Reporting Adverse Events

Suspected adverse reactions should be reported to the Health Products Regulatory Authority via HPRA Pharmacovigilance, Earlsfort Terrace, IRL – Dublin 2; Tel: +353 1 6764971; Fax: +353 1 6762517; Website: www.hpra.ie; E-mail: medsafety@hpra.ie.
Adverse reactions can also be reported to Accord Healthcare Ireland Ltd. via E-mail: medinfo@accord-healthcare.com; Tel: +44 (0) 1271 385 257; or by completing the online form at www.accord-healthcare.ie/drug-reaction-report.

Further copies of the Physician's Guide may be obtained from Accord Healthcare Ireland Ltd, Euro House, Euro Business Park, Little Island, Cork, T45 K857, Ireland; www.accord-healthcare.ie/medical-information-form; Tel: (0)21 461 9040.

Date of Preparation: May 2019

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PHYSICIAN'S GUIDE

Atomoxetine Accord 10 mg Hard Capsules
Atomoxetine Accord 18 mg Hard Capsules
Atomoxetine Accord 25 mg Hard Capsules
Atomoxetine Accord 40 mg Hard Capsules
Atomoxetine Accord 60 mg Hard Capsules
Atomoxetine Accord 80 mg Hard Capsules
Atomoxetine Accord 100 mg Hard Capsules

Physician's Guide for assessing and monitoring cardiovascular risk when prescribing Atomoxetine Accord

This is a risk minimisation material is provided by Accord Healthcare Ireland Ltd.

For further information, please refer to the Summary of product Characteristics (SmPC) available at www.hpra.ie or www.accord-healthcare.ie.
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accord

Atomoxetine Accord is indicated for the treatment of Attention-Deficit/Hyperactivity Disorder (ADHD) in children of 6 years and older, in adolescents and in adults as part of a comprehensive treatment programme.

In adults, the presence of symptoms of ADHD that were pre-existing in childhood should be confirmed. Third-party corroboration is desirable and Atomoxetine Accord should not be initiated when the verification of childhood ADHD symptoms is uncertain. Diagnosis cannot be made solely on the presence of one or more symptoms of ADHD. Based on clinical judgment, patients should have ADHD of at least moderate severity as indicated by at least moderate functional impairment in 2 or more settings (for example, social, academic, and/or occupational functioning), affecting several aspects of an individual's life.

Diagnosis should be made according to current DSM criteria or the guidelines in ICD (http://www.who.int/classifications/icd/en/bluebook.pdf).
Treatment must be initiated by a specialist in the treatment of ADHD, such as a paediatrician, child/adolescent psychiatrist, or psychiatrist.

A comprehensive treatment programme typically includes psychological, educational and social measures and is aimed at stabilising children with a behavioural syndrome characterised by symptoms which may include chronic history of short attention span, distractability, emotional lability, impulsivity, moderate to severe hyperactivity, minor neurological signs and abnormal EEG. Learning may or may not be impaired.

Pharmacological treatment is not indicated in all patients with this syndrome and the decision to use the medicinal product must be based on a very thorough assessment of the severity of the patients symptoms in relation to the child's age and the persistence of symptoms.

Full information on the safety and efficacy of Atomoxetine Accord is provided in the Summary of Product Characteristics (See www.hpra.ie).

This guide provides specific information for prescribing physicians in regard to prescreening and ongoing monitoring of cardiovascular safety.

Physicians should be aware that Atomoxetine Accord can affect heart rate and blood pressure. Most patients taking atomoxetine experience a modest increase in heart rate (mean <10 bpm) and/or increase in blood pressure (mean <5 mm Hg). However, combined data from controlled and uncontrolled ADHD clinical trials show that approximately 8-12% of children and adolescents, and 6-10% adults experience more pronounced changes in heart rate (20 beats per minute or greater) and blood pressure (15-20 mmHg or greater). Analysis of these clinical trial data showed that approximately 15-26% of children and adolescents, and 27-32% of adults experiencing such changes in blood pressure and heart rate during atomoxetine treatment had sustained or progressive increases. Long-term sustained changes in blood pressure may potentially contribute to clinical consequences such as myocardial hypertrophy. Patients who are being considered for treatment with Atomoxetine Accord should have a careful history (including assessment of concomitant medications, past and present co-morbid medical disorders or symptoms as well as any family history of sudden cardiac or unexplained death or malignant arrhythmia) and physical exam to assess for the presence of cardiac disease. Patients should be referred for further specialist cardiac evaluation if initial findings suggest such history or disease. Atomoxetine should not be used in patients with severe cardiovascular or cerebrovascular disorders..

It is further recommended that heart rate and blood pressure be measured and recorded before treatment is started and, during treatment, after each adjustment of dose and then at least every 6 months to detect possible clinically important increases. For paediatric patients the use of a centile chart is recommended. For adults, current reference guidelines for hypertension should be followed. Patients who develop symptoms such as palpitations, exertional chest pain, unexplained syncope, dyspnoea or other symptoms suggestive of cardiac disease during atomoxetine treatment should undergo a prompt specialist cardiac evaluation.

