

ADHD MEDICATION TABLE

Table A: METHYLPHENIDATE Formulations: Stimulant Medications for Attention-Deficit/Hyperactivity Disorders

*FDA approved P= personal

Immediate Release

Medication	Dose Schedule	Range	Onset Duration	Potential Side Effects/Cautions
Methylphenidate (MPH) Ritalin ® * 5, 10, 20 mg tablets Generic available	Initial: 5 mg or 0.3 mg/kg/dose * Increase: 2.5 mg-5 mg weekly. Frequency: 2 to 3 doses/day. rarely qid. *Not weight dependent; start low go slow	6 yr. + but studied in preschoolers 5-60 mg/day Off label: >50 kg max 100mg/day	Onset: 15-20min. Short acting Duration: 3 - 5 hr.	-can be crushed in applesauce (P) -Anorexia, insomnia, stomachaches, headaches, irritability, "rebound", flattened affect, social withdrawal, weepiness, tics, growth suppression, rare-neuropsychiatric (hallucination), tachycardia -Not contraindicated with tics- most improve. -review and document personal and family cardiac history -Monitor height, weight, blood pressure and pulse.
Methylin Chewable (grape) * 2.5, 5, 10 mg Methylin Solution (grape) * 5 mg/5ml; 10 mg/5 ml	Initial: 5 mg or 0.3 mg/kg/dose Increase: 2.5 mg-5 mg weekly. Frequency: 2 to 3 doses/day. rarely qid.	6 yr. + 5-60 mg/day	Onset: 20-30 min. Short acting Duration: 3-5 hr.	-chewable tablets/liquid -Same side effect profile and precautions as methylphenidate -now available as generic (Gavis)
Dexmethylphenidate Focalin ® * 2.5, 5, 10 mg tablets Generic available	2.5 mg Focalin ~ equivalent 5 mg MPH Initial: 2.5 in AM Increase: weekly or every other week Frequency: 2 to 3 doses/day.	6 yr. + 5-20 mg/day	Onset: 20-30 min. Short to Intermediate Duration: 5 hr.	-can be crushed in applesauce (P) -reported to have lower rate of side effects (e.g. anorexia) -Same side effect profile and precautions as methylphenidate
Methylphenidate Slow release				
Ritalin LA ®* 10, 20, 30, 40 mg capsules	Initial: 10 mg in AM Increase: weekly or every other week Frequency: once daily in AM	6 yr. + 10-60 mg/day	Onset:30 min Duration: 8 hours -50% IR, 50% DR beads	-can be opened and sprinkled; do not chew beads -Same side effect profile and precautions as methylphenidate
Metadate CD ® * 10, 20, 30, 40, 50, 60 mg capsules	Initial: 10 mg in AM Increase: weekly or every other week Frequency: once daily in AM	6 yr. + 10-60 mg/day	Onset:30 min Duration: 8 hours 30% IR, 70% DR	-can be opened and sprinkled; do not chew beads -Same side effect profile and precautions as methylphenidate
