ADD ADHD Medication List

A prescribing reference for FDA-approved ADHD medications, with a patient trial log and monitoring log at the back. Ages and schedules follow current FDA prescribing information. Durations are typical clinical ranges, so confirm the label for the exact formulation before you prescribe.

1. HOW TO USE THIS LIST

1. Check the FDA-approved age range for the exact formulation, not the drug family. Ages differ between the immediate-release and extended-release versions of the same molecule.
2. Screen for the cautions in section 4, then record baseline vitals, height, weight, and a validated symptom score.
3. Choose a class. Stimulants are first-line for most patients. Non-stimulants suit stimulant intolerance, a substance use history, or comorbid anxiety.
4. Log every dose change, response, and side effect in the trial log, and set the next review date before the patient leaves.
5. Reassess against this list at each review to decide whether to continue, adjust, or switch class.

2. STIMULANT MEDICATIONS

Brand name	Generic and class	Formulation	Typical duration	DEA schedule	FDA-approved ages
Adderall	Amphetamine / dextroamphetamine salts	Immediate release, tablet	4–6 hours	C-II	3 years and older
Adderall XR	Amphetamine / dextroamphetamine salts	Extended release, capsule	8–12 hours	C-II	6 years and older, including adults
Vyvanse	Lisdexamfetamine	Prodrug, capsule or chewable	8–12 hours	C-II	6 years and older, including adults
Ritalin	Methylphenidate	Immediate release, tablet	3–4 hours	C-II	6 years and older, including adults
Ritalin LA	Methylphenidate	Long acting, capsule	About 8 hours	C-II	6 years and older, including adults
Concerta	Methylphenidate	Extended release, OROS tablet	About 12 hours	C-II	6 to 65 years

Every stimulant above is a Schedule II controlled substance, so refills are not permitted and each prescription is written fresh. Follow your state's electronic prescribing rule for controlled substances, and check the prescription drug monitoring program before you issue the first prescription.

Choosing within the class. Amphetamine and methylphenidate are separate families. A patient who gains little from one family often responds to the other, so try the second family before you leave stimulants altogether. Match the duration of action to the hours the patient needs cover for, then adjust the formulation rather than the class.

3. NON-STIMULANT MEDICATIONS

Brand name	Generic and class	Dosing pattern	Time to full effect	Controlled	FDA-approved ages
Strattera	Atomoxetine, norepinephrine reuptake inhibitor	Once or twice daily	4–6 weeks	Not scheduled	6 years and older, including adults
Qelbree	Viloxazine, norepinephrine reuptake inhibitor	Once daily, extended release	1–6 weeks	Not scheduled	6 years and older, including adults
Intuniv	Guanfacine, alpha-2A adrenergic agonist	Once daily, morning or evening	2–4 weeks	Not scheduled	6 to 17 years
Kapvay	Clonidine, alpha-2 adrenergic agonist	Twice daily, larger dose at bedtime	2–5 weeks	Not scheduled	6 to 17 years

Strattera. Boxed warning for suicidal ideation in children and adolescents.

Qelbree. Boxed warning for suicidal thoughts and behavior. Inhibits CYP1A2.

Intuniv. Monotherapy or add-on to a stimulant. Taper to avoid rebound hypertension.

Kapvay. Monotherapy or add-on to a stimulant. Sedation is common early on.

None of these four is DEA-scheduled, so they can be refilled and are the usual choice when abuse potential is a concern. Onset is slower than a stimulant, so hold a trial for at least four weeks at a therapeutic dose before you judge it.

4. BEFORE THE FIRST PRESCRIPTION

- [ ] ADHD diagnosis documented against DSM-5 criteria
- [ ] Cardiac history and family history of sudden death reviewed
- [ ] Blood pressure, heart rate, height, and weight recorded
- [ ] Baseline validated symptom score recorded
- [ ] Psychosis, mania, and tic disorder screened for
- [ ] Substance use history taken, patient and household
- [ ] Pregnancy, breastfeeding, and contraception discussed
- [ ] Current medicines checked for interactions, including MAOIs
- [ ] Prescription drug monitoring program checked
- [ ] Sleep, appetite, and eating disorder history reviewed
- [ ] Treatment goals and review interval agreed with the patient
- [ ] Storage, sharing, and diversion risk explained

Contraindications identified: _____

Specialist referral needed: _____ yes / no / date

5. REVIEW SCHEDULE AFTER STARTING

1. Weekly contact during titration, by phone or portal message.
2. Face-to-face review four weeks after starting, with vitals and a repeat symptom score.
3. Review again at twelve weeks to confirm the dose and the response.
4. Once stable, review every six months, and any time symptoms or side effects change.

