Therapeutics Advisory Group

Improving lives together
Norfolk and Waveney Integrated Care System

# NORFOLK AND WAVENEY STP THERAPEUTICS ADVISORY GROUP (TAG)

# SHARED CARE AGREEMENT FRAMEWORK

## Shared Care Agreement for initiation of Guanfacine in children and continuation into adulthood

**Monitoring Level 1 - Prescribe the drug and perform a higher level of monitoring, e.g. 6-monthly**

**SUMMARY FRONT SHEET – SEE MAIN BODY OF DOCUMENT FOR FULL INFORMATION**

### Generic and Proprietary/Brand Name

Guanfacine (Intuniv®)

### Indications for shared care

- **Licensed use -** Treatment of ADHD in children and adolescents where stimulants are not suitable, not tolerated or ineffective.
- **Locally-agreed off-label use -** Continuing treatment in adults whose symptoms persist and who have shown clear benefit from treatment. See below for further details.
- **Guanfacine must not be initiated in new adult patients.**

| Specialist Prescribing and Monitoring Responsibilities (full details below) | GP / Community Team - Primary Care Prescribing and Monitoring Responsibilities (full details below) |
|---|---|
| • Diagnose patient and provide information.<br>• Ensure the patient understands treatment may be stopped if they do not attend for monitoring and treatment review<br>• Assess for contraindications, cautions and interactions.<br>• Conduct required baseline investigations and initial monitoring.<br>• Initiate and optimise treatment. Prescribe for at least 12 weeks and continue until optimised.<br>• Complete documentation and send to patient's GP.<br>• Prescribe sufficient medication.<br>• Conduct the scheduled reviews and monitoring. Communicate the results to primary care.<br>• Determine the duration of treatment and frequency of review.<br>• Reassume prescribing responsibilities if a woman becomes or wishes to become pregnant.<br>• Provide advice to primary care if required. | • Accept shared care agreement and prescribe ongoing treatment as detailed in the request, taking into any account potential drug interactions<br>• Adjust the dose of guanfacine prescribed as advised by the specialist.<br>• Conduct the required monitoring and communicate any abnormal results to the specialist.<br>• Manage adverse effects and discuss with specialist team when required. |

### Patient / Carer Information (full details below)

- Take guanfacine as prescribed and avoid abrupt withdrawal unless advised by their prescriber.
- Attend all monitoring and review appointments with primary care and specialist.
- Report adverse effects to their primary care prescriber especially:
  - New or worsening psychiatric symptoms, such as suicidal ideation or behaviour
  - Signs and symptoms of bradycardia or hypotension, e.g. fatigue, dizziness, palpitations, feeling faint or fainting
- Report the use of any over the counter (OTC) medications to their prescriber
- Make Pharmacist aware if purchasing OTC treatments
- Avoid alcohol and grapefruit juice while taking guanfacine, and drink plenty of other fluids.
- Not to drive, cycle, or operate heavy machinery if guanfacine affects their ability to do so safely, and inform the DVLA if their ability to drive safely is affected
- Inform the specialist or GP immediately if they become pregnant or wish to become pregnant

### Specialist Contact Details

Paediatrician Team can be contacted via **nchmedicalsecretaries@nchc.nhs.uk**

## GENERAL PRINCIPLES FOR SHARED CARE PRESCRIBING

- Shared Care is only appropriate if it provides the optimum solution for the patient.
- GPs are **invited** to participate. If GPs are not confident to undertake these roles, they are under no obligation to do so. In such an event, the total clinical responsibility for the patient for the diagnosed condition remains with the specialist.
- **If a specialist asks the GP to prescribe this drug, the GP should reply to this request as soon as practicable if they are unwilling to do so.**
- Prescribing responsibility will only be transferred when it is agreed by the consultant and the patient's GP and when the patient's condition is stable or predictable.
- Safe prescribing must be accompanied by effective monitoring.
- **The doctor who prescribes the medication legally assumes clinical responsibility for the drug and the consequences of its use.**

### Background to Treatment

Guanfacine is a centrally-acting adrenergic medicine indicated for the treatment of attention deficit hyperactivity disorder (ADHD) in children and adolescents. Use in adults is off-label and should only be considered on the advice of a tertiary ADHD service. It may be recommended for people who have not responded to one or more stimulants, and one non-stimulant (see NICE Guidance NG87 attention deficit hyperactivity disorder: diagnosis and management). NICE recommends that people with ADHD have a comprehensive, holistic shared treatment plan that addresses psychological, behavioural and occupational or educational needs.

