South East London Area Prescribing Committee
Formulary recommendation

<table>
<tr><td>Reference</td><td>052</td></tr>
<tr><td>Intervention:</td><td>Guanfacine (Intuniv™) prolonged release tablets for the treatment of attention deficit hyperactivity disorder (ADHD) in children and adolescents aged 6-17 years old
(Guanfacine is a non-stimulant medication for the treatment of ADHD)</td></tr>
<tr><td>Date of Decision</td><td>August 2016</td></tr>
<tr><td>Date of Issue:</td><td>September 2016. Re-issued: September 2018. Revised in line with updated NICE guideline, re-categorised from red to amber 3.</td></tr>
<tr><td>Recommendation:</td><td>Amber 3 - initiation and minimum 3 months supply by the specialist service.</td></tr>
<tr><td>Further Information</td><td>

Guanfacine is a once daily, selective alpha2A-adrenergic receptor agonist that is licensed for the management of ADHD in children and adolescents aged 6 to 17 years for whom stimulants are not suitable, not tolerated or have been shown to be ineffective. As with other ADHD treatments, guanfacine must be used as a part of a comprehensive ADHD treatment programme, typically including psychological, educational and social measures.
In line with the updated NICE guideline on the management of ADHD, guanfacine may be offered as an option (alongside atomoxetine) in the following circumstances:
(i) Methylphenidate or lisdexamfetamine are not tolerated or
(ii) Symptoms have not responded to separate 6-week trials of lisdexamfetamine and methylphenidate, having considered alternative preparations and adequate doses.
Prescribing of guanfacine will only be initiated by consultants in Child and Adolescent Mental Health with transfer to primary care after at least 3 months if a patient responds to therapy and is stable, in line with the approved SEL shared care guideline.
The initial dose of guanfacine is 1mg daily and the dose is titrated in increments of not more than 1mg a week to a maximum of 4mg daily in children aged 6 to 12 years and up to 7mg daily (depending on body weight) in adolescents aged 13 to 17 years
A number of safety concerns were noted by the European Medicines Agency (EMA) during the licensing process including low heart rate, low blood pressure and occasionally syncope. High rates of somnolence, sedation and QT-interval prolongation were also noted and long-term data suggest considerable weight gain (a mean increase of 2.2kg/m2 over a 2 year period).
In view of this, the EMA recommend the following monitoring schedule which, as a minimum, should be incorporated into practice:

<table>
<tr><th>Phase</th><th>Monitoring requirement</th></tr>
<tr><td>Baseline</td><td>Blood pressure
Heart rate
Medical and medication history
Family history of cardiac/ unexplained death
Pre-treatment height and weight and BMI</td></tr>
<tr><td>Titration phase</td><td>Weekly – signs of somnolence, sedation, hypotension and bradycardia</td></tr>
<tr><td>Maintenance phase – first year</td><td>Three monthly – signs of somnolence, sedation, hypotension and bradycardia
Height, weight and BMI</td></tr>
<tr><td>Maintenance phase - thereafter</td><td>Use clinical judgement.
Six monthly monitoring but increase monitoring after any dose adjustments</td></tr>
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Refer also to the SPC for information on monitoring.
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Shared Care/ Transfer of care required:	Yes. NICE notes treatments could be used in children aged 5 years and over. However, the Committee has agreed that transfer of prescribing under shared care should only be for the licensed age ranges. Prescribing in under 6 years will be retained by the service.
Cost Impact for agreed patient group	• It is estimated there will be approximately 20 patients per year eligible for treatment across SEL. • Based on estimates in guidance from the Scottish Medicines Consortium (SMC) guanfacine adds about £1200 per patient treated over the cost of existing treatments to the drugs budget. This would equate to a total additional cost of about £24,000 in SEL.
Usage Monitoring & Impact Assessment	Acute and Mental Health Trusts: • Monitor and audit usage of guanfacine. Provide outcome data as agreed and outlined in the "Further Information" section of this recommendation. Report back to the Committee in September 2017.
	CCGs: • Monitor ePACT data • Monitor exception reports from GPs if inappropriate transfer of prescribing to primary care is requested.
Evidence reviewed	**References (from evidence review)** 1. Guanfacine for ADHD in children and adolescents. DTB 2016;54:56-60. 2. Regional Drug & Therapeutics Centre (Newcastle) Guanfacine extended release for ADHD. 2016 Document No. 148. Available via http://rdtc.nhs.uk/nde-148-guanfacineextended-release-adhd 3. Scottish Medicines Consortium. Guanfacine hydrochloride (Intuiv) advice. Published Feb 2016. Available https://www.scottishmedicines.org.uk/SMC_Advice/Advice/1123_16_guanfacine_hydrochloride_Intuniv/guanfacine_hydrochloride_Intuniv 4. NICE. Attention deficit hyperactivity disorder in children and young people: guanfacine prolonged-release. NICE advice [ESNM70] Published date: March 2016. Available: https://www.nice.org.uk/advice/esnm70/chapter/Key-points-from-the-evidence 5. NICE. Attention deficit hyperactivity disorder: diagnosis and management. CG72 Published date: September 2008 Last updated: February 2016. Available https://www.nice.org.uk/Guidance/cg72 6. Updated NICE guideline 87 (NG87): Attention deficit hyperactivity disorder: diagnosis and management March 2018. Available at: https://www.nice.org.uk/guidance/ng87 (accessed 11/09/18) 7. Summary of Product Characteristics (SPC) for guanfacine (1mg, 2mg, 3mg and 4mg), available via: https://www.medicines.org.uk/emc/search?q=guanfacine, accessed 13.09.18

NOTES:

a) Area Prescribing Committee recommendations, position statements and minutes are available publicly via the APC website.

b) This Area Prescribing Committee recommendation has been made on the cost effectiveness, patient outcome and safety data available at the time. The recommendation will be subject to review if new data becomes available, costs are higher than expected or new NICE guidelines or technology appraisals are issued.

c) **Not to be used for commercial or marketing purposes. Strictly for use within the NHS.**