Clinical Policy: Atomoxetine (Strattera)

Reference Number: PA.CP.PMN.01
Effective Date: 01/18
Last Review Date: 02/17
Line of Business: Medicaid

Coding Implications
Revision Log

Description
Atomoxetine (Strattera®) is a selective norepinephrine reuptake inhibitor.

FDA approved indication
Strattera is indicated for

- Treatment of attention-deficit/hyperactivity disorder (ADHD)

Policy/Criteria
** Provider must submit documentation (including office chart notes and lab results) supporting that member has met all approval criteria **
Prior authorization may be required for amphetamine and methylphenidate products for adult members

It is the policy of Pennsylvania Health and Wellness ® that Strattera is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Attention-Deficit/Hyperactivity Disorder (ADHD)(must meet all)**:**

1. Diagnosis of ADHD or attention-deficit disorder (ADD);
2. Age ≥ 6 years;
3. Member meets one of the following (a or b):
   a. Failure of one amphetamine and one methylphenidate at maximum indicated doses, each trialed for ≥ 2 weeks, unless member experiences clinically significant adverse effects or has contraindication(s) to all amphetamine and methylphenidate products;
   b. Member or parent/guardian of member has a history of substance abuse
4. Request does not exceed 100 mg/day.

Approval duration: 12 months

B. Other diagnoses/indications – Refer to PA.CP.PMN.53 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized)

II. Continued Therapy

A. Attention-Deficit/Hyperactivity Disorder (ADHD) (must meet all)**:**

1. Currently receiving medication via Pennsylvania Health and Wellness benefit or member has previously met initial approval criteria or the Continuity of Care Policy (PA.LTSS.PHAR.01) applies;
2. Member is responding positively to therapy;
3. If request is for a dose increase, new dose does not exceed 100 mg/day.

Approval duration: 12 months

B. Other diagnoses/indications (must meet 1 or 2)**:**
1. Currently receiving medication via Pennsylvania Health and Wellness benefit and documentation supports positive response to therapy or the Continuity of Care Policy (PA.LTSS.PHAR.01) applies; or
2. Refer to PA.CP.PMN.53 if requested indication is NOT listed under section III (Diagnoses/Indications for which coverage is NOT authorized)

Approval duration: 12 months

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policy – PA.CP.PMN.53 or evidence of coverage documents

IV. Appendices/General Information

Appendix A: Abbreviation Key
ADD: attention-deficit disorder
ADHD: attention-deficit/hyperactivity disorder
FDA: Food and Drug Administration

V. Dosage and Administration

Body Weight	Initial Daily Dose	Target Total Daily Dose	Maximum Total Daily Dose
Children and adolescents up to 70 kg	0.5 mg/kg	1.2 mg/kg	1.4 mg/kg
Children and adolescents over 70 kg and adults	40 mg	80 mg	100 mg

Strattera is recommended to be dosed once or twice daily.

VI. Product Availability

Capsules: 10 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg, or 100 mg

VII. References

1. Strattera Prescribing Information. Indianapolis, IN: Eli Lilly and Company; April 2015. Available at: https://www.lilly.com/Products/Human/Our-Current-Products.aspx. Accessed November 10, 2016.
2. American Academy of Child and Adolescent Psychiatry. Practice parameter for the assessment and treatment of children and adolescents with Attention-Deficit/Hyperactivity Disorder. J Am Acad Child Adolesc Psychiatry. 2007;46(7):894-921.
3. American Academy of Pediatrics subcommittee on attention-deficit/hyperactivity disorder, steering committee on quality improvement and management. ADHD: clinical practice guideline for the diagnosis, evaluation, and treatment of attention-

deficit/hyperactivity disorder in children and adolescents. Pediatrics 2011;128(5):1007-1022.

Reviews, Revisions, and Approvals	Date	Approval Date