 Atomoxetine capsules USP are intended for oral administration only.

Parturition in rats was not affected by atomoxetine. The effect of atomoxetine on labor and delivery in humans is unknown.

In extensive metabolizers (EMs), inhibitors of CYP2D6 (e.g., paroxetine, fluoxetine, and quinidine) increase atomoxetine steady-state.

In a 12-week double-blind, placebo-controlled trial, 176 patients, aged 8 to 17, who met DSM-IV criteria for ADHD and at least one of

Three of the 105 (2.9%) patients who continued the double-blind placebo lead-in, 129 (30.4%) patients discontinued the study. There have been postmarketing reports

In Study 2, a 6-week randomized, double-blind, placebo-controlled, acute treatment study of children and adolescents aged 6 to 16

The major oxidative metabolite formed, regardless of CYP2D6 status, is 4-hydroxyatomoxetine, which is glucuronidated.

The metabolite N-desmethylatomoxetine hydrochloride was negative in the Ames Test, mouse lymphoma assay, and unscheduled DNA

The plasma concentration-time profile of atomoxetine is characterized by a two-compartment kinetic disposition model.

The apparent steady-state plasma clearance of atomoxetine was 0.05 L/hr/kg and 0.02 L/hr/kg in EMs and PMs, respectively.

The half-life of atomoxetine is longer in PMs compared to EMs.

The elimination t1/2 (mean) of atomoxetine in the fast metabolizers was 14.7 hours and 25.0 hours in the slow metabolizers.

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If patients miss a dose, they should be instructed to take it as soon as possible, but should not take more than the prescribed total daily

From time to time, your doctor may stop atomoxetine capsules treatment for a while to check ADHD symptoms.

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