

Comparison of ADHD Medications (United States)

full update September 2024

Stimulants are considered first-line for ADHD. The exception is methamphetamine, whose use has fallen out of favor and is no longer included in guidelines. Choose a product based on dosing frequency, expected adherence (i.e., avoid drugs that require tapering), onset and duration of action, comorbidities, patient's ability to swallow pills, and cost.⁵ As a general rule, start low and increase as tolerated to desired effect, or until maximum dose has been reached.⁵ Long-acting meds are as effective as shorter-acting meds, and are often preferred for convenience and less breakthrough symptoms and side effects.^{1,5} Avoid stimulants and atomoxetine in patients with serious heart problems, or if increases in blood pressure or heart rate would be a problem.² Regardless of chosen medication, monitor heart rate, blood pressure, height, and weight.⁴ Use the chart below to compare FDA-approved ADHD medications. Information may differ from product labeling.

NOTE: Age ranges for dosing as follows: **children** (6 yrs and older; unless otherwise specified), **Adolescents** (13 to 17 yrs of age), and **Adults** (≥18 yrs of age).

--Information in chart is from US product information (footnote p) unless otherwise noted.--

Product	Dosage Forms Cost/Month ^a	Dosing Frequency	Duration of Action (approx.)	Initial and Titration Dose (every 7 days, unless noted otherwise) ^c	Max Daily Dose
Stimulants (i.e., methylphenidate, dexamethylphenidate, serdexmethylphenidate/dexamethylphenidate, amphetamines): <ul style="list-style-type: none"> • Patients not responding to one stimulant may respond to another.⁴ For information on switching, see Dose Conversion Information at the end of this document, or start with initial recommended doses and titrate. • Commonly used in preschoolers with an inadequate response to behavior therapy, but studies are limited.^{1,4} Dose conservatively and titrate slowly. <ul style="list-style-type: none"> ○ Methylphenidate is metabolized slowly in this age group.⁴ ○ In children less than 16 kg, short-acting agents are typically used initially.¹ 					
Immediate-release (IR) methylphenidate					
<i>Ritalin</i> (Sandoz) Generics from Accord, Ascend (Alkem), Camber (Ascent), Impax (Mountain), KVK-Tech (Abhai), Mallinckrodt (SpecGx). Solco (Princeton), XL Care (Ascent), and Sun are AB rated. ^b Sandoz products are authorized generics. ^f	5, 10, 20 mg tabs ~\$14 (10 mg BID)	BID to TID (AM, noon, 4 PM if needed), ^{4,5} preferably 30 to 45 minutes before meals.	3 to 5 h ⁴	Initial: 5 mg BID to TID. ⁵ Titration: 5 to 10 mg ⁵	FDA: 60 mg Off-label: 100 mg if >50 kg ¹

Product	Dosage Forms Cost/Month ^a	Dosing Frequency	Duration of Action (approx.)	Initial and Titration Dose (every 7 days, unless noted otherwise) ^c	Max Daily Dose
Immediate-release (IR) methylphenidate (continued)					
<i>Methylin</i> Chewable Tabs (SpecGx) Brand discontinued. Generics from Camber (Ascent), Rising, and XL Care (Ascent) are AB rated. ^b	2.5, 5, 10 mg chewable tabs ~\$200 (10 mg BID)	BID to TID (AM, noon, 4 PM if needed), ^{4,5} preferably 30 to 45 minutes before meals.	3 to 5 h ⁴	See <i>Ritalin</i>	See <i>Ritalin</i>
<i>Methylin</i> Oral Solution (SpecGx) Generics from are Eywa (Wes), KVK-Tech (Abhai), Quagen, Tris Pharma, are AA rated. ^b	5 mg/5 mL, 10 mg/5 mL oral solution ~\$70 (10 mg BID)	BID to TID (AM, noon, 4 PM if needed), ^{4,5} preferably 30 to 45 minutes before meals.	3 to 5 h ⁴	See <i>Ritalin</i>	See <i>Ritalin</i>
Immediate-release (IR) dexamethylphenidate					
<i>Focalin</i> (Sandoz) Generics from Ascend, KVK-Tech (Abhai), Sun, and Tris Pharma are AB rated. ^b Sandoz products are authorized generics. ^f	2.5, 5, 10 mg tabs ~\$20 (5 mg BID)	BID at least 4 hours apart without regard to meals.	3 to 5 h ⁴	Initial: 2.5 mg BID (children and adults) Titration: 2.5 mg with AM and/or midday dose ⁶	FDA: 20 mg Off-label: 50 mg ¹
Extended-release (ER) dexamethylphenidate					
<i>Focalin XR</i> ^c (Sandoz) Generic from Camber (Ascent), Granules, Impax, Lannett (Adare), Endo, Sun, and Teva are AB rated. ^b Sandoz products are authorized generics. ^f	5, 10, 15, 20, 25, 30, 35, 40 mg caps ~\$50 (10 mg daily)	Once daily in the morning without regard to meals. May be taken whole or sprinkled on applesauce. ⁱ	8 to 12 h ⁴	Initial: 5 mg (children) or 10 mg (adults) Titration: 5 mg (children) or 10 mg (adults)	FDA: 30 mg children; 40 mg adults Off-label: 50 mg ¹