Concerta ®* 18, 27, 36, 54 mg OROS capsule Many Generic available Only Watson/Activis is equivalent	18 mg delivers equivalent of 5 mg TID Initial: 18 mg in AM Increase: weekly or every other week Frequency: once daily in AM	6 yr. + 18 to 72 mg 72 mg (36 +36)	Onset:45-60 min Long acting Duration: 10-12 hrs.	-capsule cannot be opened; swallow whole, -Same side effect profile and precautions as methylphenidate -non-absorbable capsule shell may be seen in stool 22%IR, 78% ER Variability in Generics
Aptensio XR ®* 10, 15, 20, 30, 40, 50, and 60 mg.	Initial: 10 mg Increase: weekly or every other week Frequency: once daily in AM	6 yr. + 10-60 mg/day	Onset:45-60 min Duration: 12 hrs. 40%IR, 60% DR-ER	-can be opened and sprinkled; do not chew beads ~ 60 percent is delivered slowly through the rest of the day. ~two medication "peaks" - at two hours and another at eight hours.
Quillichew ER (chewable tabs) 20,20,40	20-60mg qam	6 yr. +	8-12 hrs. 30% IR, 30%ER	
Contempla XR ODT 8.6, 17.3, 25.9	17.3-51.8 QAM	6yr+	8-12 Hrs.	Oral disintegrating tab
Quillivant XR Liquid Suspension (25mg/5 ML) ® *	Initial: 2 ML in AM (10 mg) Increase: weekly or every other week	6 yr. + 10-50 mg/day	Onset: 45 min; Duration 8-12 hrs. 20% IR, 80% ER.	--Same side effect profile and precautions as methylphenidate -SHAKE before dispensing. Use dispenser syringe, not spoon
Focalin XR ® * 5, 10, 15, 20, 25, 30, 35, 40 mg	Initial: 15 mg in AM Increase: weekly or every other week Frequency: once daily in AM	5-40 mg/day	Onset: 20-30 min. Duration: 8-12 hr. 50% IR, 50% DR	-can be opened and sprinkled; do not chew beads -reported to have lower rate of side effects (e.g. anorexia) -Same side effect profile and precautions as methylphenidate
Journey PM 20,490,60,80,100	20-100mg QPM	6y up	8-12 after 10h onset delay	Taken in evening between 6:30-9:30pm Can be sprinkled but not crushed or chewed
Methylphenidate patch Daytrana ®* 10, 15, 20, 30 mg patch	Initial: 10 mg patch for everyone Increase: weekly or every other week Frequency: Apply daily as early as possible; approved to stay on for 9 hours;	6+ yrs. 10-30 mg	Onset: 60 +min (P) Can vary time stays on; FDA up to 9 hours; wear off can take 2 hrs. Change patch daily	-One patch each day; -can be worn during swimming and routine bathing Apply firmly to hip; rub briskly to generate slight heat; protect patches from temperature and moisture extremes as impacts stickiness; -low abuse potential; good for college students who can leave on longer to cover long days (off-label); -contact dermatitis/skin color loss can occur