Atomoxetine should be used with caution in patients with congenital or acquired long QT or a family history of QT prolongation. As orthostatic hypotension has also been reported, atomoxetine should be used with caution in any condition that may predispose patients to hypotension or conditions associated with abrupt heart rate or blood pressure changes.

Atomoxetine should be used with caution in patients whose underlying medical conditions could be worsened by increases in blood pressure and heart rate, such as patients with hypertension, tachycardia or cardiovascular or cerebrovascular disease.

The tools provided in this guide should help appropriate screening and monitoring of patients.

Atomoxetine Accord should be used in accordance with national clinical guidance on treatment of ADHD where available. Treatment with Atomoxetine Accord need not be indefinite. Re-evaluation of the need for continued therapy beyond 1 year should be performed, particularly when the patient has reached a stable and satisfactory response. In cases of significant adverse effects, atomoxetine may be stopped abruptly; otherwise the medicinal product may be tapered off over a suitable time period.

Checklist for actions to take before prescribing / dispensing or administering Atomoxetine Accord

Patient's ID _____ Date _____

A specialist in the treatment of ADHD has made the initial diagnosis for your patient according to DSM criteria or guidelines in ICD. ☐

A comprehensive medical history has been performed, including: ☐

- Concomitant medications: _____

_____

Note that atomoxetine should be used cautiously with anti-hypertensive drugs and with pressor agents or medications that may increase blood pressure, such as salbutamol

- Family history: _____
  Note that a family history of sudden cardiac/unexplained death or malignant arrhythmia is a risk factor for cardiovascular outcomes

- Past and present co-morbid medical disorders or symptoms: _____

_____

Physical examination has been performed

Notes: _____ ☐

A baseline evaluation of the patient's cardiovascular status has been made, including measurement of blood pressure and heart rate
(For children, it is recommended that these measurements are recorded on a centile chart, if a centile chart is not available, recordings may be made in the attached chart.) _____ ☐

Evaluation shows an absence of severe cardiovascular or cerebrovascular disorders which would be expected to deteriorate if the patient experiences clinically important increases in blood pressure or in heart rate (for example, 15 to 20 mm Hg increase in blood pressure or 20 beats per minute increase in heart rate). _____ ☐

- *Some examples of patients who would be expected to experience critical deterioration in their preexisting condition would include those with the following conditions: Severe cardiovascular disorders may include severe hypertension, heart failure, arterial occlusive disease, angina, haemodynamically significant congenital heart disease, cardiomyopathies, myocardial infarction, potentially life-threatening arrhythmias, channelopathies (disorders caused by the dysfunction of ion channels). Severe cerebrovascular disorders may includecerebral aneurysm and stroke.*

Initial findings from the patient's history and physical examination do not suggest any cardiovascular or cerebrovascular disease ☐

OR

Initial findings from the patient's history and physical examination suggest a cardiovascular or cerebrovascular disease and a cardiac specialist has advised that treatment with atomoxetine may be initiated under careful monitoring. ☐

All boxes should be checked before you proceed further to start treatment in your patient

Checklist for monitoring to manage cardiovascular risks with Atomoxetine Accord treatment

Patient's ID________________________________ **Date** ______________________

If it has been 6 months since your patient's last assessment or if you have adjusted their dose, blood pressure and heart rate have been measured and recorded ☐
(For children, it is recommended that these measurements are recorded on a centile chart, if a centile chart is not available, recordings may be made in the attached chart.)

Notes: ____

check one

Your patient has NOT developed signs/symptoms of new cardiovascular disorder or worsening of a pre-existing cardiovascular disorder ☐

OR

Your patient has developed signs/symptoms of new cardiovascular disorder or worsening of a pre-existing cardiovascular disorder and after further investigation a cardiac specialist has advised that treatment with atomoxetine may be continued ☐

Notes: ____

check one

Your patient has NOT developed new neurologic signs/symptoms ☐

OR

Your patient has developed new neurologic signs/symptoms and specialist has advised that treatment with atomoxetine may be continued ☐

Notes: ____

check one

Your patient has been on treatment with atomoxetine for less than 1 year ☐

OR

Your patient has been on treatment with atomoxetine for more than 1 year, and a re-evaluation of the need for therapy by a specialist in the treatment of ADHD has been conducted ☐

Notes: ____

A check should be made in each box at every visit during treatment

Measurements recording chart

Patient's ID________________________________

Date	Reason for recording *(Pretreatment record, 6 month interval, dose adjustment, etc.)*	Blood Pressure		Heart Rate		Actions taken *(continue / discontinue treatment, increase / decrease dose, consult cardiac specialist, etc.)*
		SBP / DBP (mm Hg)	SBP / DBP within normal range? *(Y/N)*	HR or Pulse *(bpm)*	HR within normal range? *(Y/N)*	