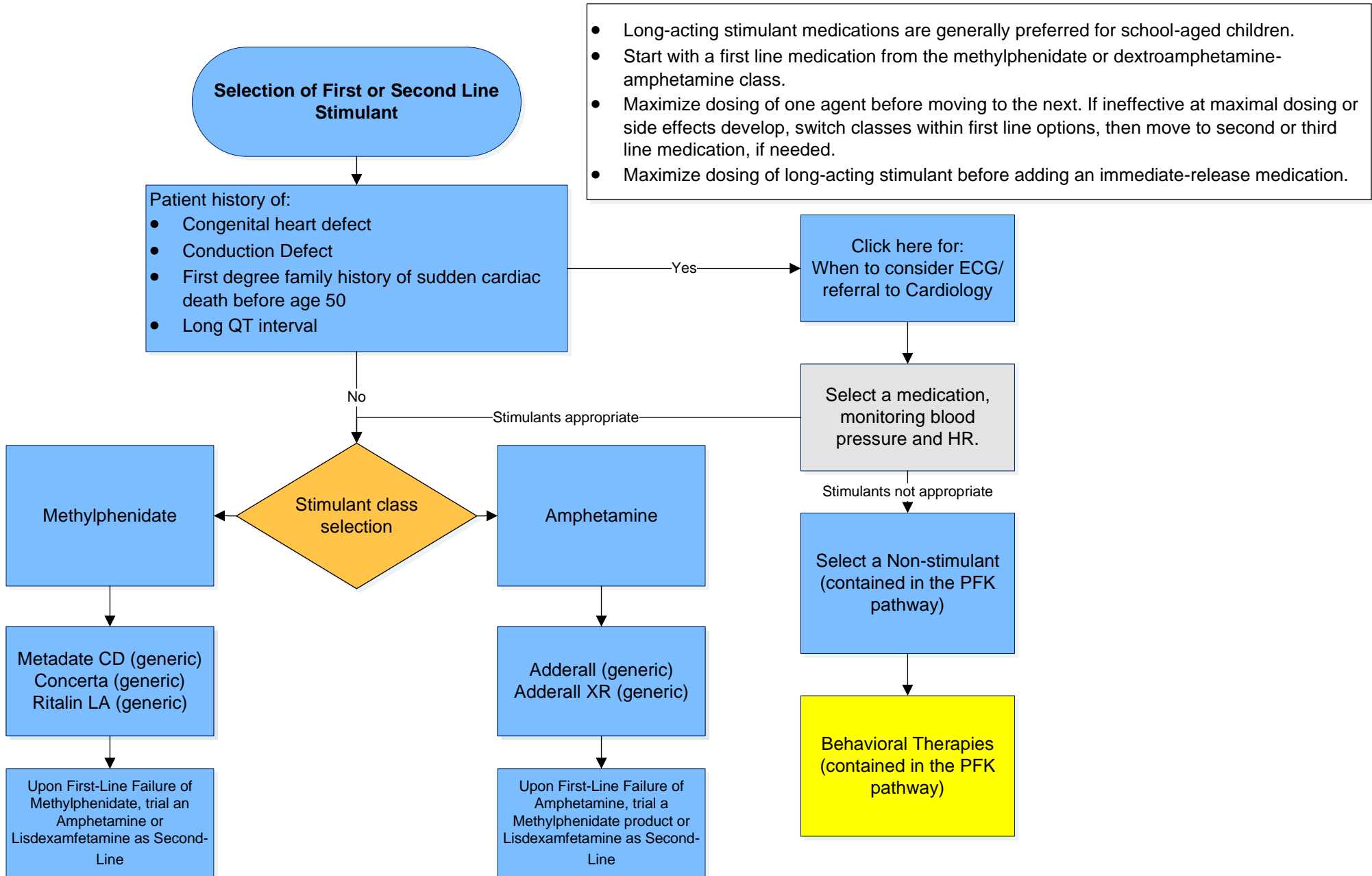


# Stimulant Medication Selection Guidance



- Long-acting stimulant medications are generally preferred for school-aged children.
- Start with a first line medication from the methylphenidate or dextroamphetamine-amphetamine class.
- Maximize dosing of one agent before moving to the next. If ineffective at maximal dosing or side effects develop, switch classes within first line options, then move to second or third line medication, if needed.
- Maximize dosing of long-acting stimulant before adding an immediate-release medication.