Guanfacine should be used as part of a comprehensive treatment programme, typically including psychological, educational and social measures.

Where a person with ADHD is treated by a Child and Adolescent Mental Health Service (CAMHS) or Community Paediatric ADHD service but is approaching their 18th birthday, it is expected that the CAMHS / Community Paediatric Team will refer to the appropriate adult service if need for ongoing treatment is anticipated. NICE Guidance NG43 'Transition from children's to adults' services for young people using health or social care services' should be followed.

Long-term usefulness of guanfacine for extended periods (over 12 months) should be periodically re-evaluated for the individual patient. Consider trial periods of tapering down and stopping medication or reducing the dose when assessment of the overall balance of benefits and harms suggests this may be appropriate.

### Licenced use and agreed local off-label use

**Licensed use**

Treatment of ADHD in children and adolescents 6 – 17 years old for whom stimulants are not suitable, not tolerated or have been shown to be ineffective. It must be used as a part of a comprehensive ADHD treatment programme, typically including psychological, educational and social measures.

**Locally-agreed off-label use**

Continuing treatment in adults whose symptoms persist and who have shown clear benefit from treatment. There must be evidence that formulary options have been unsuccessful, and that patient has had documented drug holiday. Drug holidays to be determined by the specialist, based on clinical response and tolerability.

**Guanfacine must not be initiated in new adult patients. Shared Care Agreement only covers children, and those transitioning into adult services, where it may be continued if appropriate**

### Criteria for Patient Selection

For children aged 6-17yr with ADHD for whom stimulants are not suitable, not tolerated or have been shown to be ineffective

### Form and strength of preparation

Guanfacine (Intuniv®) prolonged release tablets – available as 1mg, 2mg, 3mg and 4mg

## Side Effects

Please see BNF & SPC for comprehensive information

## Drug Interactions

Please see BNF & SPC for comprehensive information

## Cautions and Contraindications

Please see BNF & SPC for comprehensive information

## Initiation of therapy

- Transfer of monitoring and prescribing to primary care is normally after at least 12 weeks, and when the patient's dose has been optimized, and with satisfactory investigation results for at least 4 weeks.
- The duration of treatment & frequency of review will be determined by the specialist, based on clinical response and tolerability.
- All dose or formulation adjustments will be the responsibility of the initiating specialist unless directions have been discussed and agreed with the primary care clinician.
- Termination of treatment will be the responsibility of the specialist.

## Initial dose and method of administration and supply

1mg orally once daily, adjusted in increments of not more than 1 mg every week, if necessary and tolerated.

**The initial stabilisation period must be prescribed by the initiating specialist.**

Guanfacine can be taken with or without food but should not be given with high fat meals due to increased exposure.

Tablets should be swallowed whole and not split, crushed or chewed.

Guanfacine should be taken once daily in the morning or evening. If a dose is missed, the next scheduled dose should be taken as usual; a double dose should not be taken to make up for a missed dose. If two or more consecutive doses are missed, re-titration is recommended, a lower starting dose may be required based on the patient's tolerance to guanfacine. Discuss with the specialist team or HCP with expertise in ADHD who conducts the annual review for advice on re-titrating guanfacine.

Due to risk of blood pressure increase upon discontinuation, guanfacine should be gradually tapered at a rate of no more than 1 mg every 3 to 7 days. Blood pressure and pulse should be monitored when discontinuing treatment.

