

## APPENDIX 3. Medications For ADHD

### Canadian Medication Tables per Age Group

Table 5.10 Medical Treatment for ADHD – Children (6-12 Years)

Brand Name	Active Ingredient	Dosage Form	Starting Dose <sup>1</sup>	Titration Schedule <sup>2</sup>		Total Maximum Daily Dose <sup>3</sup>	
				Product Monograph	CADDRA <sup>4</sup>	Product Monograph	CADDRA <sup>4</sup>
<b>FIRST LINE AGENTS - Long-acting psychostimulants</b>							
<b>Adderall XR<sup>®5</sup></b>	amphetamine mixed salts	5, 10, 15, 20, 25, 30 mg cap	5-10 mg q.d. a.m.	↑ 5-10 mg	↑ 5 mg	30 mg	30 mg
<b>Biphentin<sup>®</sup></b>	methylphenidate	10, 15, 20, 30, 40, 50, 60, 80 mg cap	10-20 mg q.d. a.m.	↑ 10 mg	↑ 5-10 mg	60 mg	60 mg
<b>Concerta<sup>®5</sup></b>	methylphenidate	18, 27, 36, 54 mg tab	18 mg q.d. a.m.	↑ 18 mg	↑ 9-18 mg	54 mg	72 mg
<b>Foquest<sup>®</sup></b>	methylphenidate	25, 35, 45, 55, 70 mg cap	25 mg q.d. a.m.	↑ 10-15 mg	↑ 10-15 mg	70 mg	70 mg
<b>Vyvanse<sup>®</sup></b>	lisdexamfetamine	10, 20, 30, 40, 50, 60, 70 <sup>6</sup> mg cap 10, 20, 30, 50, 50, 60 mg chewable tab	20-30 mg q.d. a.m.	↑ 10-20 mg	↑ 10-20 mg	60 mg	60 mg
<b>SECOND LINE / ADJUNCTIVE AGENTS - Short-acting and intermediate-acting psychostimulants</b> <i>Indications for use: a) p.r.n. for certain activities; b) to augment<sup>7</sup> long-acting formulations early or late in the day, or early in the evening and c) when long-acting agents are cost prohibitive</i>							
<b>Dexedrine<sup>®5</sup></b>	dextro-amphetamine	5 mg tablet	2.5-5 mg b.i.d. <sup>8</sup>	↑ 2.5-5 mg	↑ 2.5-5 mg	40 mg	20 mg
<b>Dexedrine<sup>®</sup></b> <b>Spansule<sup>®9</sup></b>	dextro-amphetamine	10, 15 mg capsule	10 mg q.d. a.m.	↑ 5 mg	↑ 2.5-5 mg	40 mg	30 mg
<b>Ritalin<sup>®5</sup></b>	methylphenidate	10, 20 mg tablet (5 mg generic only)	5 mg b.i.d. to t.i.d. <sup>8</sup>	↑ 5-10 mg	↑ 5 mg	60 mg	60 mg
<b>Ritalin<sup>® SR</sup><sup>10,5</sup></b>	methylphenidate	20 mg tablet	20 mg q.d. a.m.	↑ 20 mg	↑ 20 mg	60 mg	60 mg
<b>SECOND LINE / ADJUNCTIVE AGENTS - Long acting non-psychostimulants Selective Alpha<sub>2A</sub>-adrenergic receptor agonist</b> <i>Indications for use: Monotherapy and as an adjunctive therapy to psychostimulants</i>							
<b>Intuniv XR<sup>®</sup></b>	guanfacine	1, 2, 3, 4 mg tablet	1 mg	Increments of 1 mg every 7-14 days		4 mg	4 mg
<b>SECOND LINE / ADJUNCTIVE AGENTS - Long-acting non-psychostimulants Selective norepinephrine reuptake inhibitor</b> <i>Indications for use: Monotherapy (off-label: prescribed as an adjunctive therapy)</i>							
<b>Strattera<sup>®5</sup></b>	atomoxetine	10, 18, 25, 40, 60, 80, 100 mg capsule	0.5 mg/kg/day	Adjust dosage every 7-14 days; to 0.8 mg/kg/day, then 1.2 mg/kg/day		Lesser of 1.4 mg/kg/day or 60 mg/day	

p.r.n. = as needed

<sup>1</sup> CADDRA generally recommends starting at the lowest dose available. Young children should be titrated slowly, e.g. Concerta: 18, 27, 36; Biphentin 10, 15, 20 mg; and Foquest 25, 35, 45 mg

