

## MEDICATIONS APPROVED BY FDA FOR AD/HD

### Important aspects of stimulant medication treatment include the following:

- Stimulants are the most commonly used medications for AD/HD and are generally considered safe and well tolerated by most children
- The best dosage produces optimal efficacy with minimal side effects
- Side effects typically occur early in treatment, tend to be mild and short-lived, and often can be managed through adjustments in dose or schedule
- The longer term effects of stimulant medication treatment remain unclear
- Children may respond favorably to one stimulant, but not another
- Unlike many other medications, optimal stimulant dosages for children are usually not weight-dependent
- Stimulants may worsen motor and/or vocal tics

Generic Class	Brand Name	Available Forms	Starting Dose	Titration & Timing of Doses	Adverse Effects	Comments
<b>Stimulants: Short-Acting - Duration 3 - 5 hrs</b>						
Amphetamine salts (mixed)	Adderall® PAL 1	5, 7.5, 10, 12.5, 15, 20, 30 mg tab	2.5-5 mg qam to bid	Increase by 2.5-5 mg/dose at 1-2 week intervals. May be dosed qam, bid or tid	Anorexia/nausea Insomnia Headache Tachycardia Moodiness	<ul style="list-style-type: none"> <li>• Dosage Range: 0.2-0.4 mg/kg/dose. Total daily dose usually does not exceed 40 mg; &gt;120 lb-60 mg</li> <li>• Approved for children ≥3 years.</li> </ul>
Dextroamphetamine PAL 1	Dexedrine Dextrostat®	5 mg tab 5, 10 mg tab	Same as above	Same as above	Same as above	Same as above
Dexmethylphenidate	Focalin® PAL 3	2.5, 5, 10 mg tab	2.5 mg bid	Increase by 2.5 mg/dose at 1-2 week intervals. Usually dosed bid or tid	Same as above	<ul style="list-style-type: none"> <li>• Total daily dose usually does not exceed 20 mg; &gt;120 lb-40 mg.</li> </ul>
Methylphenidate PAL 1	Ritalin® PAL 2 Methylin® PAL 1	5, 10, 20 mg tab	5 mg bid	Increase by 5 mg/dose at 1-2 week intervals. Usually dosed bid to tid	Same as above	<ul style="list-style-type: none"> <li>• Total methylphenidate dose is approximately twice the amphetamine, dextroamphetamine or dexmethylphenidate dose</li> <li>• Dosage range: 0.3-0.7 mg/kg/dose Total daily dose usually does not exceed 60 mg; &gt;120 lb-80 mg</li> </ul>

**PAL: COMMUNITY CARE OF NORTH CAROLINA (CCNC) PRESCRIPTION ADVANTAGE LIST  
 PAL 1 15-50% BELOW AVERAGE NET COST (ANC); PAL 2 ANC (+/-15%); PAL 3 >15% ABOVE ANC**

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<b>Stimulants: Intermediate-Acting - Duration 5 - 8 hrs <i>Depending on duration of effect, BID may be optimal for some patients</i></b>						
Dextroamphetamine	Dexedrine Spansules® PAL 1	5, 10, 15 mg cap	5-10 mg qam	Increase by 5 mg increments at 1-2 week intervals	Anorexia/nausea Insomnia Headache Tachycardia Moodiness	<ul style="list-style-type: none"> <li>Onset of effect somewhat delayed compared with short-acting preparations</li> <li>Total daily dose usually does not exceed 45 mg; &gt;100 lb-60 mg</li> </ul>
Dexmethylphenetamine	Focalin XR®	5, 10, 20 mg cap	5 mg qam	Same as above	Same as above	<ul style="list-style-type: none"> <li>Max/day dose 20-30 mg</li> <li>Capsule may be opened and sprinkled on soft food</li> </ul>
Methylphenidate	Ritalin SR®, PAL 3 Metadate ER®, Methylin ER® PAL 2	20 mg tab 10, 20 mg tab 10, 20 mg tab	10-20 mg qam	Increase by 10-20 mg increments at 1-2 week intervals	Same as above	<ul style="list-style-type: none"> <li>Total daily dose usually does not exceed 60 mg; &gt;120 lb-80 mg</li> <li>Tabs should be swallowed whole, not chewed or crushed</li> </ul>
Methylphenidate	Metadate CD® PAL 1	10, 20, 30 mg cap	10-20 mg qam	Increase by 10-20 mg increments at 1-2 week intervals	Same as above	<ul style="list-style-type: none"> <li>Dose guidelines same as above</li> <li>Capsule may be opened and sprinkled on soft food.</li> </ul>
Methylphenidate	Ritalin LA® PAL 2	20, 30, 40 mg cap	20 mg qam	Increase by 20 mg increments at 1-2 week intervals	Same as above	<ul style="list-style-type: none"> <li>Same as above</li> </ul>
<b>Stimulants: Long-Acting - Duration 8 - 12 hrs <i>Long-acting dose usually is the same as daily dose of short-acting preparation</i></b>						
Amphetamine salts (mixed)	Adderall XR® PAL 3	5, 10, 15, 20, 25, 30 mg cap	5-10 mg qam	Increase by 5-10 mg increments at 1-2 week intervals	Anorexia/nausea Insomnia Headache Tachycardia Moodiness	<ul style="list-style-type: none"> <li>Total daily dose usually does not exceed 40 mg; &gt;100 lb-60 mg</li> <li>Capsule may be opened and sprinkled on soft food.</li> </ul>
Methylphenidate	Concerta® PAL 2	18, 27, 36, 54 mg tab	18 mg qam	Increase by 18 mg increments at 1-2 week intervals	Same as above	<ul style="list-style-type: none"> <li>Max/day dose usually is 72 mg</li> <li>Tab shell can be seen in stool</li> <li>Swallow whole with liquids</li> </ul>

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<b>Non Stimulant: Selective Norepinephrine Reuptake Inhibitor <i>Duration - 24 hrs</i></b>						
Atomoxetine	Strattera® PAL 3	10, 18, 25, 40, 60 mg cap	0.5 mg/kg/d	Increase to 1 mg/kg/d after 1-2 wks. Then increase up to 1.2 mg/kg/d. Max dose is lesser of 1.4 mg/kg/d or 100 mg	Dyspepsia Nausea & vomiting Fatigue Decreased appetite Dizziness Mood swings Depressed/irritable mood Suicidal thinking/behavior Liver injury	<ul style="list-style-type: none"> <li>● Not a Schedule II medication</li> <li>● Give qam or divided bid</li> <li>● Slower titration may reduce uncomfortable side effects</li> <li>● Do not open cap</li> <li>● Approved for children 6 years and older</li> </ul>