Product	Dosage Forms Cost/Month ^a	Dosing Frequency	Duration of Action (approx.)	Initial and Titration Dose (every 7 days, unless noted otherwise) ^c	Max Daily Dose
Extended-release (ER) methylphenidate					
<i>Aptensio XR</i> (Rhodes) Capsules filled with multi-layered beads. IR layer contains 40% of the dose, controlled-release layer contains 60% of the dose. Peaks at 2 and 8 hours post-dose. Generic from Teva is AB rated. ^b	10, 15, 20, 30, 40, 50, 60 mg caps ~\$216 (any strength daily)	Once daily in the morning, at a consistent time in regard to meals. May be taken whole or sprinkled on applesauce. ⁱ	12 h ⁷	Initial: 10 mg (patients 6 yrs and older) Titration: 10 mg	FDA: 60 mg
<i>Concerta</i> ^d (Janssen) OROS (osmotic system has hole for sustained drug release) with IR overcoat. Generics from Kremers Urban (Lannett), and Mallinckrodt (SpecGx) are BX rated. ^b Generics from Camber (Ascent), Dr. Reddy's, Teva, Sun, Trigen (Osmotica), and XL Care (Ascent) are AB rated. ^b	18, 27, 36, 54 mg ER tabs ~\$70 (36 mg daily)	Once daily in the morning without regard to meals. Must be swallowed whole.	12 h	Initial: 18 mg (children or adolescents) or 18 to 36 mg (adults) Titration: 18 mg (27 mg tablet is available for titration between 18 mg and 36 mg)	FDA: 54 mg (children); 72 mg (adolescents and adults) Off-label: 72 mg (children ≤40 kg); ⁵ 90 mg (adolescents >40 kg); ⁵ 108 mg (adults) ^{1,5,h}
<i>Cotempla XR-ODT</i> (Neos) Contains approximately 25% IR and 75% ER methylphenidate	8.6, 17.3, 25.9 mg ER orally disintegrating tabs ~\$513 (all strengths)	Once daily in the morning, at a consistent time in regard to meals. Tablet should be allowed to dissolve (with saliva, no liquid needed) on the tongue without chewing or crushing.	12 h	Initial: 17.3 mg (children) Titration: 8.6 to 17.3 mg	FDA: 51.8 mg

