

FDA Approved Medications for ADHD

		Trade Name	Generic Name	Available Forms	Dosing	Duration	Peak Effect	Age Indicated	Side Effects	Comments
Stimulants	Methylphenidate Family	CONCERTA	Methylphenidate	Capsules (noncrushable-OROS): 18, 27, 36, 54mg	Start at 18mg qAM and increase each wk until good control. MDD 72mg	8-12 hours	6-8 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	
		DAYTRANA	Methylphenidate (patch)	Patch: 10, 15, 20, 30 mg	Start with 10mg patch and increase by 5-10mg each wk until good control. MDD 30mg. (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 ~2hrs after applied; for ~3 more hours after removed	6+		Higher plasma levels than oral methylphenidate
		FOCALIN	Dexmethylphenidate	Tablets (scored): 2.5, 5, 10mg	Start with 2.5mg 1-2 times per day and increase by 2.5mg each wk until good control. May need 3rd reduced dose in PM. MDD 30mg	4 hours	2-3 hours	6+		
		FOCALIN XR	Dexmethylphenidate	Capsules (can be sprinkled): 5, 10, 20mg	Start with 5mg 1-2 times per day and increase by 5mg each week until good control. MDD 30mg	8-12 hours	3-4 hours	6+		
		METADATE CD	Methylphenidate	Capsule (can be sprinkled): 10, 20, 30, 40, 50, 60mg extended release	Start at 20mg qAM and increase by 20mg each wk until good control. MDD 60mg	6-8 hours	3-5 hours	6+		
		METADATE ER	Methylphenidate hydrochloride	Capsules: 10, 20mg extended release	Start at 10mg qAM and increase by 10mg each wk until good control. May need 2nd dose or regular methylphenidate in PM. MDD 60mg	Varies	3-5 hours	6+		
		METHYLIN	Methylphenidate	Oral solution: 5mg/10ml; 10mg/10ml Tablets (chewable): 2.5, 5, 10mg Tablet (scored): 5, 10, 20mg	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 60mg	4 hours	2-3 hours	6+		
		METHYLIN ER	Methylphenidate hydrochloride	Tablet: 10mg extended release	Start with 10mg qAM and increase by 10 mg \each wk until good control. May need 2nd dose or regular methylphenidate in PM. MDD 60mg	Varies	3-5 hours	6+		
		QUILLIVANT XR	Methylphenidate hydrochloride	Oral solution: 25mg/5cc extended release	Start at 20mg qAM and increase by 10mg each wk until good control. MDD 60mg	8-12 hours	2- 4.5 hours	6+		
		RITALIN	Methylphenidate	Tablets (scored): 5, 10, 20mg	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 60mg Under age 6, start with 2.5mg bid, usual effective dose: 0.7mg/kg total daily dose	4 hours	2-3 hours	6+		
		RITALIN LA	Methylphenidate	Capsule (can be sprinkled): 10, 20, 30, 40mg	Capsule cannot be split (but CAN be sprinkled) so best to titrate with short-acting Ritalin and then switch to Ritalin LA. MDD: 60mg	6-8 hours	3-5 hours	6+		

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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/levamphetamine)	Tablet: (scored) 5, 7.5, 10, 12.5; 15, 20, 30mg	Start at 5mg 1-2 times per day and increase by 5mg each wk until good control. MDD 40mg	4-6 hours	3 hours	3-5, 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., P, BP	
		ADDERALL XR	Amphetamine (mixed salts: dextroamphetamine/levamphetamine)	Capsules: (can be sprinkled) 5, 10, 15, 20, 25, 30mg	Start at 5mg qAM and increase by 5mg each week until good control. May need to add 2nd dose at noon. MDD 30mg	8-12 hours	3-5 hours	6+		
		DEXEDRINE	Dextroamphetamine	Tablet: 5mg	Start at 5mg 1-2 times per day and increase by 5mg each wk until good control. MDD 40mg	4-6 hours	3 hours	3-5, 6+		
		DEXEDRINE SPANSULE	Dextroamphetamine	Spansule: (can be sprinkled) 5, 10, 15mg	Start at 5mg qAM and increase by 5mg each wk until good control. MDD 45mg	6-10 hours	3-4 hours	3-5, 6+		
		PROCENTRA	Dextroamphetamine sulfate	Oral solution 5mg/5cc	Start at 5mg qAM (2.5mg ages 3-5) Increase by 5mg (2.5mg ages 3-5) each wk until good control. MDD 40mg	Up to 8 hours	3-4 hours	3+		
		VYVANSE	Lisdexamphetamine (pro-drug)	Capsule: may open caps and dissolve in water): 20, 30, 40, 50, 60, 70mg	Start at 20mg qAM and increase by 10-20mg each wk until good control. MDD 70mg	8-12 hours	3.5-4.5 hours	6+		May have 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, 100mg	Up to 70kg: Start with 0.5mg/kg/d. Increase at a minimum of 3d later to 1.2mg/kg as a single or divided dose. MDD 1.4mg/kg/d or 100mg 70kg or greater: Start with 40mg. Increase at a minimum of 3d later to 80mg as a single or divided dose. MDD 100mg	18-24 hours	2-4 wks (time to effect: 1-2 weeks)	6+	Common: Irritability, sedation OR insomnia, appetite suppression, stomach upset, constipation, palpitations, sweating. Less common: Increased blood pressure, fainting, allergic reaction, angioedema. Rare: (black box warning): Liver failure, suicidal ideation. Monitor: Wt, BP, P	
		CATAPRES ¹	Clonidine hydrochloride	Tablets: 0.1, 0.2, 0.3mg; Patches: TTS-1, TTS-2, TTS-3 Cream: by special order	Start with ½ of 0.1mg tab qhs; Increase by 0.05mg q4-7d to an MDD of 0.4mg, divided tid-qid	Tablet: 3-6hr Patch: 1-5d	3-4 hours	HTN (peds+A)	Common: dry mouth, dizziness, sedation, fainting, rash, leg cramps, decreased appetite, headaches, agitation Less common: severe rebound hypertension, localized skin reactions to patch. Monitor: P, BP	Wean slowly to avoid rebound hypertension
		INTUNIV	Guanfacine XR	Tablets: 1, 2, 3, 4mg	Start with 1mg qAM, increase by 1mg no sooner than weekly to MDD 4mg	24 hours	1 wk or more*	6-17	Common: Sleepiness, fatigue, abdominal pain, dizziness, hypotension, headache. Monitor: P, BP	Taper by 1mg q3-7d
		KAPVAY	Clonidine hydrochloride ER	Tablets: 0.1, 0.2mg	Start with 0.1mg qhs, incr by 0.1mg no sooner than weekly to MDD 0.4mg 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
		TENEX ¹	Guanfacine	Tablets: 1, 2mg	Start with 0.5mg qhs. Incr by 0.5mg q4-7d to MDD 4mg 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	

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