intuniv®
(guanfacine)
Prolonged-Release Tablets 1•2•3•4 mg

The ABC of starting patients on INTUNIV

Assess • Begin • Continue

Before starting any new patient on INTUNIV, a number of preliminary assessments can help ensure the patient's suitability. You can complete this form electronically or print and complete manually.

▼ This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Adverse events should be reported. Reporting forms and information can be found at: www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Takeda at: AE.GBR-IRL@takeda.com.

INTUNIV is indicated for the treatment of attention deficit hyperactivity disorder (ADHD) in children and adolescents 6–17 years old for whom stimulants are not suitable, not tolerated or have been shown to be ineffective.[1] INTUNIV must be used as a part of a comprehensive ADHD treatment programme, typically including psychological, educational and social measures.[1]

Prescribing information can be accessed via the QR code at the end of this document on page 4.

This is not a risk management material. Please refer to the INTUNIV SmPC for detailed information before starting treatment with INTUNIV.

This resource was developed by Takeda for use by Healthcare Professionals only, in conjunction with the INTUNIV SmPC.

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Patient name

Date of assessment

Date of birth

Age

Gender

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Assess

Use this checklist as a reminder of the baseline evaluations required prior to initiating treatment:

General health and family history

Past and present co-morbid medical conditions ☐

History of concomitant medications ☐

Family history of sudden cardiac/unexplained death ☐

Cardiovascular

Pre-existing cardiovascular disorders including: hypotension; heart block; bradycardia; cardiovascular disease or history of syncope, or a condition that may predispose patient to syncope, such as hypotension, orthostatic hypotension, bradycardia or dehydration ☐

Underlying medical condition which might be compromised by decreases in blood pressure or heart rate. ☐

Known history of QT prolongation, risk factors for torsades de pointes (e.g. heart block, bradycardia and hypokalaemia), or known to be taking medicinal products which prolong the QT interval. These patients should receive further cardiac evaluation based on clinical judgement. ☐

Blood pressure and heart rate (pulse) measured and recorded. ☐

Bariatric

Height and weight recorded on growth chart. ☐

Potential weight increase/risk of obesity. ☐

Psychological/neurological

Suicidal ideation ☐

Increased risk of somnolence/sedation ☐

Co-morbid psychiatric disorders or symptoms ☐

Please refer to the INTUNIV SmPC for detailed information on starting treatment with INTUNIV.

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Begin

Each INTUNIV dose should be swallowed whole, with water and can be taken every morning OR evening, as preferred.[1]

To begin therapy, use the following dose titration schedules.*

INTUNIV dose titration schedule (mg/day)

Children aged 6-12 years				
Weight group	**Week 1**	**Week 2**	**Week 3**	**Week 4** & continuation†
☐ **25 kg and above** Max dose = 4 mg	1 mg	2 mg	3 mg	4 mg

* Depending on the patient's response and tolerability for Intuniv the recommended maintenance dose range is 0.05-0.12 mg/kg/day.[1]

Adolescents aged 13-17 years							
Weight group[a]	**Week 1**	**Week 2**	**Week 3**	**Week 4**	**Week 5**	**Week 6**	**Week 7** & continuation†
☐ **34 - 41.4 kg** Max dose = 4 mg	1 mg	2 mg	3 mg	4 mg			
☐ **41.5 - 49.4 kg** Max dose = 5 mg	1 mg	2 mg	3 mg	4 mg	5 mg		
☐ **49.5 - 58.4 kg** Max dose = 6 mg	1 mg	2 mg	3 mg	4 mg	5 mg	6 mg	
☐ **58.5 kg and above** Max dose = 7 mg	1 mg	2 mg	3 mg	4 mg	5 mg	6 mg	7 mg[b]

* Depending on the patient's response and tolerability for Intuniv the recommended maintenance dose range is 0.05-0.12 mg/kg/day.[1]
† Dose should be titrated until desired effect is achieved.[1]
[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.

Weekly monitoring‡ during titration for signs and symptoms of...

- Somnolence/sedation
- Hypotension
- Bradycardia

‡ For information on monitoring for special groups please refer to section 4.4 of the INTUNIV SmPC.

Undesirable effects

- Very common (≥1/10) side effects with INTUNIV include: somnolence, headache, abdominal pain and fatigue.[1]
- The occurrence of somnolence/sedation and hypotension was most prominent in the first few weeks of treatment and diminished gradually thereafter.[1]

For further information on titration and a full list of possible side effects, see the INTUNIV SmPC.

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Continue

Make the following regular assessments		
Somnolence/sedation	**First year** **Every 3 months**	**Subsequent years** **Every 6 months**
Hypotension		
Bradycardia		
Weight gain/risk of obesity		

Suicidal ideation
It is recommended that caregivers and physicians monitor patients for signs of suicide-related events, including at dose initiation/optimisation and drug discontinuation. Patients and caregivers should be encouraged to report any distressing thoughts or feelings at any time to their healthcare professional.

For further information on dose adjustments and discontinuation please refer to the INTUNIV SmPC.

Prescribing Information

Scan or click the QR code for Intuniv prescribing information.

For more educational resources, please visit adhdeforum.co.uk.
The ADHD eForum aims to provide highlights of the latest 'news' about ADHD, and includes a library containing tools and resources to help optimise the management of ADHD.

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Reference 1. INTUNIV Summary of Product Characteristics.

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Takeda