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Medication Table: ADHD Medications

Summary: This medication table is for informational purposes only and is not a replacement for clinical judgment and consulting a drug reference (such as PDR or Lexi-Comp).

ADHD Medications

Stimulants

Medication	Duration of Action	Forms	Dose (Start, Initial Target, Max)
Long-acting			
Dextroamphetamine class			
• Adderall XR (amphetamine mixed salt)	12-hr	Capsule 5,10,15,20,25,30 mg Capsules can be opened and granules can be sprinkled on apple sauce, pudding, yoghurt, etc.	Child: Start 5-10 mg q AM, increase by 5 mg weekly, max 30 mg qAM Adolescents/Adult: Start 5-10 mg q AM, increase by 5 mg weekly, max 50 mg qAM
• Dexedrine spansule	6-8 hr	Capsule 10,15 mg Spansule can be opened up and sprinkled on apple sauce, etc.	Child: Start 10 mg q AM, increase by 2.5-5 mg weekly, max 20-30 mg qAM Adult: Max 50 mg daily
• Vyvanse (lisdexamfetamine dimesylate)	13-14 hr	Capsule 10,20,30,40, 50,60,70 mg Capsule content can be dissolved in liquid, such as water, orange juice and yoghurt.	Child: Start 20 mg qAM, titrate up 10 mg weekly, max 60 mg qAM Adolescent: Start 30 mg qAM, titrate 10 mg weekly, max 70 mg qAM Adult: Start 30 mg daily, increase by 10 mg weekly, max 70 mg q AM
Methylphenidate class			
• Methylphenidate OROS (Concerta)	12-hr	Extended release tablet 18,27,36,54 mg Cannot be crushed or opened (thus cannot be compounded.)	Child: Start 18 mg q AM, increase by 9-18 mg weekly, max 72 mg daily (or 1 mg/kg/day) Adolescent/ Adult: Start 36 mg q AM, increase by 9-18 mg weekly, max 90 mg qAM

• Methylphenidate (Biphentin)	10-12 hr	Capsule 10,15,20,30,40,50,60,80 mg Can be cracked open and beads sprinkled on apple sauce, pudding, yoghurt, ice cream, etc.	Child: Start 10 mg qAM, titrate up by 5-10 mg weekly, max 60 mg qAM Adolescent: Start 20 mg qAM, titrate up by 5-10 mg weekly, max 80 mg qAM
• Methylphenidate CR (Foquest)	13-16 hr	Capsule 25,35,45,55,70,85,100 mg Cannot be crushed or opened (thus cannot be compounded.)	Child/adolescent: Start 25 mg daily; titrate up by 10-15 mg weekly; max 70 mg daily Adults: Max 100 mg daily
Short-acting			
Dexedrine (dextro-amphetamine sulphate)	4-6 hr	Tablet 5mg Can be crushed. Can be compounded into 5 mg/mL suspension; lasts 14 days in fridge.	Child/youth: Start 2.5 - 5mg bid, increase 2.5-5 mg weekly, max 20-30 mg qAM Adult: Max 50 mg daily
Methylphenidate (Ritalin)	3-4 hr	Tablet 5,10,20 mg Can be crushed. Can be compounded into 1 mg/mL suspension; lasts 14 days in fridge.	Child: Start 2.5 mg bid-tid, increase 5 mg weekly, max 60 mg qAM Adult: Start 2.5 mg bid-qid; increase by 5 mg weekly; max 100 mg daily

Stopping Stimulant Medications

- Stimulant medications can usually be stopped suddenly without needing to taper down.

Non-Stimulants

Medication	**Forms**	**Dose (Start, Initial Target, Max)**
Alpha adrenergic		
• Clonidine (Catapres)	Tab: 0.025, 0.1, 0.2 mg Can be crushed, dissolved in liquid.	Child: Start 0.1 mg bedtime; increase in 0.1 mg/day increments every 7 days until therapeutic response; may give twice daily; max 0.4 mg/day in 2 divided doses. Adolescent/adults: Start 0.1 mg morn + 0.1 mg bedtime; target dosage 0.2-0.6 mg daily in divided doses
• Clonidine ER (extended-release) (Kapvay) **NOT AVAILABLE IN CANADA**	XR formulation: 0.1, 0.2 mg	Child / adolescent: Start 0.1 mg bedtime, increase stepwise until desired response. Next steps: 0.1 mg morn + 0.1 mg bedtime; 0.1 mg morn + 0.2 mg bedtime; then 0.2 mg morn + 0.2 mg bedtime.
• Guanfacine XR (Intuniv)	Tab XR: 1, 2, 3, 4 mg Do not open or crush - this would render it immediate release.	*As monotherapy* Child (aged 6-12): Start 1 mg at bedtime, up to 4 mg qhs or divided doses Adolescent (aged 13-17): Start 1 mg at bedtime, up to 7 mg qhs or divided doses *As adjunctive therapy* Child/Adolescent: 4 mg max
Others		

• Atomoxetine (Strattera)	Cap 10, 18, 25, 40, 60, 80,100 mg Needs to be swallowed whole (i.e. cannot crush) to reduce GI side effects. Can be compounded to liquid 6 mg/mL.	Child: Start 0.5 mg/kg/day, titrate up to 0.8 mg/kg/day initial therapeutic target; max 1.2 mg/kg/day Adolescent: Start 0.5 mg/kg/day; titrate up to 60 mg/day then 80 mg/day Max dose lesser of 1.4 mg/kg/day or 100 mg daily Adult: Start 40 mg daily x 1-2 weeks; then titrate up to 60-80 mg q AM Max lesser of 1.4 mg/kg/day or 100 mg
• Bupropion SR (Wellbutrin SR)	Tab: 100, 150 mg Do not cut, crush (or chew).	Child: Unknown Adol/adult: Start 100 mg, initial target 150 mg daily; max 400 mg daily
• Bupropion XL (Wellbutrin XL)	Tab: 150, 300 mg Do not cut, crush (or chew).	Child: Unknown Adol/adult: Start 150 mg, initial target 300 mg; max 450 mg

Stopping Non-Stimulants

- Alpha adrenergics such as clonidine or guanfacine should be stopped gradually over 2-4 weeks, in order to avoid any rebound hypertension.
- Atomoxetine, bupropion are long acting and have antidepressant effects, and should also be tapered gradually and then stopped over 4-weeks.

References

Medication monographs; CADDRA Guidelines; Lexi-Comp.