<sup>2</sup> Most research protocols and product monographs advise on intervals no less than 7 days; longer intervals may be needed for particular clinical or tolerability situations

<sup>3</sup> Refer to the adolescent table for children > 40 kg

<sup>4</sup> A consensus decision was made based on clinical use and research data. Doses per CADDRA that are over or under product monograph maximum or minimum doses should be considered off-label use

<sup>5</sup> Generic available. The Canadian ADHD Practice Guidelines' committee reported loss of symptom control in some patients when switched from original to generic drugs. Therefore, long-acting psychostimulant generics are considered second line agents

<sup>6</sup> Vyvanse<sup>®</sup> 70mg is an off label dosage for ADHD treatment in Canada

<sup>7</sup> To augment Adderall XR<sup>®</sup> or Vyvanse<sup>®</sup>, short-acting and intermediate-acting dextro-amphetamine products can be used. To augment Biphentin<sup>®</sup> or Concerta<sup>®</sup> short-acting methylphenidate products can be used

<sup>8</sup> b.i.d. refers to qam and qnoon and t.i.d. refers to qa.m., qnoon and q4p.m.

<sup>9</sup> Dexedrine<sup>®</sup> Spansule<sup>®</sup> may last 6-8 hours

<sup>10</sup> Ritalin<sup>®</sup> SR may help cover the noon period but clinical experience suggests an effect similar to short-acting preparations. An increased dose could be spread out to include q2pm dose with a daily maximum of 60 mg

**Note: These tables summarize key information and cannot be considered exhaustive. Physicians should refer to Product Monographs for complete prescribing information.**



