Clinical Policy: Atomoxetine (Strattera)

Reference Number: PA.CP.PST.17
Effective Date: 08.01.17
Last Review Date: 07.18.18 Revision Log

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

FDA Approved Indication(s)
Strattera is a selective norepinephrine reuptake inhibitor indicated for the treatment of Attention-Deficit/Hyperactivity Disorder (ADHD).

Policy/Criteria
Provider must submit documentation (which may include office chart notes and lab results) supporting that member has met all approval criteria.

It is the policy of health plans affiliated with PA Health & Wellness that Strattera is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Electronic Step Therapy for Strattera (must meet all)**:**

1. Member meets one of the following (a or b):
   a. Previous use of one amphetamine and one methylphenidate, unless contraindicated or clinically significant adverse effects are experienced;
   b. Member or parent/guardian of member has a history of substance abuse
2. Dose does not exceed 100mg/day.

Approval duration: 12 months

II. Continued Therapy

A. Electronic Step Therapy for Strattera (must meet all)**:**

1. Currently receiving medication via PA Health & 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, dose does not exceed 100mg/day.

Approval duration: 12 months

III. Appendices/General Information

Appendix A: Abbreviation/Acronym Key
ADHD: attention-deficit/hyperactivity disorder

IV. Dosage and Administration

Body Weight	Dosing Regimen	Maximum Dose
Children and adolescents up to 70 kg	Initial dose: 0.5 mg/kg per day Target dose: 1.2 mg/kg Dosed once or twice daily	1.4 mg/kg per day
Children and adolescents over 70 kg and adults	Initial dose: 40 mg per day Target dose: 80 mg per day	100 mg per day

	Dosed once or twice daily	

V. Product Availability

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

VI. Workflow Document

N/A

VII. References

1. Strattera Prescribing Information. Indianapolis, IN: Eli Lilly and Company; May 2017. Available at: https://www.lilly.com/Products/Human/Our-Current-Products.aspx. Accessed July 28, 2017.
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	P&T Approval Date
New step therapy policy created – replaces PA.CP.PMN.01	07.31.17	