. Stimulant Medications – Adults

6.1 Who Can Prescribe?

The assessment of ADHD in adults and the prescribing of stimulants in accordance with the associated NSW Ministry of Health approved criteria (TG190/7) are limited to psychiatrists.

In order to prescribe stimulant medications for adults for ADHD, the criteria as set out in the latest version of 'Criteria For The Diagnosis And Management Of Attention Deficit Hyperactivity Disorder In Adults', must be met.

Any psychiatrist working in Justice Health NSW may prescribe under the Class Authority or if required to apply to the Pharmaceutical Regulatory Unit (PRU) for authority to prescribe stimulants for the treatment of adult ADHD. An Application for Authority to Prescribe a Schedule 8 Drug - Psychostimulant must be submitted to the PRU for each patient. The authority to prescribe stimulants lasts for 6-12 months (as determined by the PRU).

6.2 Patient Assessment and Treatment

For detailed information regarding the diagnosis and management of Adult ADHD, please refer to the latest version of 'Criteria For The Diagnosis And Management Of Attention Deficit Hyperactivity Disorder In Adults'

Diagnosis of adult ADHD does not imply that stimulant medication must be used. Prior to considering the use of stimulants in the management of this condition, consideration should be given to other factors in the patient's environment, which might influence the presentation, by obtaining information from a broad range of health professionals such as community health workers, Psychologists and others as necessary. Careful consideration should be given on a case-by-case basis to the potential risks and benefits of stimulant therapy.

It is important for the prescriber to ensure that potential cases of adult ADHD are identified and assessed appropriately, and that prescribing of stimulant medications is monitored and the therapeutic response adequately assessed on follow up. Individual differences in responses by patients to these medications and consequential dosage requirements need to be recognised. The prescriber should try to achieve comprehensive management of the patient's difficulties including the development, documentation and implementation of a treatment management plan.

Where stimulant medication is recommended, the patient's informed consent must be obtained on completing Application for Authority to Prescribe a Schedule 8 Drug - Psychostimulant. This includes informing the patient of the nature of the treatment, it is likely results and providing information about possible side effects of the treatment (including insomnia, headache, tics, and addiction).

The initial application for authority must be accompanied by a clinical assessment report and management plan including history, assessment, diagnosis, current severity of symptoms, incidence of any co-morbidity and the potential risks and benefits of stimulant therapy.

Where the medical practitioner does have a Class Authority and the following exclusions apply, a second psychiatric opinion is required where any of the following exclusions apply:

- The daily dose prescribed is greater than the Class Authority daily dose limits, or
- The patient is aged more than 70 years, or
- The patient has a history of schizophrenia or other psychoses, or
- The patient suffers diagnosable anxiety, depression or other co-morbid condition requiring treatment in its own right, 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 at any time.

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

If substance abuse is current, the application or second opinion should be from a psychiatrist experienced in drug and alcohol issues. The patient may need to be detoxified prior to commencement with stimulants.

For detailed information regarding the diagnosis and management of Adult ADHD, please refer to the latest version of ‘Criteria For The Diagnosis And Management Of Attention Deficit Hyperactivity Disorder In Adults’

6.2.1 Adult Patients with No Previous History of Stimulant Treatment for ADHD

The psychiatrist should confirm the history of ADHD in childhood and that it is continuing in adulthood and the need for treatment with stimulants; the diagnosis does not automatically mean that stimulant treatment is required. Similarly, patients may have no particular need for medication during incarceration. Medication treatment should be considered if a patient with diagnosed adult ADHD is having difficulty in completing an educational or psychological program in detention, or has a record of difficulties with normal discipline because of impulsive anger.

If prescribed, there must be detailed follow-up to assess whether there has been any verifiable change in the symptoms. If there is no such change, the medication order should cease. Reports from agreed third parties should be sought to confirm the change. A follow up assessment report and Application for Authority to Prescribe a Schedule 8 Drug - Psychostimulant must be submitted to the PRU prior to the expiry of the current authority, in order to continue stimulant therapy if clinically indicated.

6.2.2 Continuation of Treatment in Custody

There are increasing numbers of adults in the community who are prescribed stimulants. In addition, many who commenced this treatment in childhood or adolescence are now young adults and the treatment continues.

