

ADHD Medication Chart

DRUG	FORM	DOSING	COMMON SIDE EFFECTS	DURATION OF EFFECTS	PROS	PRECAUTIONS
METHYLPHENIDATE						
RITALIN METHYLIN METADATE Generic MPH	Short-Acting Tablet 5 mg 10 mg 20 mg	Starting dose for children is 5 mg twice daily, 3-4 hours apart. Add third dose about 4 hours after second. Adjust timing based on duration of action. Increase by 5-10 mg increments. Daily dosage above 60 mg not recommended. Estimated dose range 0.3-0.6 mg/kg/dose	Insomnia, decreased appetite, weight loss, headache, irritability, stomachache, and rebound agitation or exaggeration of pre-medication symptoms as it is wearing off.	About 3-4 hours. Most helpful for rapid onset and short duration.	Works quickly (within 30-60 minutes). Effective in over 70% of patients.	Use cautiously in patients with marked anxiety, motor tics, or with family history of Tourette's syndrome, or history of substance abuse. Don't use if you have glaucoma or are taking an MAO inhibitor.
FOCALIN (with isolated dextroisomer)	Short-Acting Tablet 2.5 mg 5 mg 10 mg	Start with half the dose recommended for normal short-acting methylphenidate above. Dose may be adjusted in 2.5 to 5 mg increments to a maximum of 20 mg per day (10 mg twice daily).	As above. There is evidence that Focalin (dextroisomer) may be less prone to causing sleep or appetite disturbance.	About 3-4 hours. Most helpful for rapid onset and short duration. Only formulation with isolated dextro-isomer.	Works quickly (within 30-60 minutes). Possibly better for use for evening needs when day's long acting dose is wearing off.	As above. Expensive compared to other short-acting preparations.
FOCALIN XR	Long-Acting Capsule 5 mg 10 mg 15 mg 20 mg 30 mg 40 mg	Starting dose of 5 mg for all ages. Dose can be increased weekly by 5 mg, based on patient response	As above. Same as for all stimulants	9 to 12 hours	Removal of left isomer lowers intensity of side effects.	As above. Same as for all stimulants.
RITALIN SR	Mid-Acting Tablet 20mg	Start with 20 mg daily. May combine with short-acting for quicker onset and/or coverage after this wears off.	Insomnia, decreased appetite, weight loss, headache, irritability, stomachache.	Onset delayed for 60-90 minutes. Duration supposed to be 6-8 hours, but can be unreliable.	Wears off more gradually than short-acting, so less risk of rebound. Lower abuse risk.	As above. Note: If crushed or cut, full dose may be released at once, giving twice the intended dose in first 4 hours, none in the second 4 hours.
METHYLIN ER METADATE ER	Mid-Acting Tablet 10 mg 20 mg 40 mg 50 mg 60mg					
RITALIN LA 50% immediate-release beads/50% delayed-release beads	Long-Acting Capsule 10 mg 20 mg 30 mg 40 mg 60 mg	Starting dose is 10-20 mg once daily. May be adjusted weekly in 10 mg increments to maximum of 60 mg taken once daily.	Insomnia, decreased appetite, weight loss, headache, irritability, stomachache, and rebound potential.	Onset in 30-60 minutes. Duration about 8 hours.	May swallow whole or sprinkle ALL contents on a spoonful of applesauce. Starts quickly, avoids mid-day gap unless person metabolizes medicine very rapidly.	Same cautions as for immediate-release.
METADATE CD 30% immediate-release and 70% delayed-release beads	Mid-Acting Capsule 10 mg 20 mg 30 mg	May add short-acting dose in AM or 8 hours later in PM if needed.				If beads are chewed, may release full dose at once, giving entire contents in first 4 hours.