## Maintenance Dose and Administration

| **Dose titration schedule for children aged 6-12 years** | | | | |
|---|---|---|---|---|
| Weight Group | Week 1 | Week 2 | Week 3 | Week 4 |
| 25 kg and up<br>Max Dose= 4 mg | 1 mg | 2 mg | 3 mg | 4 mg |

*Table 2*

| **Dose titration schedule for adolescents (aged 13-17 Years)** | | | | | | | |
|---|---|---|---|---|---|---|---|
| Weight Group[a] | Week 1 | Week 2 | Week 3 | Week 4 | Week 5 | Week 6 | Week 7 |
| 34-41.4 kg<br>Max Dose= 4 mg | 1 mg | 2 mg | 3 mg | 4 mg | | | |
| 41.5-49.4 kg<br>Max Dose= 5 mg | 1 mg | 2 mg | 3 mg | 4 mg | 5 mg | | |
| 49.5-58.4 kg<br>Max Dose= 6 mg | 1 mg | 2 mg | 3 mg | 4 mg | 5 mg | 6 mg | |
| 58.5 kg and above<br>Max Dose= 7 mg | 1 mg | 2 mg | 3 mg | 4 mg | 5 mg | 6 mg | 7 mg |

[a] Adolescent subjects must weigh at least 34 kg.
[b] Adolescents weighing 58.5 kg and above may be titrated to a 7 mg/day dose after the subject has completed a minimum of 1 week of therapy on a 6 mg/day dose and the physician has performed a thorough review of the subject's tolerability and efficacy

0.05-0.12 mg/kg/day. Maximum dose 7 mg daily.

**The initial maintenance dose must be prescribed by the initiating specialist.**

Adults who have shown clear benefit from guanfacine in childhood or adolescence may continue treatment into adulthood at the same daily dose.

## Conditions requiring dose adjustment

**Hepatic or renal insufficiency:**
Dose reduction may be required in patients with hepatic impairment, severe renal impairment (GFR 29-15 mL/min), end stage renal disease (GFR <15 mL/min) or in patients requiring dialysis.

**Patients taking CYP3A inhibitors or inducers:**
A 50% reduction in guanfacine dose is recommended, and further dose titration may be required.

## Duration of therapy / How the treatment will be reviewed and if appropriate, stopped

Discontinuation should be managed by the specialist team or HCP with expertise in ADHD who conducts the annual review.

## Monitoring / baseline assessment – by Specialist

**Baseline investigations:**

A full assessment, as recommended by NICE guidance for ADHD. This should include a medical history and cardiovascular assessment, taking into account conditions that may be contraindications for guanfacine, and to ensure the patient meets the criteria for ADHD and that pharmacological treatment is required.

- Height, weight, and body mass index (BMI).
- Blood pressure (BP) and heart rate.
- Electrocardiogram (ECG) and cardiology opinion are recommended if the patient has any of the following:
    - history of congenital heart disease or previous cardiac surgery
    - sudden death in a first-degree relative under 40 years suggesting a cardiac disease
    - shortness of breath on exertion compared with peers
    - fainting on exertion or in response to fright or noise, palpitations
    - chest pain suggestive of cardiac origin
    - signs of heart failure, heart murmur or hypertension
    - ECG is recommended if the patient has a co-existing condition treated with a medicine that may increase cardiac risk

.

**Initial monitoring:**

- Weekly monitoring for signs and symptoms of somnolence, sedation, hypotension and bradycardia during dose titration and stabilisation.
- Assessment of symptom improvement. Discontinue if no improvement is observed after one month.

**Ongoing monitoring:**

- Before and after every change of dose: assess heart rate and blood pressure.
- Monitoring for signs and symptoms of somnolence, sedation during any dose adjustments or discontinuation.

Ensure the patient receives a review at least annually with a healthcare professional with training and expertise in managing ADHD. This may be in primary or secondary care, depending on local arrangements, and should include a review of ADHD medication, including patient preferences, benefits, adverse effects, and ongoing clinical need.

Consider trial periods of stopping medication or reducing the dose when assessment of the overall balance of benefits and harms suggests this may be appropriate. If continuing medication, document the reasons why.