Product	Dosage Forms Cost/Month ^a	Dosing Frequency	Duration of Action (approx.)	Initial and Titration Dose (every 7 days, unless noted otherwise) ^c	Max Daily Dose
Extended-release (ER) methylphenidate (continued)					
<i>Daytrana</i> (Noven) transdermal patch Generic from Viatrix is AB rated. ^b Generic from Padagis is authorized generic. ^f	1.1 mg/hr (10 mg/9 hr) 1.6 mg/hr (15 mg/9 hr) 2.2 mg/hr (20 mg/9 hr) 3.3 mg/hr (30 mg/9 hr) ~\$402 (all strengths)	Worn daily for 9 hours (apply 2 hours before desired effect). Can be worn up to 16 hours if longer effect is needed. ⁸ Remove at least 3 hours before bedtime. ⁸ Replace patch once daily in the morning. Apply to hip area. Change application site daily.	12 h (with 9-h wear time) ⁸	Initial: 10 mg Titration: Next highest patch strength Dosing based on studies in children 6 to 17 yrs old.	FDA: 30 mg
<i>Jornay PM</i> (Ironshore) Delayed- and extended-release properties. No more than 5% of drug is available within 10 hours after dosing. A single peak level occurs about 14 hours after a dose.	20, 40, 60, 80, 100 mg ER caps ~\$456 (all strengths)	Once daily in the EVENING, at the same time, usually between 6:30 and 9:30 PM, consistently with or without food. May be taken whole or sprinkled on applesauce. ⁱ	10 h	Initial: 20 mg (children and adults) Titration: 20 mg	FDA: 100 mg
<i>Metadate CD</i> ^d (Aytu) Bead-filled capsule (30% IR and 70% ER) Generics from Impax, Mallinckrodt (SpecGx), and Teva are AB rated. ^b Lannett products are authorized generics. ^f	10, 20, 30, 40, 50, 60 mg ER caps ~\$60 (20 mg daily)	Once daily in the morning before breakfast. May be taken whole or sprinkled on applesauce. ⁱ Avoid alcohol; alcohol may cause more rapid release.	6 to 9 h ^{4,9}	Initial: 20 mg (children and adults) Titration: 10 to 20 mg	See <i>Ritalin</i>
<i>Relexxii</i> (Osmotica) Osmotic system has hole for sustained drug release with IR overcoat.	18, 27, 36, 45, 54 63, 72 mg ER tabs ~\$375 (36 mg daily)	Once daily in the morning without regard to meals. Must be swallowed whole.	12 h	Initial: See <i>Concerta</i> . Titration: 18 mg (27, 45, and 63 mg tablets are available for additional titration options)	See <i>Concerta</i> .

Product	Dosage Forms Cost/Month ^a	Dosing Frequency	Duration of Action (approx.)	Initial and Titration Dose (every 7 days, unless noted otherwise) ^c	Max Daily Dose
Extended-release (ER) methylphenidate (continued)					
<i>Ritalin LA</i> ^c (Sandoz) Bead-filled capsule (50% IR and 50% enteric coated, delayed release) Generics from Granules and Mayne (Dr. Reddy's) are AB rated. ^b Sandoz products are authorized generics. ^f	10, 20, 30, 40, 60 mg* LA caps ~\$80 (20 mg daily) *60 mg caps only available generically.	Once daily in the morning. May be taken whole or sprinkled on applesauce. ⁱ	6 to 9 h ^{4,10}	Initial: 10 to 20 mg (children and adults) ^{11,p} Titration: 10 mg ^{11,p}	See <i>Ritalin</i>
<i>QuilliChew ER</i> ^d (NextWave) ER mechanism: drug is released from sodium polystyrene sulfonate particles via ion exchange. (30% IR, 70% ER)	20, 30, 40 mg cherry chewable ER tabs 20 mg and 30 mg tabs are scored. ~\$375 (all strengths)	Once daily in the morning, without regard to meals.	8 h	Initial (patients 6 yrs and older): 20 mg Titration: 10, 15, or 20 mg	FDA: 60 mg Off-label: some experts recommend doses up to 100 mg daily if >50 kg ⁶
<i>Quillivant XR</i> ^d (NextWave) Contains approximately 20% IR and 80% ER methylphenidate.	5 mg/mL oral suspension ~\$340 (doses of 10, 20, 25, or 30 mg daily)	Once daily in the morning with or without food. Pharmacist must reconstitute. Shake bottle vigorously for ≥10 seconds prior to dose. Measure dose only with the oral dosing dispenser provided. Store reconstituted suspension in original container at room temp for up to 4 months.	12 h	Initial: 20 mg (patients 6 yrs and older) Titration: 10 to 20 mg	FDA: 60 mg Off-label: some experts recommend doses up to 100 mg daily if >50 kg ⁶

