

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. 177b Atomoxetine in Adults with Attention Deficit

Hyperactivity Disorder (ADHD)

Enhanced PCT Clinical

Executive Decision

August 2010

Date Approved by CCG March 2013

Date of issue: August 2010, August 2016 No change to policy

The Milton Keynes, Oxfordshire, Buckinghamshire, Berkshire East and Berkshire West Priorities Committee has considered the evidence for drug treatment in adults with ADHD. Funding for atomoxetine in adult ADHD is RECOMMENDED as an option provided that the following criteria are met:

- 1. The patient has had a trial of methylphenidate (usually for 6 weeks) and either achieved no improvement in ADHD symptoms or was intolerant of the medication OR
- 2. There is a high risk that any stimulant medication prescribed would be diverted to illicit use.

Drug treatment should always be offered within a comprehensive treatment programme addressing psychological, behavioural and occupational needs. Drug treatment should be initiated only by a mental healthcare professional with training/expertise in the assessment, diagnosis and treatment of adults with ADHD (see PS178 for further information).

- It is being increasingly realised that ADHD symptoms can persist into adulthood and continue to cause impairment in function sufficient to require treatment.
- Drug treatment has been based on methylphenidate which has a significant effect on ADHD symptoms but raises concerns regarding illicit diversion.
- Atomoxetine is a non-stimulant which offers an additional option for drug treatment and may have advantages where illicit diversion is a high risk. In placebo controlled trials it has shown an effect on ADHD symptoms.
- There are no head-to-head studies comparing methylphenidate with atomoxetine.
 Comparison of studies of methylphenidate versus placebo and atomoxetine versus placebo

(although subject to confounding) indicates that methylphenidate has a greater clinical effect.

- Both methylphenidate and atomoxetine are associated with side effects which may lead to discontinuation of treatment.
- The cost of methylphenidate is about one quarter that of atomoxetine.
- There are no published cost effectiveness studies of atomoxetine.

This policy is based on consideration of the recommendations in NICE Clinical Guideline 72 *Attention deficit hyperactivity disorder* (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