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METHYLPHENIDATE (continued)						
CONCERTA 22% immediate-release and 78% gradual-release	Long-Acting Tablet 18 mg 27 mg 36 mg 54 mg	Starting dose is 18 mg or 36 mg once daily. Option to increase to 72 mg daily.	Insomnia, decreased appetite, weight loss, headache, irritability, stomachache.	Onset in 30-60 minutes. Duration about 10-14 hours.	Works quickly (within 30-60 minutes). Given only once a day. Longest duration of MPH forms. Doesn't risk mid-day gap or rebound, since medication is released gradually throughout the day. Wears off more gradually than short-acting, so less rebound. Lower abuse risk.	Same cautions as for immediate release. Do not cut or crush.
DAYTRANA PATCH	10 mg 15 mg 20 mg 30 mg	There is no correlation between oral methylphenidate and the patch. Daytrana must be fine-tuned from the beginning. Although not FDA-approved, patches may be cut with scissors to fine-tune the dose. Talk with your doctor first.	Non-allergic skin irritation at the site of application; itching and discomfort. FDA warns that a permanent loss of skin color may occur. For more information, visit FDA.gov	Slow onset of benefits over 5 hours to steady blood level. Although FDA-approved for only 9 hours of wear time, it is almost always worn until 2-3 hours prior to desired end of medication benefits.	A good alternative if the child has trouble swallowing pills.	The patch should be worn on the hip. Before applying it, be sure the area of the hip is clean and dry. When applying it, firmly press it with your hand for 30 seconds, being sure the edges fully adhere. When disposing of the patch, fold it in half, so that it sticks to itself, and throw it away in a safe place.
QUILLIVANT	Extend release oral suspension	25 mg per 5 ml dispensed by syringe	As for all stimulant medications	10–12 hrs	Good for children who cannot swallow pills; allows for very fine dosing increments; savcoupons online.	Must be shaken vigorously prior to each use. Mildly messy. Hard to travel with. If switching from another MPH formulation, stop first med and re-fine tune dose
QUILLICHEW ER (available early 2016)	Chewable extended release tablets	20 mg; 30 mg; 40 mg	As for all stimulant medications	8–10 hrs	One dose covers whole school or workday. Tablet can be divided to fine-tune dose	New product. Poor insurance coverage initially.
APTENSIO XR	Extended-release capsule; 40% immediate acting, 60% long-acting.	10, 15, 20, 30, 40, 50 and 60 mg	As for all stimulant medications	10–12 hrs	One dose covers whole school or workday.	New product; poor insurance coverage initially.

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DEXTROAMPHETAMINE						
DEXEDRINE	Short-Acting Tablet 5 mg	For ages 3 -5 years: starting dose is 2.5 mg tablet. Increase by 2.5 mg at weekly intervals, increasing first dose or adding/ increasing a noon dose, until effective. For a child 6 years or older, start with 5 mg once or twice daily. May increase total daily dose by 5 mg per week to find optimal level. Tablet is given on awakening. For a child over 6 years, one or two additional doses may be given at 4-6 hour intervals. Usually no more than 40 mg/day.	<p>Insomnia, decreased appetite, weight loss, headache, irritability, stomachache.</p> <p>Rebound agitation or exaggeration of pre-medication symptoms as it is wearing off.</p> <p>May also elicit psychotic symptoms.</p>	<p>Onset in 30-60 minutes.</p> <p>Duration about 4-5 hours.</p>	<p>Approved for children under 6. Good safety record.</p> <p>Somewhat longer action than short-acting methylphenidate.</p>	<p>Use cautiously in patients with marked anxiety, motor tics, or family history of Tourette's syndrome, or history of substance abuse.</p> <p>Don't use if patient has glaucoma or is on MAOI.</p> <p>High abuse potential, particularly in tablet form.</p>
DEXEDRINE SPANSULE	Long-Acting Spansule 5 mg 10 mg 15 mg	Children 6 and older who can swallow whole capsule should take morning dose of capsule equal to sum of morning and noon short-acting. Increase total daily dose by 5 mg per week to find optimal dose, to maximum of 40 mg/day.	Same as above.	Onset in 30-60 minutes. Duration about 5-10 hours.	May avoid need for noon dose. rapid onset. Good safety record.	As above. Less likely to be abused intranasal or IV than short-acting. Must use whole capsule.
DEXTROAMPHETAMINE SULFATE ER	5mg 10 mg 15 mg					
DESOXYN (methamphetamine)	Immediate-Release Tablet 5 mg	Starting dose of 5 mg for all ages, which can be increased by 5 mg increments, based on patient response. Typical dose: 10-15 mg twice a day.	As above. Same as for all stimulants.	4-6 hours	Often effective when there is no benefit from amphetamine or methylphenidate	Expensive, stigma attached to taking it, potential for abuse
VYVANSE	Long-Acting Capsule 10 mg 20 mg 30 mg 40 mg 50 mg 60 mg 70 mg	Children and adults respond to the same range of dosing. Approximately 8% of patients optimize at doses lower than lowest dose manufactured; 40% optimize at doses higher than 70 mg.	Loss of appetite, dry mouth, jitteriness, and irritability if the dose is too high.	Onset of benefits at 45 minutes, with duration usually from 10 to 12 hours in children. Commonly shorter in adults.	Low abuse and addiction potential. One dose a day.	Stop taking the medication and call your doctor if you experience mild difficulty urinating, persistent diarrhea, suspiciousness, over-talkativeness, moderate to severe tenseness of your jaw, significant loss of sleep, a significant increase in blood pressure, unusual heart rhythms, very fast heart rate, or <i>panic feelings</i>