Product	Dosage Forms Cost/Month ^a	Dosing Frequency	Duration of Action (approx.)	Initial and Titration Dose (every 7 days, unless noted otherwise) ^c	Max Daily Dose
Serdexmethylphenidate (prodrug of dexamethylphenidate) and dexamethylphenidate					
<i>Azstarys</i> (Corium)	26.1/5.2, 39.2/7.8, 52.3/10.4 mg caps ~\$418 (any strength daily)	Once daily in the morning without regard to meals. May be taken whole or sprinkled on applesauce or dissolved in 50 mL of water. ⁱ	10 h ¹²	Initial: 39.2/7.8 mg once daily (patients 6 yrs and older) Titration: next highest capsule strength	FDA: 52.3/10.4 mg
Amphetamines					
<i>Adderall</i> (mixed amphetamine salts) ^g Brand discontinued. Generics from Alvogen, Aurolife, Camber (Ascent), Elite, Epic, Granules, Lannett, Mallinckrodt (SpecGx), NorthStar (Aurolife), Oryza (US Pharma Windlas), Rhodes, Sun, Sandoz, Sunrise (Nuvo), Teva, and Zydus are AB rated. ^b	5, 7.5, 10, 12.5, 15, 20, 30 mg tabs ~\$15 (20 mg daily)	One to three times daily (usually once or twice daily ⁴) at four- to six-hour intervals.	6 h ⁴ (dose- dependent)	Initial: 2.5 mg once daily (3 to 5 yrs of age) or 5 mg once or twice daily (6 yrs and older) or 10 mg BID (adults ¹³) Titration: 2.5 mg (3 to 5 yrs of age) and 5 mg (≥6 yrs) once or twice daily or 10 mg BID (adults ¹³)	FDA: 40 mg Off-label: 60 mg if >50 kg ¹
<i>Adderall XR</i> ^c (Takeda) (mixed amphetamine salts) ^g Generics from Elite, Granules, Impax, Lannett, Rhodes, SpecGx, and Teva are AB rated. ^b Amerigen, Prasco, and Sandoz products are authorized generics. ^f	5, 10, 15, 20, 25, 30 mg ER caps ~\$45 (any strength daily)	Once daily in the morning without regard to meals. May be taken whole or sprinkled on applesauce. ⁱ	10 to 12 h ⁴	Initial: 5 to 10 mg (6 to 12 yrs old), 10 mg (adolescents), or 20 mg (adults) Titration: 5 to 10 mg ^{5,p}	FDA: 30 mg (children), 20 mg (adolescents and adults) Off-label: 30 mg, 60 mg if >50 kg ¹

Product	Dosage Forms Cost/Month ^a	Dosing Frequency	Duration of Action (approx.)	Initial and Titration Dose (every 7 days, unless noted otherwise) ^c	Max Daily Dose
Amphetamines (continued)					
<i>Adzenys XR-ODT</i> (Neos) (amphetamine ER orally disintegrating tabs) ^{g,j}	3.1, 6.3, 9.4, 12.5, 15.7, 18.8 mg ER orally disintegrating tabs ^j ~\$500 (any strength daily)	Once daily in the morning without regard to meals. Tablet is placed on tongue and allowed to disintegrate. Tablet should not be not chewed, crushed, or swallowed whole.	See <i>Adderall XR</i> (approval based on <i>Adderall XR</i> data)	Initial: 6.3 mg q AM (6 to 17 yrs of age), or 12.5 mg q AM (adults) Titration: 3.1 to 6.3 mg	FDA: 18.8 mg (ages 6 to 12 yrs), 12.5 mg (ages 13 yrs and older)
<i>Dexdrostat</i> (brand discontinued), <i>Dexedrine</i> (brand discontinued), <i>Zenzedi</i> (Azurity; branded generic) Dextroamphetamine Generics from Aurolindo (Aurolife), Azurity, KVK-Tech (Avanthi), Mallinckrodt (SpecGx), Sunrise (Nuvo), Teva, Wilshire (Azurity), and Winder are AA rated. ^b	2.5, 5, 7.5, 10, 15, 20, 30 mg tabs ~\$71 (5 mg BID)	BID to TID. First dose upon awakening; additional doses at 4- to 6-hour intervals.	4 to 6 h ⁴	Initial: 2.5 mg q AM (3 to 5 yrs of age), or 2.5 mg to 5 mg BID (≥6 yrs and adults ⁵) Titration: 2.5 mg (3 to 5 yrs of age) or 2.5 to 5 mg (≥6 yrs and adults ⁵)	FDA: 40 mg, rarely higher Off-label: 60 mg if >50 kg ¹
<i>Dexedrine Spansule</i> ^d (Impax) (dextroamphetamine) Coated capsule for gradual release. Generics from Impax, Mallinckrodt (SpecGx) and Teva are AB rated. ^b	5, 10, 15 mg ER caps ~\$110 (10 mg once daily)	Usually once daily in the morning, or BID.	6 to 8 h ⁵	Initial: 5 mg q AM or BID (children) or 10 mg q AM (6 yrs and older ⁵) Titration: 5 mg ^{5,11}	FDA: 40 mg, rarely higher Off-label: 60 mg if >50 kg ¹