Prior to continuing therapy, the PRU must be contacted (if outside of the indications of the Class Authority) to check if there is any record of stimulant prescribing for the patient and the Prescriber contacted to confirm the current dose and obtain a clinical report. It would be important to check whether stimulants were only recently prescribed as a trial for effectiveness.

Following confirmation, the patient should be placed on a PAS waiting list for review by the psychiatrist according to clinical priority. Treatment should be withheld until the patient reviewed. If treatment cannot be delayed, the Clinical Director, Custodial Mental Health must be contacted to discuss the circumstances of the case. Treatment may be continued up to 14 days (following confirmation) while awaiting a review by an authorised prescriber.

6.2.3 Adult Patients with a History of Previous Stimulant Treatment for ADHD

Some patients will give a history of being prescribed stimulants for ADHD, usually as a child. This should not be taken as proof that the patient continues to suffer from ADHD as an adult. A full assessment should be undertaken, including the history of treatment as a child.

6.3 Stimulant Medication Dosage

Stimulant medication dosage should be titrated against the patient's need but should generally not exceed the Class Authority daily dose limits. Care should be exercised when stimulants are used in combination with other psychoactive substances (for example antidepressants may potentiate central and cardiovascular effects). Significant side effects which should always be taken seriously include tics, major mood changes with marked sadness, anxiety, aggression and any bizarre or persecutory thoughts.

6.4 Special Precautions

Particular caution should be exercised where the following conditions are present:

- Tics, dyskinesia and history of Tourette's syndrome.
- Hypertension and cardiovascular disease.
- Schizophrenia and psychosis

6.5 Contraindications

- Cardiac arrhythmia, patients with symptomatic cardiovascular disease including those with a history of myocardial infarction. Severe angina pectoris and ischaemic heart disease, moderate to severe hypertension, hyperthyroidism, phaeochromocytoma, known hypersensitivity or idiosyncrasy to dexamfetamine, sympathomimetic amines, glaucoma, motor tics and Tourette syndrome.

- Anxiety, tension, and agitation. Patients who currently exhibit severe depression, anorexia nervosa, psychotic symptoms or suicidal tendency. Patients with known drug dependence or alcohol abuse. Concurrent treatment with or within 14 days following the administration of monoamine oxidase inhibitors

- Allergy to any of the excipients

6.6 Patients on Stimulant Medication Due for Release

When a patient on stimulant medication is due for release, the treating psychiatrist should make every effort to find a psychiatrist in the community who is willing to continue management. The authority to prescribe stimulants should be transferred to this psychiatrist through the PRU (if outside of the indications of the Class Authority). Should a community psychiatrist not be found, then the patient needs to nominate a general practitioner to whom his clinical details can be given so that a suitable referral to a psychiatrist can be pursued in the community after the patient's release.

7. Supply of Stimulant Medications

Dexamfetamine, lisdexamfetamine and methylphenidate may only be prescribed, administered or supplied with a Class Authority or a special authority in accordance with an approval given by the PRU.

A pharmacist must not dispense dexamfetamine, lisdexamfetamine or methylphenidate from a medication order that is not endorsed with a current PRU authority number or Class Authority reference number.

A pharmacist must not supply dexamfetamine, lisdexamfetamine or methylphenidate on a requisition form unless it is supported by a medication order that is endorsed with a current PRU authority number or Class Authority reference number.

Patient movement and dose changes must be communicated to the Pharmacy Department once they become known.