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MIXED AMPHETAMINE						
ADDERALL	Short-Acting Tablet 5 mg 7.5 mg 10 mg 12.5 mg 15 mg 20 mg 30 mg	Starting dose is 5 or 10 mg each morning (age 6 and older). May be adjusted in 5-10 mg increments up to 30 mg per day.	Same as above.	Onset in 30-60 minutes. Duration about 4-5 hours.	Wears off more gradually than dextroamphetamine alone, so rebound is less likely and more mild.	Same as for Dexedrine tablets.
ADDERALL XR 50% immediate-release beads/ 50% delayed-release beads	Long-Acting Capsule 5 mg 10 mg 15 mg 20 mg 25 mg 30 mg	Starting dose is 5 or 10 mg each morning (at age 6 and older). May be adjusted in 5-10 mg increments up to 30 mg per day.	Same as above.	Onset in 60-90 minutes (possibly sooner). Duration 10–12 hours.	May swallow whole or sprinkle ALL contents on a spoonful of applesauce. May last longer than most other sustained-release stimulants. Less likely rebound than with long-acting dextroamphetamine.	Same as for Dexedrine Spansules, except that it has documented efficacy when sprinkled on applesauce.
DYANAVAL XR (available mid-2016)	2.5 mg per ml; extended-release oral suspension	Oral dosing syringe; FDA approved for only 2.5 mg – 20 mg/day	As for all stimulant medications	10–12 hours	Designed for children who cannot swallow pills; allows for very fine-tuned dosing.	If switching from another formulation, fine-tune dose; shake vigorously prior to each use; hard to travel with; relatively low doses approved by FDA will limit insurance coverage.
EVEKEO	Immediate release, short-acting tablet; 50% dextro and 50% levo-amphetamine	5 and 10 mg tablets	As for all stimulant medications	3–4 hours.	Consistent; scored and can be cut to fine-tune dose; fine-tuned FDA-approved down to 3 years of age	High cost; poor insurance coverage; short duration of action.
ZENZEDI	Immediate release, short-acting, 100% dextro-amphetamine tablet	2.5, 5, 7.5, 10, 15, 20, 30 mg tablets	As for all stimulant medications	3–4 hours.	Very consistent from dose to dose; can be cut to fine-tune dose; FDA-approved down to three years of age.	High cost; poor insurance coverage; short duration of action.

DRUG	FORM	DOSING	COMMON SIDE EFFECTS	DURATION OF EFFECTS	PROS	PRECAUTIONS
ATOMOXETINE						
STRATTERA	Long-Acting Capsule 10 mg 18 mg 25 mg 40 mg 60 mg	Starting dose is 0.5 mg/kg. The targeted clinical dose is approximately 1.2 mg/kg. Increase at weekly intervals. Medication must be used each day. Usually started in the morning, but may be changed to evening. It may be divided into a morning and an evening dose, if patient	In children: decreased appetite, GI upset (can be reduced if medication taken with food), sedation (can be reduced by dosing in evening), lightheadedness. In adults: insomnia, sexual side effects, increased blood pressure.	Starts working within a few days to one week, but full effect may not be evident for a month or more. Duration all day (24/7), so long as taken daily as directed.	Avoids problems of rebound and gaps in coverage. Doesn't cause a "high," thus does not lead to abuse. It is not a controlled drug and may be used by those with history of substance abuse.	Use cautiously in patients with hypertension, tachycardia, or cardiovascular or cerebrovascular disease. It can increase blood pressure and heart rate. Has some drug interactions.