# Medicaid Unified Preferred Drug List (UPDL) Generic Stimulant Options:

Drug	Initial Daily Dose <sup>1</sup>	Titration Recommendation <sup>2</sup>	Max Daily Dose	Strengths Available	Average Cost Per Script <sup>3</sup>	Clinical Pearls
<b>Dextroamphetamine-Amphetamine Immediate Release</b> (Adderall®)	Age 3-5: 2.5 mg daily	Age 3-5: Increase daily dose by 2.5 mg weekly	40 mg	5; 7.5; 10; 12.5; 15; 20; 30 mg tablet	\$36	3:1 ratio dextro- to levo-amphetamine ratio. <sup>4</sup> Tablet can be crushed. Duration 4-6 hours.
	Age ≥6: 5 mg once or twice daily	Age ≥6: Increase daily dose by 5 mg weekly				
<b>Dextroamphetamine-Amphetamine Long-Acting</b> (Adderall XR®)	Age 6-12: 5-10 mg	Increase daily dose by 5-10 mg weekly	30mg	5; 10; 15; 20; 25; 30 mg capsule	\$35	3:1 ratio dextro- to levo-amphetamine ratio. <sup>4</sup> Capsule can be opened and sprinkled. Duration 8-12 hours.
	Age 13-17: 10-20 mg					
<b>Methylphenidate Immediate Release</b> (Ritalin®)	Age ≥6: 5 mg twice daily	Increase daily dose by 5-10 mg weekly	60 mg	Tablet: 5; 10; 20 mg Liquid: 5 mg/5 mL, 10 mg/5mL	\$22 Tablets \$31 Liquid	Tablet can be crushed. Duration 3-5 hours.
<b>Methylphenidate Long-Acting</b> (Ritalin LA®)	Age ≥ 6: 10-20 mg	Increase daily dose by 10 mg weekly	60 mg	Brand: 10; 20; 30; 40 mg capsule Generic: 10; 15; 20; 30; 40; 50; 60 mg capsule	\$78	50% is immediate release and 50% is extended release. Capsule can be opened and sprinkled. Duration 6-8 hours.
<b>Methylphenidate Long-Acting</b> (Concerta®)	Age ≥ 6: 18 mg	Increase daily dose by 18 mg weekly	54 mg (<13y) 72 mg (>13y)	18; 27; 36; 54 mg tablet	\$47	22% is immediate release and 78% is extended release. Tablet cannot be crushed or split. Lower abuse potential due to osmotic method of drug delivery. Due to delivery mechanism patient may see undigested capsule in stool, counsel patient that does not impact drug safety or efficacy. Duration 8-12 hours.
<b>Methylphenidate Long-Acting</b> (Metadate CD®)	Age ≥ 6: 20 mg	Increase daily dose by 10-20 mg weekly	60 mg	10; 20; 30; 40; 50; 60 mg capsule	\$57	30% is immediate release and 70% is extended release. Capsule can be opened and sprinkled. Duration 6-8 hours.
<b>Dexmethylphenidate</b> (Focalin®)	Age ≥ 6: 2.5 mg	Increase daily dose by 2.5 mg-5 mg weekly	20 mg	2.5; 5; 10 mg tablet	\$24	Tablet can be crushed. Duration 3-5 hours.
<b>Dexmethylphenidate Long-Acting</b> (Focalin XR®)	Age ≥ 6: 5 mg	Increase daily dose by 5 mg weekly	30 mg	5; 10; 15; 20; 25; 30; 35; 40 mg capsule	\$57	50% is immediate release and 50% is extended release. Capsule can be opened and sprinkled. Duration 10-12 hours. When switching from methylphenidate, reduce dose by half.

**Bolded medications** are available generically.

<sup>1</sup>Dosing is for school-aged children. Medication treatment in preschool-aged children should be considered after a trial of behavioral intervention.

<sup>2</sup>Generally, stimulant medications may be discontinued without a taper period. In patients where withdrawal symptoms are a concern, patients may follow the same schedule as the dose titration schedule. If significant withdrawal symptoms are present, the taper schedule may be slowed.

<sup>3</sup>Cost based on generic drug when available using average 30-day strength and dosing without insurance.

<sup>4</sup>Contains a combination of d-amphetamine and l-amphetamine. More potent release of dopamine occurs with d-amphetamine, resulting in more symptom reduction for hyperactivity/impulsivity, but more appetite suppression. More potent release of norepinephrine occurs with l-amphetamine, resulting in more symptom reduction for inattention, but less CNS excitation and more cardiovascular adverse effects.

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