

FDA Approved Medications for ADHD

	Trade Name	Generic Name	Available Forms	Dosing	Duration	Peak Effect	Age Indicated	Side Effects	Comments
Stimulant Methylphenidate Family	APTENSIO XR	Methylphenidate	Capsule (can be sprinkled): 10, 15, 20, 30, 40, 50, 60 mg	Start at 10 mg, increase by 10 mg qwk until good control. MDD 60 mg	8-12 hours	1-2 hours*	6+	Common: Loss of appetite, sleep disturbance, nervousness, nausea, vomiting, abdominal pain, weight loss, dizziness, headaches, changes in heart rate and blood pressure (usually elevation of both), rebound ADHD. Less common: palpitations, skin rashes and itching (usually with patch), mood changes, irritability. Rare: growth retardation, psychotic symptoms, myocardial infarction, drug dependence, severe depression on withdrawal of drug. Monitor: Ht, Wt, Pulse and BP	40% released early; 60% later
	CONCERTA	Methylphenidate	Tablets (noncrushable-OROS): 18, 27, 36, 54 mg	Start at 18mg qAM and increase each wk until good control. MDD 72 mg	8-12 hours	6-8 hours	6+		22:78 IR:ER, slower onset:
	DAYTRANA	Methylphenidate (patch)	Patch: 10, 15, 20, 30 mg	Start with 10mg patch and increase by 5-10 mg each wk until good control. MDD 30 mg. Note: Patch to be placed once a day in the AM and removed 9 hrs later. Apply 2 hrs before desired effect.	12 hours	Effective ~2 hrs after applied; for ~3 more hours after removed	6+		Higher plasma levels than oral methylphenidate
	FOCALIN	Dexmethylphenidate	Tablets (scored): 2.5, 5, 10 mg	Start with 2.5 mg 1-2 times per day and increase by 2.5 mg each week until good control. May need 3rd reduced dose in PM. MDD 30 mg	4 hours	2-3 hours	6+		
	FOCALIN XR	Dexmethylphenidate	Capsules (can be sprinkled): 5, 10, 20 mg	Start with 5 mg 1 x per day; increase by 5 mg each week until good control. May need noon dose. MDD 30 mg	8-12 hours	3-4 hours	6+		50:50 IR:ER, dose 50% other MPH preps
	METADATE CD	Methylphenidate	Capsule (can be sprinkled): 10, 20, 30, 40, 50, 60 mg extended release	Start at 20 mg qAM and increase by 10-20 mg each week until good control. MDD 60 mg	6-8 hours	3-5 hours	6+		30% released early; 70% later
	METHYLIN	Methylphenidate	Oral solution: 5mg/10 ml; 10 mg/10 ml. Tablets (chewable): 2.5, 5, 10 mg. Tablet (scored): 5, 10, 20 mg	Start with 5 mg twice daily (before breakfast and lunch) with increase of 5-10 mg wkly until good control. May need 3rd reduced dose in PM. MDD 60 mg	4 hours	2-3 hours	6+		
	QUILLICHEW ER	Methylphenidate hydrochloride	Tablets (chewable): 20, 30, 40 mg (20 & 30 scored)	Start at 10 mg, increase by 10-20 mg qwk until good control. MDD 60 mg.	8-12 hours	1-2 hours*	6+		
	QUILLIVANT XR	Methylphenidate hydrochloride	Oral solution: 25 mg/5 cc extended release	Start at 20mg qAM and increase by 10mg each week until good control. MDD 60 mg	8-12 hours	2- 4.5 hours	6+		
	RITALIN	Methylphenidate	Tablets (scored): 5, 10, 20 mg	Start with 5mg twice daily (before breakfast and lunch) with increase of 5-10mg wkly until good control. May need 3rd reduced dose in PM. MDD 60 mg. Under age 6, start with 2.5 mg bid, usual effective dose: ~ 0.7mg / kg total daily dose	4 hours	2-3 hours	6+		50:50 IR:ER
	RITALIN LA	Methylphenidate	Capsule (can be sprinkled): 10, 20, 30, 40 mg	Capsule cannot be split (but CAN be sprinkled) so best to titrate with short-acting Ritalin and then switch to Ritalin LA. MDD: 60 mg	6-8 hours	3-5 hours	6+		