NB: Metadate ER and Ritalin SR are not included as not recommended because wax-matrix makes release unreliable and of inconsistent duration (P)

Table B. AMPHETAMINE FORMULATIONS: Stimulant Medications for Attention-Deficit/Hyperactivity Disorders

Medication	Dose Schedule	Range	Onset Duration	Potential Side Effects/Cautions
Desoxyn (Methamphetamine) 5mg		6-17y 5-10mg bid Approved 1943	3-5 hrs.	Approved 1943 Extremely high potential for misuse and diversion
Dextroamphetamine (Dex) Dexedrine tablets ® * DextroStat tablets 5, 10mg tablets	Initial: 2.5-5 mg (0.15mg/kg/dose) Increase: 2.5 mg 5 mg. Frequency: 2-3 doses/day	FDA ap. 3y-16y 2.5-20mg/bid 0.15 -0.4 mg/kg/dose	Onset: 20-60 min. Duration: 4-6 hr.	-can be crushed in applesauce (P) -Anorexia, insomnia, stomachaches, headaches, irritability, "rebound", social withdrawal, weepiness, stereotypies/picking, tics, growth suppression, jitteriness, tachycardia, rare neuropsychiatric effects -Interactions- decongestants. antihistamine, SSRI, vitamin C -review personal and family cardiac history -Monitor height, weight, blood pressure and pulse. -high potential for misuse and diversion
Procentra ® solution Dextro-amphetamine 5 mg/5ml oral solution	Initial: 2.5-5 mg (0.15mg/kg/dose) Increase: 2.5 mg 5 mg. Frequency: 2-3 doses/day	3-16y 5-20mg bid 0.15- 0.4mg/kg/dose	Onset: 20-60 min. Duration: 3-5 hr.	-liquid; measure carefully; -Same as dextroamphetamine -bubble-gum flavor - High misuse diversion potential
Eveko - Amphetamine 5mg, 10mg	3-5y Initial 2.5 6-16 initial 5mg	3-17y 2.5-20mg BID	20 min 3-5 hr.	Scored tab High diversion potential
Zenzedi – Dextroamphetamine 2.5, 5.7.5, 20, 25,20, 30mg	Same as Dexedrine			5mg scored, 10mg double scored
Mixed Amphetamine Salts * Adderall® 5, 10, 20 mg Generic available	Initial: 5 mg in AM Increase: 5 mg weekly Frequency: 1-2 doses/day	5-40 mg/day	Onset: 30 min? Duration: 6 hr.?	-can be crushed in applesauce ((P)) -Same profile as dextroamphetamine; better tolerated as the four different salts are absorbed at slightly different rates;
Adderall XR® (Mixed Amphetamine Salts XR) 5, 10, 20 mg Generic available	Initial: 5 mg in AM Increase: 5 mg weekly Frequency: 1-2 doses/day	5-40 mg/day	Onset: 30 min? Duration: 8-10 hr.?	-can be opened and sprinkled; do not chew --Same profile as dextroamphetamine; better tolerated as the four different salts are absorbed at slightly different rates;
Dexedrine Spansules® (dextroamphetamine) 5, 10, 15 mg capsules no generic available	Initial: 5 mg in AM (0.3 mg/kg/dose) Increase: 5 mg. weekly Frequency: 1-2 doses/day.	5-40 mg/day 0.3-0.8 mg/kg/dose	Onset: 60-90 min Duration: 6-10 hr.	-can be opened and sprinkled; do not chew -Same as dextroamphetamine
Adzenys XR ODT (amphetamine) 3.1, 6.3, 9.4, 12.5 ,25.7, 18.8	6.3-18.8 QAM	6yr up 3.1mg=5 mg of mixed salts	8-12 hr.	Doses meant to be equivalent to 5, 10,15,20 & 30 of MAS
Dynavel XR (amphetamine) 2.5mg/suspension	2.5mg	6-17y 2.5-20mg/am	8-12hr	ER oral suspension, must shake well
Mydayis (mixed amphetamine salts)				PH dependent slow release- may last up to 16 hours
Vyvanse ® (Lisdexamfetamine) 20, 30, 40, 50, 60, 70 mg caps	Initial: 20 mg in AM Increase: 10 mg weekly Frequency; single AM dose	20-70 mg	Onset: 60 min Duration 10-12 hours	-can be dissolved in water -less abuse potential --Same profile as dextroamphetamine; better tolerated and "smoother" (P) as metabolized in small intestine at slower rate