8. Related Documents

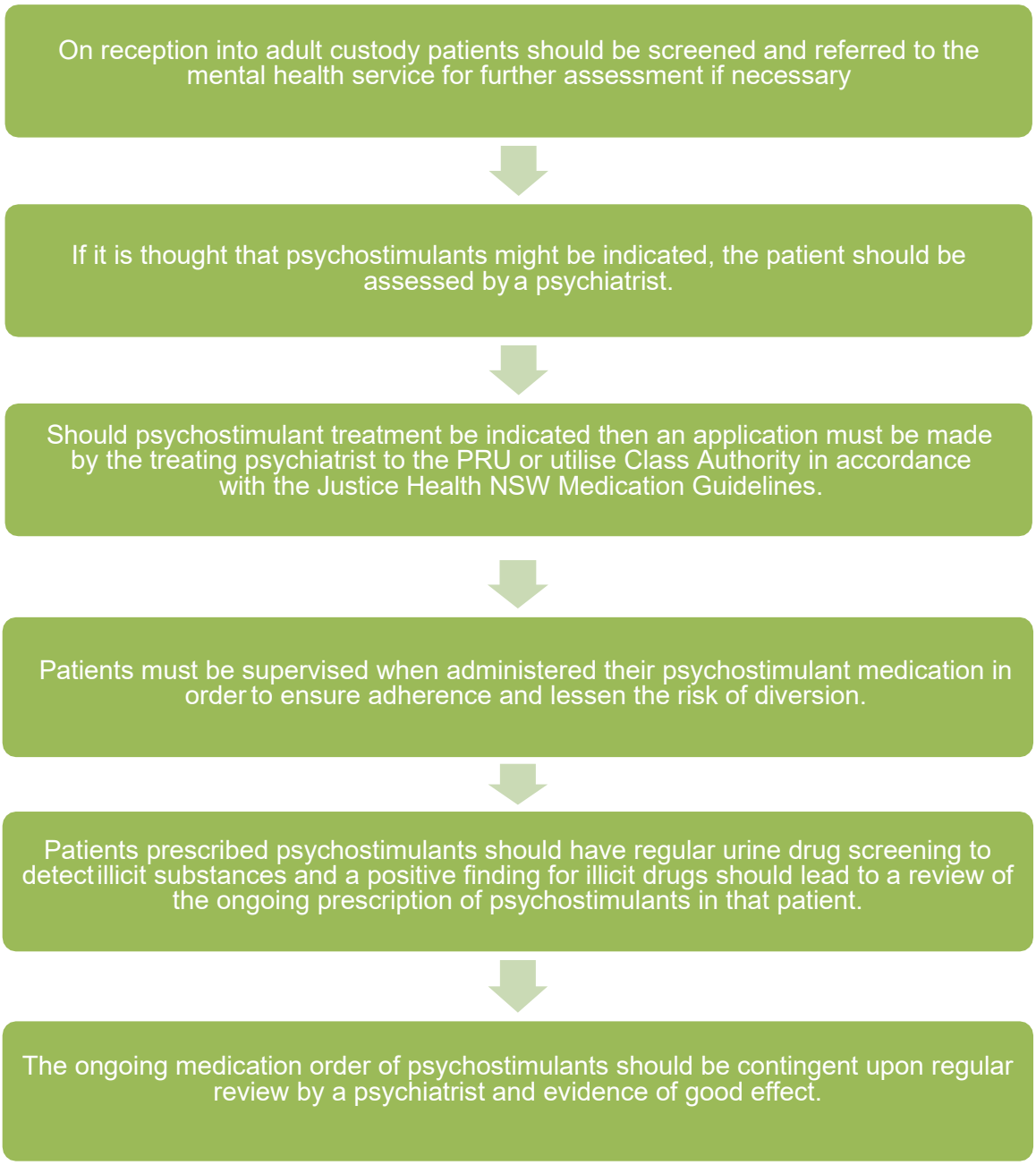
Legislations	Poisons and Therapeutics Goods Act 1966 (NSW) Poisons and Therapeutics Goods Regulation 2008 (NSW)
Justice Health NSW Policies, Guidelines and Procedures	6.049 Medication Guidelines 1.443 Custodial Mental Health Referral and Case Management Policy.
NSW Health Policy Directives and Guidelines	PD2022_032 Medication Handling TG181/12 Criteria for the Management of Medication for Attention Deficit Hyperactivity Disorder in Children and Adolescents TG190/7 Criteria for the Management of Medication for Attention Deficit Hyperactivity Disorder in Adults
Other documents and resources	NSW Health Prescribe a Psychostimulant Medicine

9. Appendix

9.1 Suitability of Psychostimulant Treatment in Adult Correctional Centres

Key Principles

- Patients must be assessed by a psychiatrist prior to being prescribed psychostimulants in a Correctional Centre and PRU authority obtained if required and does not meet Class Authority.
- A current medication order for a psychostimulant may be written by a psychiatry registrar or psychiatry CMO under the supervision of a consultant psychiatrist



The process within the Forensic Hospital can and may differ to the above.