

ADHD MEDICATION TABLE (ALPHABETICAL BY CLASS)

| Generic (Brand) | Dosage Form | Typical Starting Doses | Max/Day | Comments |
|--|-------------------------------------|--|--|--|
| Amphetamine Preparations | | | | |
| Short Acting | | | | |
| Dextroamphetamine, | 5, 7.5, 10, 12.5, 15, 20, 30, mg | 3-5 yr: 2.5 mg daily | 10 mg | > Short-acting stimulants often used as initial treatment in small children (< 16 kg), but have disadvantage of <i>bid-tid</i> dosing to control symptoms throughout day. |
| Amphetamine* (Adderall®) | tabs | ≥ 6 yr: 5 mg daily- <i>bid</i> | 40 mg | |
| Dextroamphetamine* | 5 mg tab | 3-5 yr: 2.5 mg daily | 10 mg | > Longer-acting stimulants offer greater convenience, confidentiality, and adherence with single daily dosing but may have greater problematic effects on evening appetite and sleep. |
| (Dexedrine®) | | ≥ 6 yr: 5-10 mg daily | 40 mg | |
| Dextroamphetamine Sulfate* | Liquid | 3-5 yr: 2.5 mg daily | 10 mg | > <i>Adderall XR</i> cap may be opened and sprinkled on soft food. |
| (Procentra®) | | ≥ 6 yr: 5 mg daily | 40 mg | |
| Long-acting | | | | |
| Amphetamine, | 5, 10, 15, 20, 25, 30 mg caps | ≥ 6 yr: 5-10 mg daily | 30 mg | > Greater frequency of side effects may be noted in children younger than 6 years of age; strong caution is advised in prescribing to this age group. |
| Dextroamphetamine* (Adderall XR®) | | | | |
| Dextroamphetamine* (Dexedrine Spansule®) | 5, 10, 15 mg caps | ≥ 6 yr: 5 mg daily- <i>bid</i> | 40 mg | > Vyvanse capsule can be opened and dissolved in water. |
| Lisdexamfetamine* (Vyvanse®) | 20, 30, 40, 50, 60, 70 mg caps | ≥ 6 yr: 30 mg daily | 70 mg | |
| Dexmethylphenidate Preparations | | | | |
| Short-acting | | | | |
| Focalin® | 2.5, 5, 10 mg tabs | 2.5 mg <i>bid</i> | 20 mg | |
| Long-acting | | | | |
| Focalin XR® | 5, 10, 15, 20, 30 mg tabs | 5 mg <i>q am</i> | 30 mg | |
| Methylphenidate (MPH) Preparations | | | | |
| Short-acting | | | | |
| Methylin®* | 2.5, 5, 10 mg chewable tabs | 5 mg/mL, 10 mg/mL oral solution | | > Short-acting stimulants often used as initial treatment in small children (< 16 kg), but have disadvantage of <i>bid-tid</i> dosing to control symptoms throughout day. |
| Ritalin®* | 5, 10, 20 mg tabs | 5 mg <i>bid</i> | 60 mg | |
| Intermediate-acting | | | | |
| Metadate ER® | 10, 20 mg tabs | 10 mg <i>q am</i> | 60 mg | > Longer-acting stimulants offer greater convenience, confidentiality, and compliance with single daily dosing but may have greater problematic effects on evening appetite and sleep. |
| Ritalin SR® | 20 mg tabs | 20 mg | 60 mg | |
| Metadate CD® | 10, 20, 30, 40, 50, 60 mg caps | 20 mg <i>q am</i> | 60 mg | > <i>Metadate CD</i> , <i>Ritalin LA</i> , and <i>Focalin XR</i> may be opened and sprinkled on soft food. |
| Ritalin LA® | 10, 20, 30, 40 mg caps | 10 mg | 60 mg | |
| Long-acting | | | | |
| Concerta® | 18, 27, 36, 54 mg tabs | > 6 yr: 18 mg <i>q am</i> | 72 mg | > <i>Concerta</i> should be swallowed whole with liquids. |
| Daytrana® | 10, 15, 20, 30 mg patches | ≥ 6 yr: Begin with 10 mg patch daily, then titrate up weekly by patch strength | 30 mg | |
| Quillivant ER® | Liquid | ≥ 6 yr: 20 mg <i>q am</i> | 60 mg | > <i>Concerta</i> nonabsorbable tab shell may be seen in stool. |
| Selective Norepinephrine Reuptake Inhibitors (SNRI) | | | | |
| Atomoxetine (Strattera®) | 10, 18, 25, 40, 60, 80, 100 mg caps | Children and adolescents <70 kg: 0.5 mg/kg/d for 4d; then 1 mg/kg/d for 4d; then 1.2 mg/kg/d > 70 kg: 40 mg for ≥ 3 days, then 80 mg daily | Lesser of 1.4 mg/kg or 100 mg | > Short acting MPH preparations have a higher abuse potential. |
| > Consider if active substance abuse or severe side effects of stimulants (mood lability, tics). | | | | |
| > Give <i>q am</i> or divided doses <i>bid</i> . | | | | |
| > Do not open cap. | | | | |
| > Monitoring for signs of liver injury such as jaundice or dark urine. | | | | |
| > Monitor for suicidal symptoms, clinical worsening, or unusual changes in behavior. | | | | |
| > Not a Schedule II medication. | | | | |
| Alpha₂-adrenergic Agonists | | | | |
| Clonidine (Kapvay®) | 0.1, 0.2 mg | 0.1 mg | 0.4 mg | > Taper when discontinuing—0.1 mg <i>q</i> 3-7d. |
| Guanfacine (Intuniv™) | 1, 2, 3, 4 mg tablets | 6-17 yr: 1 mg <i>q am</i> | 4 mg | > Abrupt discontinuation or non-adherence may result in rebound hypertension. |
| > Can be used as adjunctive therapy with stimulant medications. | | | | |

*Generic formulations available

Adapted from: Attention-Deficit/Hyperactivity Disorder (ADHD) GUIDELINES Pocket Card, American Academy of Child & Adolescent Psychiatry: <http://eguideline.guidelinecentral.com/i/55268>.