Product	Dosage Forms Cost/Month ^a	Dosing Frequency	Duration of Action (approx.)	Initial and Titration Dose (every 7 days, unless noted otherwise) ^c	Max Daily Dose
Amphetamines (continued)					
<i>Dyanavel XR</i> ^d (Tris Pharma) (amphetamine ER oral suspension) ^g Contains IR and ER amphetamine. ER drug is released from sodium polystyrene sulfonate resin via ion exchange.	2.5 mg/mL oral suspension 5, 10, 15, 20 mg tablets (5 mg tabs are scored) 10 mg daily ~\$350 (suspension) ~\$445 (tablets)	Once daily in the morning without regard to meals. Shake bottle prior to dose.	at least 12 h	Initial: 2.5 to 5 mg (children and adults) Titration: 2.5 to 10 mg every 4 to 7 days	FDA: 20 mg
<i>Evekeo</i> (Arbor) (amphetamine [1:1 ratio of dextroamphetamine/ amphetamine]) Generics from Amneal, Bionpharma, Dr. Reddy's (Cerovene), Granules, Lannett, Solco, and SpecGx are AA rated. ^b Wilshire products are authorized generics. ^f	5, 10 mg scored tabs ~\$86 (any strength BID)	One to three times daily. First dose upon awakening; additional doses at 4- to 6-hour intervals.	at least 9.25 h ¹⁴	Initial: 2.5 mg once daily (3 to 5 yrs of age) or 5 mg once or twice daily (6 yrs and older), or 5 to 10 mg once daily (adults ⁴³) Titration: 2.5 mg (3 to 5 yrs of age), 5 mg (6 yrs and older), or 5 to 10 mg (adults ⁶)	FDA: 40 mg, rarely higher Off-label: 60 mg (adults) ⁶
<i>Mydayis</i> (Shire) (mixed amphetamine salts ER capsule) Generics from SpecGx, Sun, and Teva are AB rated. ^b	12.5, 25, 37.5, 50 mg XR caps ~\$293 (any strength daily)	Once daily upon waking and at a consistent time in regard to meals.	Up to 16 h	Initial: 12.5 mg (13 to 17 yrs of age and adults) Titration: 12.5 mg	FDA: 25 mg (children 13 to 17 yrs), 50 mg (adults)

Product	Dosage Forms Cost/Month ^a	Dosing Frequency	Duration of Action (approx.)	Initial and Titration Dose (every 7 days, unless noted otherwise) ^c	Max Daily Dose
Amphetamines (continued)					
<i>ProCentra</i> (Prasco; branded generic) (dextroamphetamine) Generics from Tris Pharma and Prasco are AA rated. ^b	1 mg/mL oral solution ~\$456 (5 mg BID)	BID to TID. First dose upon awakening; additional doses at 4- to 6-hour intervals.	4 to 6 h ⁴	Initial: 2.5 mg q AM (3 to 5 yrs of age), or 5 mg q AM or BID (children 6 yrs and older) Titration: 2.5 mg (3 to 5 yrs of age), 5 mg (children 6 yrs and older)	FDA: 40 mg, rarely higher Off-label: 60 mg if >50 kg ¹
<i>Vyvanse</i> (Takeda) (lisdexamfetamine) Converted to active dextroamphetamine in the bloodstream. ²² Generics from Alvogen, Amneal, Apotex, Hikma, Lannett, Rhodes, Novadoz, Solco, Sun, SpecGx, are AB rated. ^b	10, 20, 30, 40, 50, 60, 70 mg* chewable tabs and caps (*70 mg only avail as capsule). ~\$230 (40 mg daily)	Once daily in the morning without regard to meals. Capsule may be taken whole or contents dissolved in water, yogurt, or orange juice and taken immediately.	10 to 12 h ⁴ (up to 14 h, adults)	Initial: 30 mg (children and adults) Titration: 10 to 20 mg	FDA: 70 mg
<i>Xelstrym</i> (Noven) (dextroamphetamine)	4.5, 9, 13.5, 18 mg transdermal patch ~\$490	Apply two hours before desired effect. Remove patch within nine hours of application.	9 h ¹⁵	Initial: 4.5 mg (children); 9 mg (adults) Titration: 4.5 mg (children); individualize (adults)	FDA: 18 mg (children and adults)

