










APPENDIX 3. Adult ADHD—Pharmacologic Treatment

| CADDRA GUIDE TO ADHD PHARMACOLOGICAL TREATMENTS IN CANADA - NOVEMBER 2022 | | | | | | | |
|---|--|---|---------------------------------|--|------------------------------------|--|--|
| | Medications & Illustrations | Delivery | Duration of action ¹ | Starting dose ² | Release mode Immediate/Delayed (%) | Dose titration per product monograph ³ | |
| AMPHETAMINE-BASED PSYCHOSTIMULANTS | | | | | | | |
| First Line | Adderall XR* Capsules 5, 10, 15, 20, 25, 30 mg |  Granules can be sprinkled | ~12 h | 5-10 mg q.d. a.m. | 50/50 | ▲5-10 mg at weekly intervals Max. dose/day: Children = 30 mg Adolescents & Adults = 20-30 mg | |
| First Line | Vyvanse* Capsules 10, 20, 30, 40, 50, 60, 70 ⁴ mg Chewable Tablets 10, 20, 30, 40, 50, 60 mg |  Capsule content can be diluted in liquid or sprinkled Chewable tablets should be chewed thoroughly | ~13-14 h | 20-30 mg q.d. a.m. | Not Applicable (Prodrug) | ▲10-20 mg by clinical discretion at weekly intervals Max. dose/day: All ages = 60 mg | |
| Second Line | Dexedrine* Tablets 5 mg Spansules 10, 15 mg |  Scored Tablet Beaded Formulation | ~4 h ~6-8 h | Tablets = 2.5 to 5 mg b.i.d. Spansules = 10 mg q.d. a.m. | 100/0 50/50 | ▲5 mg at weekly intervals Max. dose/day: (q.d. or b.i.d.) Children & Adolescents = 20-30 mg Adults = 50 mg | |
| METHYLPHENIDATE-BASED PSYCHOSTIMULANTS | | | | | | | |
| First Line | Biphentin* Capsules 10, 15, 20, 30, 40, 50, 60, 80 mg |  Granules can be sprinkled | ~10-12 h | 10-20 mg q.d. a.m. | 40/60 | ▲10 mg at weekly intervals Max. dose/day: Children & Adolescents = 60 mg Adults = 80 mg | |
| First Line | Concerta* Extended Release Tablets 18, 27, 36, 54 mg |  Osmotic-Controlled Release Oral Delivery System (OROS) | ~12 h | 18 mg q.d. a.m. | 22/78 | ▲18 mg at weekly intervals. Max. dose/day: Children & Adolescents = 54 mg Adults = 72 mg | |
| First Line | Foquest* Capsules 25, 35, 45, 55, 70, 85, 100 mg |  Granules can be sprinkled | ~13-16 h | 25 mg q.d. a.m. | 20/80 | ▲10-15 mg in intervals of no less than 5 days Max. dose/day: Children & Adolescents = 70 mg Adults = 100 mg | |
| Second Line | Methylphenidate short-acting Ritalin* SR Tablets 5 mg (generic) 10, 20 mg (Ritalin*) Tablets 20 mg |  Scored Tablet Wax Matrix Preparation | ~3-4 h ~8 h | 5 mg b.i.d. to t.i.d. Adult: 20 mg q.d. | 100/0 100/0 | ▲5-10 mg at weekly intervals Max. dose/day: All ages = 60 mg | |
| NON-PSYCHOSTIMULANT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR | | | | | | | |
| Second Line | Strattera* (Atomoxetine) Capsules 10, 18, 25, 40, 60, 80, 100 mg |  Capsule needs to be swallowed whole to reduce GI side effects | Up to 24 h | Children & Adolescents: 0.5 mg/kg/day Adults = 40 mg q.d. for 7-14 days | Not Applicable | Maintain dose for a minimum of 7-14 days before adjusting: Children = 0.8 then 1.2 mg/kg/day 70 kg or Adults = 60 then 80 mg/day Max. dose/day: 1.4 mg/kg/day or 100 mg | |
| NON-PSYCHOSTIMULANT - SELECTIVE ALPHA-2A ADRENERGIC RECEPTOR AGONIST | | | | | | | |
| Second Line | Intuniv XR* (Guanfacine XR) Extended Release Tablets 1, 2, 3, 4 mg |  Pills need to be swallowed whole to keep delivery mechanism intact | Up to 24 h | 1 mg q.d. (morning or evening) | Not Applicable | Maintain dose for a minimum of 7 days before adjusting by no more than 1 mg increment weekly. Max. dose/day: Monotherapy: 6-12 years = 4 mg, 13-17 years = 7 mg As adjunctive therapy to psychostimulants: 6-17 years = 4 mg | |

Illustrations do not reflect actual size of pills/capsules. Longer-acting stimulants tend to have lower abuse potential than shorter-acting formulations. Non-stimulant formulations have no abuse potential.
¹Pharmacokinetic and pharmacodynamic responses vary from individual to individual. The clinician must use clinical judgment as to the duration of efficacy and not solely rely on reported values for PK-PD and duration of effect. ²Starting doses in table are taken from product monographs. CADDRA recommends usually starting with the lowest dose available. ³For specific details on how to start, adjust and switch ADHD medications, clinicians should refer to the Canadian ADHD Practice Guidelines (www.caddra.ca). ⁴Vyvanse 70 mg is an off-label dosage for ADHD treatment in Canada. Original version of this sheet developed by Dr. Annick Vincent in collaboration with Direction des communications et de la philanthropie, Laval University. Access provincial and federal formulary information at tinyurl.com/uf3mrl



Reprinted with permission from the Canadian ADHD Resource Alliance (CADDRA). Resources. Medication Chart. 2022. <https://www.caddra.ca/resources/medication-chart/>

Notes:

- Provincial requirements for prescribing and drug benefit formulary coverage can vary. CADDRA regularly updates a Provincial and Federal Public Formulary Overview (<https://www.caddra.ca/resources/medication-chart/>). Some pharmaceutical companies also offer patient assistance programs.
- Estimated cost for 30 days (range varies depending on drug/dose-titration): long-acting stimulants \$100–400; short/intermediate stimulants \$25–100; atomoxetine \$120–180. Rx Files ADHD Treatment Chart. November 2022. www.rxfiles.ca.

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