Review outcomes should be communicated to the primary care prescriber in writing, with any urgent changes also communicated by telephone. After each review, advise primary care whether treatment should be continued, confirm the ongoing dose, and whether ongoing monitoring remains appropriate

**Specialist monitoring responsibilities**

Monitoring at baseline and during initiation is the responsibility of the specialist; only once the patient is optimised on the chosen medication with no anticipated further changes expected in immediate future will prescribing and monitoring be transferred to primary care

**GP / Community Team or other Primary Care monitoring responsibilities**

| Monitoring | Frequency |
|---|---|
| • Blood pressure and heart rate<br>• Somnolence and sedation<br>• Weight and appetite<br>• Signs or symptoms of cardiovascular adverse effects, e.g. syncope, bradycardia<br>• Suicidal ideation or behaviour | • Every 3 months for the first year, and every 6 months thereafter.<br>• More frequent monitoring is recommended following dose adjustment, which may be done in primary care if directions have been discussed and agreed with the specialist service. |
| Assessment of adherence | As required, based on the patient's needs and individual circumstances |
| Review to ensure patient has been offered and attended an annual review with a healthcare professional with expertise in ADHD | Annually |
| (If relevant) If monitoring results are forwarded to the specialist team, please include clear clinical information on the reason for sending, to inform action to be taken by secondary care. | |

**Consultant / Specialist prescribing responsibilities**

- Assess the patient and provide diagnosis. Ensure the diagnosis is within scope of this shared care and communicated to primary care.
- Prior to prescribing guanfacine, obtain advice from a tertiary service on the suitability for the patient.
- Use a shared decision-making approach; discuss the benefits and risks of the treatment with the patient and/or their carer and provide the appropriate counselling to enable the patient to reach an informed decision. Obtain and document consent. Provide an appropriate patient information leaflet.
- Ensure the patient and/or their carer understands that treatment may be stopped if they do not attend for monitoring and treatment review
- Assess for contraindications and cautions and interactions.
- Conduct required baseline investigations and initial monitoring.
- Initiate and optimise treatment. Prescribe the maintenance treatment for at least 12 weeks and continue until optimised.
- Once treatment is optimised, complete the shared care documentation and send to patient's GP detailing the diagnosis, current and ongoing dose, any relevant test results, and when the next monitoring is required. Include contact information.
- Prescribe sufficient medication to enable transfer to primary care, including where there are unforeseen delays to transfer of care.
- Conduct the scheduled reviews and monitoring. Communicate the results to primary care. This monitoring, and other responsibilities below, may be carried out by a healthcare professional in primary or secondary care with expertise and training in ADHD, depending on local arrangements.
- Determine the duration of treatment and frequency of review. After each review, advise primary care whether treatment should be continued, confirm the ongoing dose, and whether the ongoing monitoring remains appropriate. **Trial discontinuations should be managed by the specialist.**

- Reassume prescribing responsibilities if a woman becomes or wishes to become pregnant.
- Provide advice to primary care on the management of adverse effects if required.

## GP prescribing responsibilities

- Accept shared care agreement and prescribe ongoing treatment as detailed in the specialists request, taking into any account potential drug interactions
- Adjust the dose of guanfacine prescribed as advised by the specialist.
- Conduct the required monitoring and communicate any abnormal results to the specialist.
- Manage adverse effects and discuss with specialist team when required.

## Patient/Carer Responsibilities

- Take guanfacine as prescribed and avoid abrupt withdrawal unless advised by their prescriber. Stopping guanfacine suddenly may increase the risk of withdrawal effects, so it is important to gradually reduce the dose under medical supervision.
- Attend all monitoring and review appointments with primary care and specialist and keep contact details up to date with both prescribers. Be aware that medicines may be stopped if they do not attend.
- Report adverse effects to their primary care prescriber.
- Report any of the following signs or symptoms to their primary care prescriber without delay:
    - New or worsening psychiatric symptoms, such as suicidal ideation or behaviour
    - Signs and symptoms of bradycardia or hypotension, e.g. fatigue, dizziness, palpitations, feeling faint or fainting
- Report the use of any over the counter (OTC) medications to their prescriber and be aware they should discuss the use of guanfacine with their pharmacist before purchasing any OTC medicines.
- Avoid alcohol and grapefruit juice while taking guanfacine, and drink plenty of other fluids.
- Not to drive, cycle, or operate heavy machinery if guanfacine affects their ability to do so safely, and inform the DVLA if their ability to drive safely is affected
- Patients of childbearing potential should take a pregnancy test if they think they could be pregnant, and inform the specialist or GP immediately if they become pregnant or wish to become pregnant

