Aylesbury Vale Clinical Commissioning Group
Bracknell and Ascot Clinical Commissioning Group
Chiltern Clinical Commissioning Group
Newbury and District Clinical Commissioning Group
North and West Reading Clinical Commissioning Group
Oxfordshire Clinical Commissioning Group
South Reading Clinical Commissioning Group
Slough Clinical Commissioning Group
Windsor, Ascot and Maidenhead Clinical Commissioning Group
Wokingham Clinical Commissioning Group

Thames Valley Priorities Committee Commissioning Policy Statement

Policy No. 160b	**Methyphenidate and atomoxetine in Attention Deficit Hyperactivity Disorder (ADHD) in children and adolescents**
Enhanced PCT Clinical Executive Decision	**Approved July 2010**
Date Approved by CCG	**March 2013**
Date of issue:	**July 2010, August 2016 No change in policy**

The Milton Keynes, Oxfordshire, Buckinghamshire, Berkshire East and Berkshire West Priorities Committee has considered the guidance published by the National Institute for Health and Clinical Excellence (NICE) on the use of methylphenidate, atomoxetine and dexamfetamine in ADHD in children and adolescents* and further evidence published subsequently

*The Committee **RECOMMENDS** that **methylphenidate** should normally be prescribed as the first line drug in school age children and adolescents requiring drug therapy. Funding for **atomoxetine** is **RECOMMENDED** only where the following criteria are met:*

i) methylphenidate has been tried and has been ineffective at the maximum tolerated dose
OR
ii) the child or young person is intolerant to low or moderate doses of methylphenidate
OR
iii) methylphenidate has had an adverse effect on frequency or severity of co-morbidities
OR
iv) there is a high risk that stimulant medication could be diverted to illicit use

The Committee considered the evidence for methylphenidate and atomoxetine in children with:

- co-morbid tics
- Tourette's syndrome
- anxiety disorder
- seizures
- stimulant misuse

drawing on CG72 and further evidence published subsequently. Available evidence indicates

that, for all children with ADHD, methylphenidate has a greater clinical effect than atomoxetine. There is study evidence to indicate that methylphenidate does not worsen tics, seizures or substance misuse. The side effect profiles of the two drugs are similar but the incidence of side effects appears to be higher with atomoxetine. Atomoxetine is also associated with rare effects including suicidal behaviour and hepatic damage. Given these factors, and the lower acquisition costs of methylphenidate, it is considered appropriate to use methylphenidate as the first line drug treatment in children with co-morbidities.

*This policy is based on the following NICE guidance:

- NICE Technology Appraisal Guidance *Methylphenidate, atomoxetine and dexamfetamine for the treatment of attention deficit hyperactivity disorder in children and adolescents'*(TA98, March 2006)
- • NICE Clinical Guideline *Attention deficit hyperactivity disorder: Diagnosis and management of ADHD in children, young people and adults* (CG72, September 2008)

NOTES:

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE
- **Please check you are using the most recent version of this policy**
- This Policy was recommended to all Thames Valley CCGs. Consult individual CCG websites for date of adoption
- Thames Valley clinical policies can be viewed at http://www.fundingrequests.cscsu.nhs.uk/
- Oxfordshire CCG clinical polices can be viewed at http://www.oxfordshireccg.nhs.uk/professional-resources/priority-setting/lavender-statements