Product	Dosage Forms Cost/Month ^a	Dosing Frequency	Duration of Action (approx.)	Initial and Titration Dose (every 7 days, unless noted otherwise) ^c	Max Daily Dose
Nonstimulants: Some caregivers are uncomfortable with stimulants, and some patients respond poorly to stimulants. ⁴ May be used as adjuncts to stimulants. ⁵ Options include atomoxetine, extended-release guanfacine, extended-release clonidine, or extended-release viloxazine.					
<p><i>Strattera</i> (Lilly USA) (atomoxetine)</p> <p>Generics from Apotex, Burel (Aurobindo), Camber (Hetero), Dr. Reddy's, Glenmark, Major (Dr. Reddy's), NorthStar (Glenmark), Rising (Aurobindo), and Teva are AB rated.^b Prasco products are authorized generics.^f</p> <p>Response rate is lower compared to stimulants.⁵</p> <p>Consider atomoxetine for patients with anxiety, tics, insomnia, or substance abuse disorders.⁵</p> <p>Contains a "black box" warning for increased suicidal ideation in children and adolescents.</p>	<p>10, 18, 25, 40, 60, 80, 100 mg caps</p> <p>~\$108 (40 mg daily)</p>	<p>Once daily or divided BID (i.e., morning and late afternoon/early evening) without regard to meals.</p>	<p>At least 10 to 12 h⁴</p>	<p>Initial: 0.5 mg/kg/day (≤ 70 kg) or 40 mg/day (> 70 kg)</p> <p>Titration for patients ≤ 70 kg: after at least 3 days, increase to ~ 1.2 mg/kg/day. Alternatively, after 4 days increase to 1 mg/kg/day, then increase to 1.2 mg/kg/day after 4 more days.¹</p> <p>Titration patients > 70 kg: after at least 3 days, increase to 80 mg/day, then up to 100 mg/day after two to four additional weeks.</p>	<p>FDA: children and adolescents up to 70 kg, lesser of 1.4 mg/kg or 100 mg; children and adolescents over 70 kg and adults, 100 mg</p> <p>Off-label: Lesser of 1.8 mg/kg or 100 mg¹</p>

Product	Dosage Forms Cost/Month ^a	Dosing Frequency	Duration of Action (approx.)	Initial and Titration Dose (every 7 days, unless noted otherwise) ^c	Max Daily Dose
Nonstimulants (continued)					
<p><i>Kapvay</i>^k (brand discontinued) (clonidine ER)</p> <p>Generics from Ajanta, Blue Point (Ajanta), Ingenus (Novast), Lupin (Chartwell), Solco (Xiamen), and Teva are AB rated.^b</p> <p>May be a good alternative for children who are intolerant to stimulants (e.g., kids with tics, insomnia).¹</p>	<p>0.1 mg ER tabs</p> <p>~\$100 (0.1 mg BID)</p>	<p>Tablets should not be crushed, chewed, or broken before swallowing. Do not substitute for other clonidine products on a mg-per-mg basis due to different pharmacokinetic profile. Doses above 0.1 mg/day should be divided BID with an equal or higher split dosage being given at bedtime. When discontinuing, taper the dose in decrements of no more than 0.1 mg every 3 to 7 days.</p>	<p>At least 10 to 12 h⁴</p>	<p>Initial: 0.1 mg at bedtime</p> <p>Titration: 0.1 mg</p> <p>Dosing based on studies in children 6 to 17 yrs of age.</p>	<p>FDA: 0.4 mg</p>
<p><i>Onyda XR</i> (Tris Pharma) (clonidine ER oral suspension)</p>	<p>0.1 mg/mL</p> <p>\$480 (0.1 to 0.2 mg/day)</p>	<p>Once daily at bedtime, without regard to meals. Do not substitute for other clonidine products on a mg-per-mg basis due to different pharmacokinetic profile. When discontinuing, taper the dose in decrements of no more than 0.1 mg every 3 to 7 days.</p>	<p>See <i>Kapvay</i>.</p>	<p>Initial: 0.1 mg at bedtime.</p> <p>Titration: 0.1 mg</p> <p>Dosing based on <i>Kapvay</i> studies in children 6 to 17 yrs of age.</p>	<p>FDA: 0.4 mg</p>