## Indications for referral back to Specialist

- **Make an urgent referral for appropriate care if suicidal behaviour or ideation, syncope, or other signs or symptoms of cardiovascular adverse effects occur.**
- **Refer the management back to the specialist if the patient becomes or plans to become pregnant.**
- **Stop treatment as advised by the specialist.**
- **All trial discontinuations should be managed by the specialist.**

## Pregnancy, paternal exposure and breast feeding

**Pregnancy:**

- Guanfacine is not recommended for use during pregnancy. There are no or limited data from the use of guanfacine in pregnant women, and animal studies have shown reproductive toxicity.
- Patients who become pregnant while taking guanfacine, or who plan a pregnancy, should be referred to the specialist team for review.

**Breastfeeding:**

There is no published evidence on the safety of guanfacine in breastfeeding. Decisions on whether to use while breastfeeding should be made on a case-by-case basis with specialist input, taking into account the risks to the infant and benefits of therapy.

The long half-life increases the risk of accumulation in breastfed infants. It may interfere with lactation, as guanfacine decreases prolactin levels in the mother. Infants should be monitored for decreased appetite/weight gain, sleep disturbances, gastrointestinal symptoms (e.g. pain, vomiting, constipation), although some of these may be difficult to detect.

**Paternal exposure:**

No evidence regarding adverse outcomes following paternal exposure was identified.

## Further information and supporting documents

**Patient information:**

- Royal College of Psychiatrists – ADHD in adults. https://www.rcpsych.ac.uk/mental-health/problems-disorders/adhd-in-adults
- NHS – Attention deficit hyperactivity disorder. https://www.nhs.uk/conditions/attention-deficit-hyperactivity-disorder-adhd/
- Patient information leaflets are also available from https://www.medicines.org.uk/emc/search?q=guanfacine

## Useful Links


- eBNF. Guanfacine. Accessed via https://bnf.nice.org.uk/drug/guanfacine.html on 16/9/2022
- Guanfacine hydrochloride 1 mg prolonged-release tablets (Intuniv®). Date of revision of the text 25/06/20. Accessed via https://www.medicines.org.uk/emc/product/5099 on 16/9/2022
- NICE NG87: Attention deficit hyperactivity disorder: diagnosis and management. Last updated September 2019. Accessed via https://www.nice.org.uk/guidance/ng87/ on 16/9/2022
- NICE NG43: Transition from childrens' to adults' services for young people using health or social care services. Last updated February 2016. Accessed via https://www.nice.org.uk/guidance/ng43/ on 16/9/2022
- Guanfacine risk minimisation materials. Updated November 2017. Accessed via https://www.medicines.org.uk/emc/product/5099/rmms on 16/9/2022
- Specialist Pharmacy Service. Safety in Lactation: Drugs for ADHD. Last updated October 2020. Accessed via https://www.sps.nhs.uk/articles/safety-in-lactation-drugs-for-adhd/ on 16/9/2022
- Specialist Pharmacy Service. Guanfacine Lactation Safety Information. Last updated January 2018. Accessed via https://www.sps.nhs.uk/medicines/guanfacine/ on 16/9/2022


| | |
|---|---|
| **Author(s) and Organisation** | Adapted for local use by Jen Carroll, TAG Lead Technician, from RMOC Shared Care Protocol – 'Guanfacine for patients within adult services' |
| **Date of Approval** | January 2023 |
| **Reviewed by** | Planned Care and Medicines Management Working Group |
| **Last review date** | N/A – new agreement |
| **Date of next review** | January 2025 |

### Document history:

| Version | Date | Author / Editor | Status | Comment |
|---|---|---|---|---|
| 0.1 | Sept 2022 | Jen Carroll, TAG Lead Technician | Draft | First draft to go to TAG for comment Oct 2022 |
| 0.2 | Nov 2022 | Jen Carroll, TAG Lead Technician | Draft | Updated following comments from NCH+C and TAG. |
| 1.0 | Jan 2023 | Jen Carroll, TAG Lead Technician | FINAL | Ratified by Planned Care and Medicines Management Working Group |
| | | | | |