6. SIDE EFFECTS BY CLASS

Class	Common side effects	What to monitor, and when
Stimulants	Reduced appetite, difficulty sleeping, headache, irritability, higher resting heart rate, raised blood pressure	Weight and height at every visit. Blood pressure and heart rate at every dose change. Sleep and appetite weekly during titration
Atomoxetine and viloxazine	Nausea, dry mouth, fatigue, dizziness, mood change, rare liver injury	Mood and suicidal ideation in the first weeks and after each increase. Blood pressure, heart rate, and liver symptoms
Alpha-2 agonists	Sedation, fatigue, dry mouth, low blood pressure, slow heart rate	Blood pressure and heart rate at every dose change and on withdrawal. Daytime alertness

Appetite loss and poor sleep account for most stimulant discontinuations, and both usually respond to a change of formulation or timing rather than a change of class.

7. SWITCHING, TAPERING, AND STOPPING

Situation	What to do
Little or no benefit on a stimulant	Confirm the dose reached a therapeutic level and that the patient took it as prescribed, then trial the other stimulant family before you change class.
Benefit, but side effects limit the dose	Change the formulation or the timing first. A shorter-acting version can protect sleep and appetite while keeping daytime cover.
Two adequate stimulant trials failed	Move to a non-stimulant, or add one to a partly effective stimulant. Allow at least four weeks at a therapeutic dose before judging it.
Stopping a stimulant	No taper is needed. Watch for symptoms returning, and agree how the patient reports any rebound.
Stopping Intuniv, guanfacine ER	Taper in decrements of no more than 1 mg every 3 to 7 days, as the FDA label directs, to avoid rebound hypertension.
Stopping Kapvay, clonidine ER	Taper in decrements of no more than 0.1 mg every 3 to 7 days, as the FDA label directs, to avoid rebound hypertension.
Stopping Strattera or Qelbree	No taper is required. Document the reason, because it shapes the next choice of medication.

8. NOTES FOR SPECIFIC GROUPS

Children under 6. Only immediate-release mixed amphetamine salts carry an FDA indication below age 6, from age 3. Behavioral therapy comes first at this age, and preschool dosing starts low and rises slowly.

Adolescents. Ask about sharing and diversion, and confirm the formulation still covers the school day. Intuniv and Kapvay lose their FDA indication at 18.

Adults. Match the duration of action to the working day, and recheck blood pressure because cardiovascular risk rises with age. Concerta is indicated to age 65.

Pregnancy and breastfeeding. Review the plan before conception where possible. Weigh untreated ADHD against medication exposure, document the discussion, and involve obstetrics in the decision.

9. PATIENT AND PRESCRIBER DETAILS

Patient name: _____ **Date of birth:** _____ mm / dd / yyyy

Record / MRN number: _____ **Diagnosis and code:** _____ ADHD presentation

Prescriber: _____ **Date completed:** _____ mm / dd / yyyy

Baseline score and scale used: _____ **Next review date:** _____ mm / dd / yyyy

Comorbidities, allergies, and current medicines

10. MEDICATION TRIAL LOG

Medication and formulation	Dose and schedule	Start date	Response	Side effects	Continue, adjust, or stop

Record the response as the change in the symptom score you took at baseline, so trials stay comparable. Note the reason for every stop, because it guides the next choice.

11. MONITORING LOG

Date	Weight	Height	Blood pressure	Heart rate	Sleep and appetite	Action taken

Plot weight and height against the patient's own growth curve at every visit, because a falling percentile is the earliest sign that appetite suppression needs attention.

12. PLAN AGREED AT THIS REVIEW

Patient or caregiver signature and date

Clinician signature and date

This list is a clinical aid, not a substitute for the FDA prescribing information. Verify dosing, contraindications, and age limits in the current label for each product before prescribing.