

## ADHD Medications: Stimulants – Page 1 (Methylphenidate Preps)

Stimulants - Methylphenidate Family	Trade Name	Generic Name	FDA ADHD Age	Available Forms	Dosing	Duration	Side Effects	Comments
	ADHANSIA XR	Methylphenidate	6+	Capsule (can be sprinkled): 25,35,45,55,70 and 85 mg; equivalent to 21.6 mg, 30.3 mg, 38.9, mg, 47.6 mg, 60.5 mg, and 73.5 mg of MPH free base	Start: 25 mg QD; increase by 10-15 mg weekly. FDA Max: 85 mg in adolescents	16 hours	<b>Common:</b> 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.  <b>Less common:</b> palpitations, skin rashes and itching (usually with patch), mood changes, irritability.  <b>Rare:</b> growth retardation, psychotic symptoms, myocardial infarction, drug dependence, severe depression on withdrawal of drug.  <b>Monitor:</b> Ht, Wt, Pulse and BP	20 IR : 80 ER
	APTENSIO XR	Methylphenidate	6+	Capsule: 10, 15, 20, 30, 40, 50, 60 mg	Start at 10 mg; increase by 10 mg qwk until good control. FDA Max: 60 mg	8-12 hours		40 IR : 60 ER Cannot be crushed/opened
	AZTARYS	Serdexmethylphenidate/dexmethylphenidate	6+	Capsule (can be sprinkled): 26.1/5.2, 39.2/7.8, 52.3/4.8mg	Start 26.1/5.2mg-39.2/7.8mg FDA Max: 52.3/4.8mg			30 IR: 70 ER
	CONCERTA*	Methylphenidate	6+	Tablet (OROS): 18, 27, 36, 54 mg	Start at 18mg qAM; increase each wk until good control. FDA Max: 72 mg	8-12 hours		22 IR : 78 ER, slower onset: cannot be crushed/opened
	COTEMPLA XR ODT	Methylphenidate	6+	ER ODT (Grape): 8.6 mg, 17.3 mg, 25.9 mg	Start: 17.3 mg QD, increase 8.7-17.3 weekly. FDA Max: 51.8 mg	8-12 hours		25 IR : 75 ER
	DAYTRANA*	Methylphenidate (patch)	6+	Patch: 10 mg per 9h, 15 mg per 9h, 20 mg per 9h, 30 mg per 9h	Start with 10mg patch; increase by 5-10 mg each wk until good control. FDA Max: 30 mg <b>Note:</b> Patch to be placed once a day in the AM and removed 9 hrs later. Apply 2 hrs before desired effect.	12 hours		Higher plasma levels than oral methylphenidate
	FOCALIN*	Dexmethylphenidate	6+	Tablet (scored): 2.5, 5, 10 mg	Start with 2.5 mg 1-2 times per day; increase by 2.5 mg each week until good control. May need 3rd reduced dose in PM. FDA Max: 30 mg	4 hours		Dosed at 50% other MPH preps
	FOCALIN XR*	Dexmethylphenidate	6+	Capsule (can be sprinkled): 5, 10, 15, 20, 25, 30, 35, 40 mg	Start with 5 mg daily; increase by 5 mg each week until good control. May need noon dose. FDA Max: 30 mg	8-12 hours		50 IR : 50 ER, Dosed at 50% other MPH preps
	JORNAY	Methylphenidate	6+	ER CAP (can be sprinkled): 20, 40, 60, 80, 100 mg	Start: 20 mg; increase by 20 mg weekly. FDA Max: 100 mg	12-14 hours w/delay onset		Take at bedtime; delayed onset (10 hr)
	METADATE CD*	Methylphenidate	6+	Capsule (can be sprinkled): 10, 20, 30, 40, 50, 60 mg	Start at 20 mg qAM; increase by 10-20 mg each week until good control. FDA Max: 60 mg	6-8 hours		30 IR : 70 ER
	METHYLIN	Methylphenidate	6+	SOL: 5 mg per 5 mL, 10 mg per 5mL	Start with 5 mg twice daily (before breakfast and lunch); increase by 5-10 mg wky until good control. May need 3rd reduced dose in PM. FDA Max: 60 mg	4 hours		
	QUILLICHEW ER	Methylphenidate hydrochloride	6+	ER CHEWABLE: 20, 30, 40 mg	FDA Max 60 mg	8-12 hours		30 IR : 70 ER
	QUILLIVANT XR	Methylphenidate hydrochloride	6+	ER SUSP (Banana flavor): 25 mg per 5mL	Start at 20 mg qAM; increase by 10 mg each week until good control. FDA Max: 60 mg	8-12 hours		20 IR : 80 ER
RITALIN (and generics)	Methylphenidate	6+	Tablet (scored): 5, 10, 20 mg	Start with 5mg twice daily (before breakfast and lunch); increase by 5-10mg wky until good control. May need 3rd reduced dose in PM. FDA Max: 60 mg. Under age 6, start with 2.5 mg bid, usual effective dose: ~ 0.7mg / kg total daily dose	4 hours			
RITALIN LA*	Methylphenidate	6+	ER CAP: 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	50 IR: 50 DR		

