Bath and North East Somerset, Swindon and Wiltshire Together

Guidance on ADHD medication requests for combination drugs for adults with ADHD.

What does NICE NG87 say about treatment of ADHD?

The NICE guidance NG87 for the diagnosis and management of ADHD suggests offering medication to adults if ADHD symptoms are still causing a significant impairment after environmental modifications have been implemented and reviewed. NICE treatment options for adults are as follows:

- 1.7.11 Offer lisdexamfetamine **or** methylphenidate as first-line pharmacological treatment for adults with ADHD.
- 1.7.12 and 1.7.13 recommend that if after a 6 week trial of either lisdexamfetamine **or** methylphenidate at an adequate dose the patient has not derived enough benefit in terms of reduced ADHD symptoms and associated impairment, they should switch to the drug that they haven't tried.
- 1.7.14 Consider dexamfetamine for adults whose ADHD symptoms are responding to lisdexamfetamine but who cannot tolerate the longer effect profile.
- 1.7.15 states that atomoxetine can be offered if trials of methyphenidate and lisdexamfetamine haven't worked.

NICE NG87 has a section on *prescribing beyond monotherapy* in their research recommendations section (p41) and it states the following:
"This guideline makes recommendations for the medication choices for people with ADHD up to the point at which common monotherapies are exhausted. There is very little evidence to guide healthcare professionals beyond this point."

NHS BSW Medicines Optimisation advice:

NICE has no recommendations with regards to the combination of ADHD drugs due to a lack of evidence base to support such prescribing. The local NHS ADHD adult team have reported that it would be an extremely rare occurrence to use combinations of amfetamines or stimulant and non-stimulant ADHD drugs. In line with this, NHS BSW ICB Medicines Optimisation team advise prescribers to prescribe *within* NICE guidance which means optimisation of the patient on a SINGLE ADHD medication. In specifically advising our General Practice colleagues, our local BSW ADHD shared care agreement is based on NICE NG87 and hence **only supports the use of medications as monotherapy** and can be found here: https://bswtogether.org.uk/medicines/wp-content/uploads/sites/3/2025/04/BSW-CCG-Adult-ADHD-SCA-April-25.pdf

Prescribing outside of NICE guidance

- Concerns have been reported from our local GPs about requests being received to prescribe combinations of dexamfetamine and lisdexamfetamine to adults with ADHD as there are risks about:
    1) diversion of dexamfetamine
    2) exceeding optimal dose of amphetamine due to variability of release from lisdexamfetamine

- Any prescriber considering prescribing a combination of dexamfetamine and lisdexamfetamine to adults with ADHD, should follow the GMC guide on unlicensed prescribing if they want to prescribe outside of what is being recommended by NICE and the SPC (license).
- **A thorough assessment of the diversion risk for each patient should be undertaken and available on request from the provider.** Dexamfetamine has more misuse/diversion potential than other ADHD drugs which should also be taken into consideration in terms of population risk effects if this was to be diverted.

What other options could the provider advise upon instead of combining amfetamines?

Options that local NHS ADHD adult services in BSW suggest (in no particular order):

1. A twice daily split dose of lisdexamfetamine rather than OD (this is actually off-label as its licensed as a OD preparation but the pt is only exposed to and optimised on one drug)
2. Explore other strategies to optimise function as per NICE NG87 1.5.18 (optimise sleep etc.)
3. Do nothing/watchful waiting. Is optimum performance 16 out of 24 hours in a day realistic. Address patient expectations- are they functioning for school/work? Being less focussed in the evening might be acceptable to them?
4. Swap the patient to a regimen with dexamfetamine alone if the lisdexamfetamine isn't working properly for them (as per NICE 1.7.14)
5. Using a PRN extra dose of dexamfetamine for specific events.

Governance considerations for combination drug requests

GPs are advised to consider each request on a case-by-case basis to satisfy themselves that: (i) the request is from a reputable company (if a private provider request) that provides a safe and effective service (for further local ICB advice see here for BaNES and here for Wiltshire localities); and (ii) the circumstances of the request for the particular individual meets the general principles of the General Medical Council's "Good Practice in Prescribing and Managing Medicines and Devices"; and (iii) that the health professional making the request is an appropriately qualified specialist, (iv) the request complies with the BSW ICB Shared Care Agreement found here.

People in BSW having NHS treatment outside this recommendation, that was started before this guidance was published, may continue until they and their NHS clinician review and consider it appropriate to stop.

LICENSING NOTES:

- Dexamfetamine does not have a license to be used in adults & the license for lisdexamfetamine is for use in adults where it has already been used as an adolescent (hence if started as a new drug in an adult it would be off-label use).
- Dexamfetamine & lisdexamfetamine are schedule 2 controlled drugs. All legal requirements for prescribing controlled drugs should be followed.
- Patients may be required to prove their identity when collecting prescriptions and should store dexamfetamine and lisdexamfetamine safely and securely. It must not be shared with anyone else.