*Extrapolation from PDR graph

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	Trade Name	Generic Name	Available Forms	Dosing	Duration	Peak Effect	Age Indicated	Side Effects	Comments
Stimulants Amphetamine Family	ADDERALL	Amphetamine (mixed salts: dextroamphetamine/levoamphetamine)	Tablet:(scored) 5, 7.5, 10, 12.5;15, 20, 30 mg	Start at 5 mg 1-2 times per day and increase by 5 mg qwk until good control. MDD 40 mg	4-6 hours	3 hours	3+	Common: Loss of appetite, sleep disturbance, nervousness, nausea, vomiting, abdominal pain, weight loss, dizziness, headaches, changes in heart rate and blood pressure (usually elevation of both), rebound ADHD. Less common: Palpitations, skin rashes and itching (usually with patch), mood changes, irritability. Rare: Growth retardation, psychotic symptoms, myocardial infarction, drug dependence, severe depression on withdrawal of drug. Monitor: Ht, Wt, P, BP	Evekio is similar to Adderall but is not a mixture of salts
	ADDERALL XR	Amphetamine (mixed salts: dextroamphetamine/levoamphetamine)	Capsules: (can be sprinkled) 5, 10, 15, 20, 25, 30 mg	Start at 5 mg qAM and increase by 5mg qwk until good control. May need to add 2nd dose. MDD 30 mg	8-12 hours	3-5 hours	6+		
	ADZENYS XR-ODT	D-L-Amphetamine sulfate	Tablets, extended release, orally disintegrating 3.1, 6.3, 9.4,12.5,15.7,18.8 mg	Start at 6.3 mg; Increase qwk by 3.1-6.3 mg until good effect.	8-12 hours	3-5 hours	6+		50% IR / 50% ER 18.8 mg ~ = 30 mg Adderal XR
	DEXEDRINE	Dextroamphetamine	Tablet: 5 mg	Start at 5 mg 1-2 x/d and increase by 5 mg qwk until good control. MDD 40 mg	4-6 hours	3 hours	3+		Zenzedi similar with more dose options.
	DEXEDRINE SPANSULE	Dextroamphetamine	Spansule: (can be sprinkled) 5, 10, 15 mg	Start at 5 mg qAM and increase by 5 mg each wk until good control. MDD 45 mg	6-10 hours	3-4 hours	3+		
	DYNAVEL XR	Amphetamine	Liquid suspension 2.5 mg/mL	Start at 2.5 mg qAM, increase dose by 2.5 mg q4-7d until good control. MDD 20	10-14 hours	2-6 hours*	6+		2.5mg equivalent to 4mg Adderall XR
	PROCENTRA	Dextroamphetamine sulfate	Oral solution 5 mg/5 cc	Start at 5 mg qAM (2.5 mg ages 3-5) Increase by 5 mg (2.5 mg ages 3-5) qwk until good control. Dosed q4-6 hr. MDD 40 mg	3-5 hours	3-4 hours	3+		
	VYVANSE	Lisdexamphetamine (pro-drug)	Capsule: (may open caps and dissolve in water): 20, 30, 40, 50, 60, 70 mg	Start at 20 mg qAM and increase by 10-20 mg qwk until good control. MDD 70 mg 2-3 times dose of Adderall XR	8-12 hours	3.5-4.5 hours	6+		Has decreased abuse potential. Peak onset delayed by one hour if taken with food
NON-Stimulants a-2 Agonists	STRATTERA	Atomoxetine	Capsule: 10, 18, 25, 40, 60, 80, 100 mg	Up to 70 kg: Start with 0.5 mg/kg/d. Increase in 3 days to 1.2 mg/kg as a single or divided dose. MDD 1.4 mg/kg/d or 100 mg 70 kg or greater: Start with 40 mg. Increase in 3d to 80 mg as a single or divided dose. MDD 100 mg	18-24 hours	2-4 wks after starting any given dose	6+	Common: Irritability, sedation or insomnia, appetite suppression, stomach upset, constipation, palpitations, sweating. Less common: Increased blood pressure, fainting, allergic reaction, angioedema. Rare: (box warning): Liver failure, suicidal ideation. Monitor: Wt, BP, P	
	INTUNIV	Guanfacine XR	Tablets: 1, 2, 3, 4 mg	Start with 1 mg qAM; increase by 1 mg no sooner than weekly to MDD 4 mg (7 mg in large adolescents), may need bid dosing	24 hours	1 week or more	6-17	Common: Sleepiness, fatigue, abdominal pain, dizziness, hypotension, headache. Monitor: P, BP	Wean slowly to avoid rebound hypertension
	TENEX ¹	Guanfacine	Tablets: 1, 2 mg	Start with 0.5 mg qhs. Increase by 0.5 mg q4-7d to MDD 4 mg divided bid-tid	12-24 hours	4-8 hours	MDD (A)	Common: Dry mouth, sedation, dizziness, constipation, headache, impotence. No serious side effects have been reported. Monitor: P, BP	Taper by 1mg q3-7d
	KAPVAY	Clonidine hydrochloride ER	Tablets: 0.1, 0.2 mg	Start with 0.1 mg qhs, incr by 0.1 mg no sooner than qwk to MDD 0.4 mg divided bid	18-24 hours	1 wk or more	6-17	Common: Sleepiness, fatigue, abdominal pain, dizziness, hypotension, headache. Monitor: P, BP	Wean slowly to avoid rebound hypertension
	CATAPRES ¹	Clonidine hydrochloride	Tablets: 0.1,0.2, 0.3 mg	Start with 0.05 mg qhs. Increase by 0.05 mg q4-7d to MDD 0.4 mg divided tid-qid	3-6 hours	3-4 hours	HTN (Peds+A)	Common: Dry mouth, sedation, dizziness, constipation, headache, impotence. No serious side effects have been reported. Monitor: P, BP	Taper by 0.1 mg q3-7d

¹Not FDA-approved for ADHD but often used; *Extrapolation from PDR

(A): Adolescents

Hargrave 2016 after Jensen/REACH