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DRUG	FORM	DOSING	COMMON SIDE EFFECTS	DURATION OF EFFECTS	PROS	PRECAUTIONS
BUPROPION						
WELLBUTRIN IR	Short-Acting Tablet IR 75 mg 100 mg	Starting dose is 75 mg, increasing gradually (wait at least 3 days) to maximum of 2-3 doses, no more than 150 mg/dose.	Irritability, decreased appetite, and insomnia.	About 4-6 hours.	Helpful for ADHD patients with comorbid depression or anxiety.	Not advised in patients with a seizure disorder or with a current or previous diagnosis of bulimia or anorexia. May worsen tics. May cause mood deterioration when it wears off.
WELLBUTRIN SR	Long-Acting Tablet 100 mg 150mg 200 mg	Starting dose is 100-150 mg/day; increase as tolerated to 400 mg.	Few side effects	About 10-14 hours; benefits apparent after 4-6 weeks.	Well tolerated, no potential for abuse.	May increase seizure risk.
WELLBUTRIN XL	Long-Acting Tablet 150mg 300mg	Starting dose is 100-150 mg/ day; increase as tolerated to 400 mg/day.	Few side effects	About 10-14 hours; benefits apparent after 4 -6 weeks.	Well tolerated, no potential for abuse.	May increase seizure risk.

DRUG	FORM	DOSING	COMMON SIDE EFFECTS	DURATION OF EFFECTS	PROS	PRECAUTIONS
ANTIHYPERTENSIVES						
CATAPRES (clonidine)	Tablet 0.1 mg 0.2 mg 0.3 mg	Starting dose is 0.025 -0.05 mg/day in evening. Increase by similar dose every 7 days, adding to morning, mid-day, possibly afternoon, and evening doses in sequence. Total dose of 0.1–0.3 mg/day divided into 3-4 doses. Do not skip days.	Sleepiness, hypotension, headache, dizziness, stomachache, nausea, dry mouth, depression, nightmares.	Onset in 30-60 minutes. Duration about 3 – 6 hours.	Helpful for ADHD patients with comorbid tic disorder or insomnia. Good for severe impulsivity, hyperactivity, and/or aggression. Stimulates appetite. Especially helpful in younger children (under 6) with ADHD symptoms associated with prenatal insult or syndrome, such as Fragile X.	Sudden discontinuation could result in rebound hypertension. Minimize daytime tiredness by starting with evening dose and increasing slowly. Avoid brand and generic formulations with red dye, which may cause hyperarousal in sensitive children.
CLONIDINE	Tablet 0.1 mg 0.2 mg 0.3 mg					
CATAPRES Patch	TTS-1 TTS-2 TTS-3	Corresponds to doses of 0.1 mg, 0.2 mg , and 0.3 mg per patch. (If using .1 mg tid tablets, try TTS 2, but will likely need TTS 3).	Same as Catapres tablet, but with skin patch there may be localized skin reactions.	4-5 days, so avoids the vacillations in drug effect when taking tablets.	Same as above.	Same as above. May get rebound hypertension and return of symptoms if it isn't recognized when a patch has come off or becomes loose. An immature student may get excessive dose from chewing on the patch.

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DRUG	FORM	DOSING	COMMON SIDE EFFECTS	DURATION OF EFFECTS	PROS	PRECAUTIONS
ANTIHYPERTENSIVES (continued)						
TENEX (guanfacine)	1 mg 2 mg 3 mg	Starting dose is 0.5 mg/day in evening. Increase by similar dose every 7 days as indicated. Given in divided doses 2 – 4 times per day. Daily dose range 0.5 – 4mg/day. Do not skip days.	Compared to clonidine, lower chance of severity of side effects, especially fatigue and depression. Also less headache, stomachache, nausea, dry mouth. Unlike clonidine, minimal problem of rebound hypertension if doses are missed.	About 6 – 12 hours.	Can provide for 24/7 modulation of impulsivity, hyperactivity, aggression, and sensory hypersensitivity. This covers most out-of-school problems, so stimulant use can be limited to school and homework hours. Less sedating than clonidine.	Avoid formulations with red dye as above. Hypotension is the primary dose-limiting problem. As with clonidine, important to check blood pressures with dose increases and if symptoms suggest hypotension, such as lightheadedness.
guanfacine tablets (generic)	1 mg 2 mg 3 mg					
INTUNIV	Time-Release (guanfacine) tablet	1 mg 2 mg 3 mg 4 mg	Starting dose of 1 mg each morning, increasing by 1 mg each week up to a maximum dose of 4 mg per day. Benefits build over 3 to 4 weeks.	24 hours	Non-stimulant with particular benefit for the hyperactive-impulsive impairments of ADHD.	Maintain water intake; do not skip doses.