Product	Dosage Forms Cost/Month ^a	Dosing Frequency	Duration of Action (approx.)	Initial and Titration Dose (every 7 days, unless noted otherwise) ^c	Max Daily Dose
<p><i>Intuniv</i>^k (Shire) (guanfacine ER tabs)</p> <p>Generics from Alembic, Apotex, Northstar (Sun), Sandoz, Slate Run (Yichang Humanwell), Sun, Teva, Twi Pharmaceuticals are AB rated.^b</p> <p>May be a good alternative for children who are intolerant to stimulants (e.g., kids with tics, insomnia)¹ or those with anxiety or aggression.⁵ Appears at least as effective as other nonstimulants.^{16,17}</p>	<p>1, 2, 3, 4 mg ER tabs</p> <p>~\$16 (any strength daily)</p>	<p>Once daily at approximately the same time each day; avoid high-fat meals. Tablets should not be crushed, chewed, or broken. Do not substitute for immediate-release guanfacine tablets on a mg-per-mg basis due to different pharmacokinetic profiles. When discontinuing, taper the dose in decrements of no more than 1 mg every 3 to 7 days.²⁵</p>	<p>At least 8 to 12 h^{4,16}</p>	<p>Initial: 1 mg²⁵</p> <p>Titration: 1 mg²⁵</p> <p>Efficacy is evident at doses of 0.05 to 0.08 mg/kg once daily. Doses up to 0.12 mg/kg once daily may provide additional benefit.²⁵</p> <p>Dosing based on studies in children 6 to 17 yrs of age.²⁵</p>	<p>FDA: 7 mg²⁵</p> <p>Doses above 4 mg have not been evaluated in children 6 to 12 yrs of age.²⁵</p>
Nonstimulants (continued)					
<p><i>Qelbree</i> (Supernus) (viloxazine ER caps)</p> <p>Contains a “black box” warning for increased suicidal ideation in pediatric patients.</p>	<p>100, 150, 200 mg ER caps</p> <p>~\$360 (any strength daily)</p>	<p>Once daily without regard to meals. May be taken whole or sprinkled on applesauce.ⁱ</p>	<p>No published data.</p>	<p>Initial: 100 mg (patients 6 to 11 yrs old); 200 mg (patients ≤12 yrs old)</p> <p>Titration: 100 mg (6 to 11 yrs) or 200 mg (≥12 yrs old)</p>	<p>FDA: 400 mg (children) 600 mg (adults)</p>

Abbreviations: ADHD = attention-deficit/hyperactivity disorder; AM = morning; ER = extended-release; BID = twice daily; h = hour; IR = immediate-release; q = every; QID = four times daily; TID = three times daily; yrs = years.

a. Pricing (for generic when available) based on wholesale acquisition cost (WAC). Medication pricing by Elsevier, accessed September 2024.

- b. AB rating: product meets necessary bioequivalence requirements.³
 AA rating: dosage form presents no actual or suspected bioequivalence problems. Has met *in vitro* FDA bioequivalence standards.³
 BX rating: presumed therapeutically inequivalent due to insufficient data.³
- c. Releases some drug right away, then the rest later (mimics BID dosing).
- d. Releases an immediate dose, then gradually releases the rest.
- e. May differ from FDA-approved product information.
- f. Authorized generic: a brand-name drug sold as a generic, often by another manufacturer.
- g. Approximately 75% dextroamphetamine and 25% l-amphetamine.
- h. AACAP guidelines give a max *Concerta* daily dose of 108 mg regardless of weight.¹
- i. May be sprinkled over a small amount of applesauce (e.g., tablespoonful). If sprinkled over applesauce, the entire contents should be consumed immediately and not stored for future use. Capsule and/or capsule contents should not be crushed, chewed, or divided. Applesauce should not be warm (*Ritalin LA*).
- j. Strength reflects the amount of amphetamine base.
- k. Clonidine extended-release and *Intuniv* are FDA approved for monotherapy or as an add-on to stimulants.
- L. **Common stimulant side effects** include anorexia, insomnia, and headache.⁵ If insomnia is a problem, give last dose earlier in the day.⁵ Stimulants might reduce final adult height by less than one inch.⁵²

Dose Conversion Information.^m Note: Product labeling for *Adhansia XR*, *Azstarys*, *Dyanavel XR*, *Evekeo ODT*, *Jornay PM*, *Mydayis*, *QuilliChew ER*, *Quillivant XR ODT*, (and *Adzenys XR-ODT* if switching from any product other than *Adderall XR*) recommends starting with the initial dose and titrating when switching to these products due to differences among products in salt forms and pharmacokinetics.

