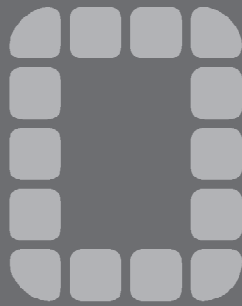


Stimulant Prescribing Code

Clinical criteria for the prescribing of stimulant medicines
in Western Australia



Pharmaceutical Services Branch
August 2011



Stimulant Prescribing Code

FORWARD

The *Stimulant Prescribing Code* establishes the clinical criteria for stimulant prescribing that must be followed by specialist medical practitioners who have been authorised for that purpose by the Chief Executive Officer of the Department of Health under the provisions of the *Poisons Regulations 1965*, as made under the *Poisons Act 1964*.

An authorised practitioner must obtain special authorisation from the Chief Executive Officer in accordance with the *Poisons Regulations 1965*, prior to prescribing and supplying stimulant medicines outside the clinical criteria outlined in this Code.

The Code, which was prepared by the Pharmaceutical Service Branch, Public Health Division of the Western Australia Department of Health, is published under the authority of the Chief Executive Officer of the Department, and is to be read in conjunction with the relevant provisions of the *Poisons Regulations 1965*.

1. Citation

This Code may be cited as the *Stimulant Prescribing Code*.

2. Definitions

The following terms are defined for the purposes of this Code:


“**ADHD**” means Attention Deficit Hyperactivity Disorder;


“**authorised practitioner**” means a specialist medical practitioner, whose principal place of practice is in WA, and who has been authorised by the CEO, under the *Poisons Regulations 1965*, to supply or prescribe a stimulant medicine and who has been assigned an SPN by the CEO for that purpose;

“**CEO**” means the Chief Executive Officer of the Western Australian Department of Health;

“**C-POP**” means the Community Program for Opioid Pharmacotherapy administered by the Department of Health;

“**DSM-IV**” means the Diagnostic and Statistical Manual of Mental Disorders 4th Revision;





“**ICD-10**” means the International Statistical Classification of Diseases and Related Health Problems 10th Revision;

“**registered drug addict**” means a person who has been notified in accordance with the *Drugs of Addiction Notification Regulations 1980*;

“**specialist medical practitioner**” means a medical practitioner registered with the Australian Health Practitioner Regulation Agency (AHPRA) and who holds specialist medical qualifications in:

Paediatrics;

Psychiatry;

Child and Adolescent Psychiatry;

Neurology;

Paediatric neurology;

Respiratory and Sleep;

Thoracic medicine;


Rehabilitation.

“**stimulant medicine**” means dexamphetamine, methylphenidate or salts of any of those substances and any preparation or admixture containing any of those substances, or the salts of any of those substances;

“**SPN**” means the Stimulant Prescriber Number assigned to an authorised practitioner.

3. **Diagnosis**

A stimulant medicine shall only be supplied or prescribed by an authorised practitioner for the treatment of a patient who has been diagnosed with one of the following medical conditions:

- (a) ADHD, in patients diagnosed according to the ICD-10 or DSM-IV diagnostic criteria;
 - (b) brain damage;
 - (c) depression;
 - (d) narcolepsy.
- 

4. Treatment


Treatment of a patient, who has been diagnosed with a medical condition specified in the table to this clause, with a stimulant medicine shall only be initiated and managed by an authorised practitioner who holds one of the specialist medical qualifications specified directly opposite that condition.

Table

ADHD:	paediatrics, psychiatry, child and adolescent psychiatry, neurology, paediatric neurology or another specialty approved by the CEO.
Narcolepsy:	neurology, paediatric neurology, respiratory and sleep, thoracic medicine or other specialty approved by the CEO.
Depression:	psychiatry, child and adolescent psychiatry or other specialty approved by the CEO.
Brain damage:	neurology, paediatric neurology, rehabilitation or other specialty approved by the CEO.

5. Age of Patient

- (1) A stimulant medicine shall not be supplied or prescribed by an authorised practitioner for a patient who has not reached 2 years of age.
- (2) A stimulant medicine shall not be supplied or prescribed by an authorised practitioner for a patient who is more than 2 and less than 4 years of age, without prior written authorisation from the CEO.
- (3) An authorised practitioner specialising in children shall not supply or prescribe a stimulant medicine unless the patient has reached 4 years of age and is less than 19 years of age.
- (4) An authorised practitioner specialising in children shall not supply or prescribe a stimulant medicine for a patient that is more than 19 and less than 25 years of age, unless the patient has been treated with a stimulant medicine by an authorised practitioner specialising in children, since before they reached 19 years of age.


- 
- (5) A patient may not be supplied or prescribed a stimulant medicine by an authorised practitioner specialising in adults until after they have reached 17 years of age.


6. Dosage Rates

- (1) If an authorised practitioner is treating a patient with a stimulant medicine, the patient must be started on the lowest practicable dose that is to be titrated according to the patient's response.
- (2) An authorised practitioner must not treat a patient who has not reached 18 years of age with a dose greater than —
 - (a) 1 mg/kg/day for dexamphetamine up to a maximum of 60 mg/day; or
 - (b) 2 mg/kg/day for methylphenidate up to a maximum of 120 mg/day, or
 - (c) where treatment is to be with both dexamphetamine and methylphenidate, the methylphenidate dose, in milligrams, is to be divided by two and added to the dexamphetamine dose, in milligrams to calculate the dexamphetamine equivalent. The total dose must not exceed 1 mg/kg/day up to a maximum of 60 mg per day.
- (3) An authorised practitioner must not treat a patient who has reached 18 years of age with a dose greater than —
 - (a) 60 mg/day for dexamphetamine; or
 - (b) 120 mg/day for methylphenidate, or
 - (c) where treatment is to be with both dexamphetamine and methylphenidate, the methylphenidate dose, in milligrams, is to be divided by two and added to the dexamphetamine dose, in milligrams, to calculate the dexamphetamine equivalent. The total dose must not exceed 60 mg per day.

7. Comorbidity

An authorised practitioner is not to supply or prescribe a stimulant medicine for a patient who has been diagnosed with a medical condition specified in the table to clause 4, if that patient also has one of the following co-morbidities:-

- (a) a history of psychosis;
 - (b) a diagnosis of bi-polar disorder;
 - (c) a history of substance abuse, including -
- 

- 
- (i) substance abuse within the previous five years;
 - (ii) being a registered drug addict, or
 - (iii) being a current participant in the C-POP, or
- (d) a history of the diversion or misuse of Schedule 8 medicines within the previous 5 years.

8. Drug Screening


An authorised practitioner should ensure that a urine drug screen is undertaken by all patients who are 13 years of age and over before treatment with a stimulant medicine is initiated, followed by either annual testing or as clinically appropriate.

9. Frequency of Review

An authorised practitioner should ensure that all patients are reviewed on at least an annual basis for the continuation of appropriate stimulant treatment.

10. Stimulant Induced Psychosis

Under the Health (Notification of Stimulant Induced Psychosis) Regulations 2010, an authorised practitioner and/or psychiatrist must notify the CEO within 72 hours of making the definitive diagnosis of stimulant induced psychosis in a patient.



2020

Delivering a **Healthy WA**



Government of **Western Australia**
Department of **Health**