Table C: Non-Stimulant Medications for Attention-Deficit/Hyperactivity Disorders

Medication	Indications	Dose Schedule	Range	Onset/Duration	Administration/Side Effects/ Monitoring
Alpha Adrenergic agonists					
Clonidine Catapres® or generic 0.1, 0.2, 0.3 mg tablets	-Alternative to stimulant. -Hyperactivity, impulsivity, tics, Oppositionality Hyperarousal Aggression Insomnia	Initial: 0.05 mg HS. Increase: 0.05 mg every 3-7 days. Frequency: 2-4 doses/day. (Generally, AM, afterschool, HS) -Needed daily for ADHD monotherapy -if used for sleep onset, can be used as single bedtime dose, okay to miss dose Stop slowly (minimum 3 days). Not schedule II can be called in	0.1-0.4 mg/day Mean therapeutic dose: 0.2 mg/day <45 kg 0.3mg/d >45 kg	Onset: 1-3 weeks Duration: 2-8 hr. Maximum effect may take several weeks of daily use. taper off;	-can be crushed in applesauce (P) -Sedation (50%), dizziness, nausea, orthostatic hypotension, clinical depression, nightmares. -Sedation tends to decrease over time. -when used for sleep may wear off after 8 hrs. (-- Rebound hypertension possible if stopped abruptly. -review personal and family cardiac history -Monitor BP: Baseline, after adjustments and at follow-up
Catapres TTS 1,2,3® (transdermal patches)	Same as clonidine. Sustained delivery avoids multiple dosing. Less sedating.	Initial: TTS 1 patch (0.1 mg/day) Increase: 0.1 mg every 2 weeks. Frequency: change every 5 to 7 days Rotate sites on back. Not schedule II can be called in	0.1-0.4 mg/day Mean therapeutic dose: 0.2 mg/day	Onset: 1-3 weeks Duration: 5-6 days Maximum effect may take several weeks. Change patch every 5 to 7 days	-lasts 5 to 7 days per patch. May be less sedating. -Contact dermatitis common. Erythema fades after several days. Discontinue if blistering occurs. -Not affected by routine bathing. May not adhere well in humid weather. Dispose of patches carefully. -Monitor BP: Baseline, after adjustments and at follow-up
Clonidine XR Kapvay®** Approved as monotherapy and as adjunctive for ADHD 0.1, 0.2 (sometimes) Generic available	Same as clonidine. Sustained delivery avoids multiple dosing.	Initial: 0.1 mg in evening Increase 0.1 mg weekly as twice a day dose. Up to 0.4 mg/day with equal split or high dose given in evening Not schedule II can be called in	* 6+ years 0.1 to 0.4 mg/d	Onset: 1-3 weeks Duration: 8 hr. Maximum effect: may take 3 wks. -taper off by 0.05 mg Q 3-7 days	-swallow whole. do not crush -sedation (20%), irritability, insomnia, nightmares, emotional disorder, constipation, dry mouth -monitor for hypotension (rare)
Guanfacine Tenex® 1, 2 mg tablets	Longer half-life (10hrs); -less sedation than clonidine.; Some attention benefit in addition	Initial dose: 0.25 mg HS Increase: 0.5mg weekly. Give as two doses/day usually breakfast and dinner * not with high fat meal Not schedule II can be called in	0.5-3 mg/day Mean dose: 2 mg/day	Takes several days to weeks to take effect. -taper off by 0.5 mg Q 3-7 days	-can be crushed in applesauce -less sedation than clonidine. -Sedation, dizziness, nausea, orthostatic hypotension. Insomnia, agitation, headaches and stomachaches. -Monitor BP: Baseline, after adjustments and at follow-up -Very limited data but Guanfacine XR data supports use
Guanfacine XR Intuniv® * 1, 2,3, 4 mg tablets Generic available	(Half-life 18 hrs.)	Initial dose 1 mg once daily Increase: 1 mg weekly Not schedule II can be called in	* 6 + years 1-4 mg/day Most needed 3 mg/d	Takes several days to weeks to take effect. -taper off Q 3-7 days	-swallow whole. do not crush Studies done given in AM; Some report better given at night -Same as guanfacine
Selective Noradrenergic reuptake inhibitor (SNRI)					
Atomoxetine Strattera®** 10, 18, 25, 40, 60, 80, 100 mg Capsules (do NOT open)	ADHD ADHD+ tics ADHD+ anxiety	Initial: <70kg start 0.50 mg/kg Q AM Sometimes fatigue so can start in Evening Increase to 1 mg/kg x 1 week then 1.2 mg/kg/day; Often once a day with AM dose lasting to next day. Can split dose if GI issues or fatigue Not schedule II can be called in	Official max 1.4 mg/kg/day or 100 mg/day; Off label: Max 1.8 mg/kg/day Titrate- don't go on mg/kg only	Assess at the 2 to 3 mark; No need to taper	-Swallow whole; do not open! -Titration reduces side effects; -Titration packs available through drug representatives -Fatigue, lightheadedness, GI upset, dry mouth, sweating, insomnia, weight loss, headache -Mood swings, unusual dreams or thoughts, manic sx --Monitor BP: Baseline, after adjustments and at follow-up -Interactions- Albuterol; cold medications; SSRIs -2 cases of liver damage; no routine labs required though.