Drug	Switching Approach
<i>Concerta</i> OR <i>Relexxii</i>	Previous methylphenidate daily dose: Recommended <i>Concerta</i> or <i>Relexxii</i> starting dose <ul style="list-style-type: none"> • 5 mg BID or TID (IR): 18 mg <i>Concerta</i> or <i>Relexxii</i> every morning • 10 mg BID or TID (IR): 36 mg <i>Concerta</i> or <i>Relexxii</i> every morning • 15 mg BID or TID (IR): 54 mg <i>Concerta</i> or <i>Relexxii</i> every morning • 20 mg BID or TID: 72 mg <i>Concerta</i> or <i>Relexxii</i> every morning
<i>Daytrana</i>	Previous methylphenidate daily dose: Recommended <i>Daytrana</i> starting dose (9-h wear time)^{8,n} <ul style="list-style-type: none"> • 5 mg TID or <i>Concerta</i> 18 mg daily: <i>Daytrana</i> 10 mg • 7.5 mg TID or <i>Concerta</i> 27 mg daily: <i>Daytrana</i> 15 mg • 10 mg TID or <i>Concerta</i> 36 mg daily: <i>Daytrana</i> 20 mg • 15 mg TID or <i>Concerta</i> 54 mg daily: <i>Daytrana</i> 30 mg
Dexmethylphenidate	Start with half the total daily dose of methylphenidate. For IR dexmethylphenidate, divide BID with at least four hours between doses. Give <i>Focalin XR</i> once daily in AM. If converting from IR dexmethylphenidate to <i>Focalin XR</i> , use same total daily dose, given as a single morning dose.

Drug	Switching Approach
<i>Ritalin LA</i>	Dosage conversion from methylphenidate IR (BID dosing) to <i>Ritalin LA</i> : use same total daily dose. Give once daily.
Methylphenidate/ dextroamphetamine/mixed amphetamine salts conversion	No specific guidance in literature. Amphetamines are dosed at about half the methylphenidate dose. ⁵ Consider switching from methylphenidate to amphetamines at half the dose, or from amphetamines to methylphenidate at the same dose and titrating up. ⁵ Or, start with recommended initial dose and titrate up. ⁵
<i>Adzenys XR-ODT</i>	Previous <i>Adderall XR</i> daily dose: Recommended <i>Adzenys XR-ODT</i> daily dose <ul style="list-style-type: none"> • 5 mg: <i>Adzenys XR-ODT</i> 3.1 mg • 10 mg: <i>Adzenys XR-ODT</i> 6.3 mg • 15 mg: <i>Adzenys XR-ODT</i> 9.4 mg • 20 mg: <i>Adzenys XR-ODT</i> 12.5 mg • 25 mg: <i>Adzenys XR-ODT</i> 15.7 mg • 30 mg: <i>Adzenys XR-ODT</i> 18.8 mg

m. May differ from product labeling. Use chart only as a guide. When converting patients from one agent to another, use clinical judgment and monitor the patient closely for clinical and adverse effects.

n. FDA-approved labeling recommends patients converting from other methylphenidate formulations start with 10 mg due to differences in bioavailability among products.

p. **US product information used in creation of this document:** *Ritalin* (October 2023), methylphenidate chewable tablet (Rising, February 2024), *Methylin* oral solution (November 2023), *Focalin* (November 2023), *Focalin XR* (October 2023), *Aptensio XR* (October 2023), *Concerta* (October 2023), *Cotempla XR-ODT* (June 2021), *Daytrana* (April 2024), *Jornay PM* (October 2023), *Metadate CD* (October 2023), *Relexxii* (May 2024), *Ritalin LA* (October 2023), *Quillichew ER* (October 2023), *Quillivant XR* (October 2023), *Azstarys* (October 2023), mixed amphetamine salts (Teva, May 2024), *Adderall XR* (October 2023), *Adzenys XR-ODT* (March 2022), dextroamphetamine sulfate tablet (Sunrise, July 2024), *Dexedrine Spansule* (October 2023), *Dyanavel XR* (October 2023), *Evekeo* (October 2023), *Mydayis* (October 2023), dextroamphetamine sulfate solution (Prasco, October 2023), *Vyvanse* (October 2023), *Xelstrym* (October 2023), *Strattera* (January 2022), clonidine extended-release tablet (Solco, May 2024), *Intuniv* (August 2020), *Qelbree* (April 2022), *Onyda XR* (July 2024)

Users of this resource are cautioned to use their own professional judgment and consult any other necessary or appropriate sources prior to making clinical judgments based on the content of this document. Our editors have researched the information with input from experts, government agencies, and national organizations. Information and internet links in this article were current as of the date of publication.

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