\*Generic form available

Revision of Hargrave after REACH Institute; Updated: 03/30/2024

## ADHD Medications: Stimulants – Page 2 (Amphetamine Preps)

	Trade Name	Generic Name	FDA ADHD Age	Available Forms	Dosing	Duration	Side Effects	Comments
Stimulants – Amphetamine Family	ADDERALL*	Mixed Amphetamine salts	3+	Tablet:(scored) 5, 7.5, 10, 12.5, 15, 20, 30 mg	Start at 5 mg 1-2 times per day; increase by 5 mg qwk until good control. FDA Max: 40 mg	4-6 hours	<p><b>Common:</b> 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.</p> <p><b>Less common:</b> Palpitations, skin rashes and itching (usually with patch), mood changes, irritability.</p> <p><b>Rare:</b> Growth retardation, psychotic symptoms, myocardial infarction, drug dependence, severe depression on withdrawal of drug.</p> <p><b>Monitor:</b> Ht, Wt, P, BP</p>	Evekeo is similar to Adderall, but is not a mixture of salts
	ADDERALL XR*	Mixed Amphetamine salts	6+	Capsule: (can be sprinkled) 5, 10, 15, 20, 25, 30 mg	Start at 5 mg qAM; increase by 5 mg qwk until good control. May need 2nd dose. FDA Max: 30 mg	8-12 hours		50 IR : 50 ER 18.8mg~30mg Adderall XR
	ADZENYS XR-ODT	D-L-Amphetamine sulfate	6+	Tablet, ER ODT: 3.1, 6.3, 9.4, 12.5, 15.7, 18.8 mg	Start at 6.3 mg; increase 3.1-6.3 mg qwk until good control.	8-12 hours		Zenzedi similar with more dose options.
	DEXEDRINE*	Dextroamphetamine	3+	Tablet: 10, 15mg	Start at 5 mg 1-2 times per day; increase by 5 mg qwk until good control. FDA Max: 40 mg	4-6 hours		
	DEXEDRINE SPANSULE*	Dextroamphetamine	3+	Capsule: (can be sprinkled) 5, 10, 15 mg	Start at 5 mg qAM; increase by 5 mg qwk until good control. FDA Max: 45 mg	6-10 hours		2.5 mg equivalent to 4 mg Adderall XR
	DYNAVEL XR	Amphetamine	6+	Liquid suspension 2.5 mg/mL	Start at 2.5 mg qAM, increase by 2.5 mg q4-7d until good control. FDA Max: 20 mg	10-14 hours		
	EVEKEO	D, L-Amphetamine Sulfate (50:50)	3-17	Tablet: 5, 10 mg ODT: 5, 10, 15, 20 mg	Start: 2.5 mg for <6; 5 mg QD-BID for 6+ FDA Max: 40 mg/d in BID-TID	4-6 hours		Triple beads IR:DR:ER
	MYDAYIS	Mixed Amphetamine Salts (3:1 d:l)	13+	Capsule: 12.5, 25, 37.5, 50mg	Start: 12.5 mg; increase by 12.5 mg weekly. FDA Max: 25 mg 13-17; 50 mg 18+	14-16 hours		Has decreased abuse potential. Peak onset delayed by one hour if taken with food.
	PROCENTRA*	Dextroamphetamine sulfate	3+	Oral solution: 5 mg/5 ml	Start: 2.5 mg for <6; 5 mg QD-BID for 6+ FDA Max: 40 mg <6; 60 mg>6 BID-TID	3-5 hours		Apply 2 hours before desired effect and remove within 9 hours
	VYVANSE*	Lisdexamphetamine (pro-drug)	6+	Capsule: 10, 20, 30, 40, 50, 60, 70 mg; CHEWABLE: 10, 20, 30, 40, 50, 60 mg	Start at 20 mg qAM; increase by 10-20 mg qwk until good control. FDA Max 70 mg, 2-3 times dose of Adderall XR	8-12 hours		
	XELSTRYM	D-amphetamine	6+	Patch: 4.5 mg/9h, 9 mg/9h, 13.5 mg/9h, 18 mg/9h	Start with 4.5 mg patch for one week, then increase to next size patch weekly	12 hours		
ZENZEDI	D-amphetamine	3-16	Tablet: 2.5, 5,7.5, 10, 15, 20 or 30 mg	Start: 2.5 mg for <6; 5 mg QD-BID for 6+ FDA Max: 40 mg <6; 60 mg>6 BID-TID	4-6 hours			

