

for 2 to 3 weeks after cessation. [Generic/Trade: extended-release tabs 0.1 mg. Tabs, immediate-release, 0.1, 0.2, 0.3 mg. Transdermal weekly patch 0.1 mg/day (TTS-1), 0.2 mg/day (TTS-2), 0.3 mg/day (TTS-3).] ▶LK ♀ ♂? Present in human milk \$\$\$\$\$

**DEXMETHYLPHENIDATE (Focalin, Focalin XR)** Extended-release, not already on stimulants: start 5 mg (children) or 10 mg (adults) PO q am. Max 30 mg/day (children) or 40 mg/day (adults). Immediate-release, not already on stimulants: 2.5 mg PO two times per day at least 4 h apart. Max 20 mg/day. If taking racemic methylphenidate, use conversion of 2.5 mg for each 5 mg of methylphenidate. [Generic/Trade: tabs, immediate-release 2.5, 5, 10 mg. Extended-release caps (\$\$\$\$\$) 5, 10, 15, 20, 25, 30, 35, 40 mg.] ▶LK ♀ ♂? Ⓜ \$\$\$

**DEXTROAMPHETAMINE (Dexedrine Spansules, ProCentra, Zenzedi)** **Narcolepsy:** start 10 mg PO q am, increase by 10 mg/day each week, max 60 mg/day given once daily (sustained-release) or one or two times per day at 4- to 6-h intervals (immediate-release). **ADHD:** immediate-release, age 3 to 5 yo start 2.5 mg/day PO, increase by 2.5 mg every week as needed and tolerated. Age 6 yo or older: start 5 mg PO one to two times per day, increase by 5 mg every week, usual max 40 mg/day divided one to two doses/day in 4 to 6 h intervals. Not recommended for patients younger than 3 yo. Extended-release, ages 6 yo and above: start 5 mg PO one or two times per day. May increase by 5 mg/day at weekly intervals up to max 40 mg/day. [Generic/Trade: caps, extended-release 5, 10, 15 mg. Tabs 5, 10 mg. Oral soln 5 mg/5 mL. Trade only: tabs 2.5, 5, 7.5, 10, 15, 20, 30 mg (Zenzedi).] ▶LK ♀ ♂— Ⓜ \$\$\$\$\$

**GUANFACINE—PSYCHIATRY (Intuniv)** Extended-release: start 1 mg PO once daily. Increase by 1 mg/d weekly to max 7 mg/day based on wt. Target range generally 0.05 to 0.12 mg/kg/day. Avoid abrupt discontinuation. [Generic/Trade: tabs, extended-release 1, 2, 3, 4 mg. Tabs 1, 2 mg.] ▶LK — ♀ ♂? \$\$\$\$

**LISDEXAMFETAMINE (Vyvanse)** **ADHD:** adults, adolescents, and children ages 6 yo and older, start 30 mg PO q am. May increase weekly by 10 to 20 mg/day to max 70 mg/day. Avoid evening doses. Monitor growth and use drug holidays when appropriate. **Binge eating disorder, moderate to severe:** start 30 mg PO once daily. May increase weekly by 20 mg/day to suggested range of 50 mg to 70 mg daily. Max 70 mg/day. [Trade: Caps 10, 20, 30, 40, 50, 60, 70 mg. Chewable tab 10, 20, 30, 40, 50, 60 mg.] ▶L Ⓜ ♀?/?/? Evidence for adverse fetal effects in women dependent on amphetamines. May cause vasoconstriction and uterine contractions. ▶— Ⓜ \$\$\$\$\$

**METHYLPHENIDATE (Jornay PM, Cotempla XR-ODT, Quillichew ER, Aptensio XR, Ritalin, Ritalin LA, Ritalin SR, Methylin, Methylin ER, Metadate ER, Metadate CD, Concerta, Daytrana, Quilivant XR, ↗Biphentin)** **ADHD:** 10 to 60 mg PO divided two to three times per day (immediate-release) or 20 mg PO q am (extended-release caps), max 60 mg/day. Extended-release tabs (Ritalin SR) can be used in place of the 8-h titrated amount of immediate-release tabs. Extended-release (Concerta) 18 to 36 mg PO q am, max 72 mg/day. Extended-release, chewable (Quillichew ER): start 20 mg PO (chewed) once daily in the morning. May increase

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