### APPENDIX 3. Medications For ADHD cont'd

Table 5.11 – Medical Treatment for ADHD – Adolescents (13-17 Years)<sup>1</sup>

Brand Name	Active Ingredient	Dosage Form	Starting Dose <sup>2</sup>	Titration Schedule <sup>3</sup>		Total Maximum Daily Dose	
				Product Monograph	CADDRA <sup>4</sup>	Product Monograph	CADDRA <sup>4</sup>
<b>FIRST LINE AGENTS - Long-acting psychostimulants</b>							
<b>Adderall XR<sup>®5</sup></b>	amphetamine mixed salts	5, 10, 15, 20, 25, 30 mg cap	5-10 mg q.d. a.m.	↑ 5-10 mg	↑ 5 mg	20-30 mg	50 mg
<b>Biphentin<sup>®</sup></b>	methylphenidate	10, 15, 20, 30, 40, 50, 60, 80 mg cap	10-20 mg q.d. a.m.	↑ 10 mg	↑ 5-10 mg	60 mg	80 mg
<b>Concerta<sup>®5</sup></b>	methylphenidate	18, 27, 36, 54 mg tab	18 mg q.d. a.m.	↑ 18 mg	↑ 9-18 mg	54 mg	90 mg
<b>Foquest<sup>®</sup></b>	methylphenidate	25, 35, 45, 55, 70 mg cap	25 mg q.d. a.m.	↑ 10 or 15 mg	↑ 10 or 15 mg	70 mg	70 mg
<b>Vyvanse<sup>®</sup></b>	lisdexamfetamine	10, 20, 30, 40, 50, 60, 70 <sup>6</sup> mg cap 10, 20, 30, 40, 50, 60 mg chewable tab	20-30 mg q.d. a.m.	By clinical discretion	↑ 10 mg	60 mg	70 mg
<b>SECOND LINE / ADJUNCTIVE AGENTS - Short-acting and intermediate-acting psychostimulants</b>							
<b>Indications for use: a) p.r.n. for certain activities; b) to augment<sup>7</sup> long-acting formulations early or late in the day, or early in the evening and c) when long-acting agents are cost prohibitive</b>							
<b>Dexedrine<sup>®5</sup></b>	dextro-amphetamine	5 mg tab	2.5-5 mg b.i.d. <sup>8</sup>	↑ 5 mg	↑ 2.5-5 mg	40 mg	30 mg
<b>Dexedrine<sup>®</sup> Spansule<sup>®9</sup></b>	dextro-amphetamine	10, 15 mg cap	10 mg q.d. a.m.	↑ 5 mg	↑ 2.5-5 mg	40 mg	30 mg
<b>Ritalin<sup>®5</sup></b>	methylphenidate	10, 20 mg tab (5 mg generic only)	5 mg b.i.d. to t.i.d. <sup>8</sup>	↑ 5-10 mg	↑ 5 mg	60 mg	60 mg
<b>Ritalin<sup>®</sup> SR<sup>10,5</sup></b>	methylphenidate	20 mg tab	20 mg q.d. a.m.	↑ 20 mg (add q2pm dose)		60 mg	80 mg
<b>SECOND LINE / ADJUNCTIVE AGENTS - Long-acting non-psychostimulants Selective Alpha<sub>2A</sub>-adrenergic receptor agonist</b>							
<b>Indications for use: Monotherapy and as an adjunctive therapy to psychostimulants</b>							
<b>Intuniv XR<sup>®</sup></b>	guanfacine	1, 2, 3, 4 mg tab	1 mg	Increments of 1 mg every 7 to 14 days		7 mg for monotherapy and 4 mg for adjunctive therapy	
<b>SECOND LINE / ADJUNCTIVE AGENTS - Long-acting non-psychostimulants - Selective norepinephrine reuptake inhibitor</b>							
<b>Indications for use: Monotherapy (off-label: prescribed as an adjunctive therapy)</b>							
<b>Strattera<sup>®5</sup></b>	atomoxetine	10, 18, 25, 40, 60, 80, 100 mg cap	0.5 mg/kg/day	Adjust dosage every 7-14 days; to 0.8 mg/kg/day, then 1.2 mg/kg/day <sup>11</sup>		Lesser of 1.4 mg/kg/day or 100 mg/day	

p.r.n. = as needed

<sup>1</sup> For adolescents > 40 kg

<sup>2</sup> CADDRA generally recommends starting at the lowest dose available

<sup>3</sup> Most research protocols and product monographs advise on intervals no less than 7 days; longer intervals may be needed for particular clinical or tolerability situations

<sup>4</sup> A consensus decision has been made based on clinical use and research data. Doses per CADDRA that are over or under product monograph maximum or minimum doses should be considered off-label use

<sup>5</sup> Generic available. The Canadian ADHD Practice Guidelines' committee reported loss of symptom control in some patients when switched from original to generic drugs. Therefore, long-acting psychostimulant generics are considered second line agents

<sup>6</sup> Vyvanse<sup>®</sup> 70mg is an off label dosage for ADHD treatment in Canada

<sup>7</sup> To augment Adderall XR<sup>®</sup> or Vyvanse<sup>®</sup>, short-acting and intermediate-acting dextro-amphetamine products can be used. To augment Biphentin<sup>®</sup> or Concerta<sup>®</sup> short-acting methylphenidate products can be used

<sup>8</sup> b.i.d. refers to qam and qnoon and t.i.d. refers to qa.m., qnoon and q4p.m.

<sup>9</sup> Dexedrine<sup>®</sup> Spansule<sup>®</sup> may last 6-8 hours

<sup>10</sup> Ritalin<sup>®</sup> SR may help cover the noon period but clinical experience suggests an effect similar to short-acting preparations

<sup>11</sup> This titration schedule applies to adolescents < 70 kg. For adolescents > 70 kg, use the adult titration schedule

**Note: These tables summarize key information and cannot be considered exhaustive. Physicians should refer to Product Monographs for complete prescribing information.**

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November 2020

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