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## ADHD Medications: Non-Stimulants

	Trade Name	Generic Name	FDA ADHD Age	Available Forms	Dosing	Duration	Side Effects	Comments	
<b>NON-Stimulants</b>	<b>NRI</b>	<b>STRATTERA*</b>	Atomoxetine	6+	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 Given as single or divided bid dosing. FDA Max :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. FDA Max: 100 mg/day	Up to 24 hours	<b>Common:</b> Irritability, sedation or insomnia, appetite suppression, stomach upset, constipation, palpitations, sweating <b>Less common:</b> Increased blood pressure, fainting, allergic reaction, angioedema <b>Rare:</b> (box warning): Liver failure, suicidal ideation <b>Monitor:</b> Wt, BP, P	Peak effect 2-4 weeks after starting any given dose. Usually start with qam dosing; bid dosing minimizes AEs
		<b>QELBREE</b>	Viloxaine ER	6+	Capsule: 150, 200, 250 mg (can be sprinkled)	<b>6-11:</b> start 100 mg qd for one week; titrate weekly by 100 mg. Once a day dosing. <b>12-17:</b> start 200 mg qd; increase by 100 mg weekly. Once a day dosing.  FDA Max 400 mg qd	Up to 24 hours	<b>Common:</b> decreased appetite, somnolence, fatigue, nausea/vomiting, irritability, headaches <b>Less common:</b> increased BP <b>Monitor:</b> P, BP	Peak effect 2-4 weeks after starting any given dose.
<b>NON-Stimulants</b>	<b>a-2 Agonists</b>	<b>INTUNIV*</b>	Guanfacine ER	6-17	Tablet: 1, 2, 3, 4 mg (Must be taken whole)	Start with 1 mg qam; increase by 1 mg no sooner than weekly. Once a day or bid dosing. FDA Max: 4 mg/day (7 mg in large adolescents)	Up to 24 hours	<b>Common:</b> Sleepiness, fatigue, abdominal pain, dizziness, hypotension, headache <b>Monitor:</b> P, BP	Peak effect 1 week or more. Must wean slowly to avoid rebound hypertension.
		<b>TENEX*</b>	Guanfacine	Off label but used often	Tablet: 1, 2 mg	Start with 0.5 mg qhs; increase by 0.5 mg q4-7d. Given as divided bid-tid dosing. FDA Max: 4 mg/day	Precise duration not known	<b>Common:</b> Dry mouth, sedation, dizziness, constipation, headache, impotence. No serious side effects have been reported. <b>Monitor:</b> P, BP	Peak effect 1 week or more. Must wean slowly to avoid rebound hypertension.
		<b>KAPVAY*</b>	Clonidine hydrochloride ER	6-17	Tablet: 0.1 mg (Must be taken whole)	Start with 0.1 mg qhs; increase by 0.1 mg no sooner than qwk. Given as QHS or divided bid dosing. FDA Max: 0.4 mg/day	Up to 24 hours	<b>Common:</b> Sleepiness, fatigue, abdominal pain, dizziness, hypotension, headache <b>Monitor:</b> P, BP	Peak effect 1 week or more. Must wean slowly to avoid rebound hypertension.
		<b>CATAPRES*</b>	Clonidine hydrochloride	Off label but used often	Tablet: 0.1, 0.2, 0.3 mg Patch: 0.25, 0.5, 0.75 mg	Start with 0.05 mg qhs; increase by 0.05 mg q4-7d. Given as divided tid-qid dosing. FDA Max: 0.4 mg/day	Precise duration not known	<b>Common:</b> Dry mouth, sedation, dizziness, constipation, headache, impotence. No serious side effects have been reported. <b>Monitor:</b> P, BP	Peak effect 1 week or more. Must wean slowly to avoid rebound hypertension.

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