South Central Priorities Committee
(Milton Keynes, Oxfordshire, Buckinghamshire and Berkshire East and Berkshire West PCTs)

Policy Statement 15: **Atomoxetine in Adults with Attention Deficit Hyperactivity Disorder (ADHD)**

Date of Issue: **July 2010**

Milton Keynes, Oxfordshire, Buckinghamshire, Berkshire East and Berkshire West Priorities Committee have considered the evidence for drug treatment in adults with ADHD. Funding for atomoxetine in adult ADHD is **RECOMMENDED** as an option providing the following criteria are met:
i) 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
ii) there is a high risk that stimulant medication could 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.

- 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 vs placebo and atomoxetine vs placebo (although subject to confounding) indicate that methylphenidate has a greater clinical effect. Both methylphenidate and atomoxetine are associated with side effects which may lead to discontinuation.
- The acquisition 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 NICE Clinical Guideline 72.

NOTES:
1. *Exceptional circumstances may be considered where there is evidence of significant health impairment and there is also evidence of the intervention improving health status.*
2. *This policy will be reviewed in the light of new evidence or guidance from NICE.*