Texas Vendor Drug Program

Drug Use Criteria: Attention Deficit Disorder/ Attention Deficit Hyperactivity Disorder Medications

Publication History

1. Developed October 2007.
2. Revised **September 2020**; September 2018; December 2016; March 2015; February 2013; December 2012; May 2011; April 2011; March 2011; July 2008.

Notes: Information on indications for use or diagnosis is assumed to be unavailable. All criteria may be applied retrospectively; prospective application is indicated with an asterisk [*]. The information contained is for the convenience of the public. The Texas Health and Human Services Commission is not responsible for any errors in transmission or any errors or omissions in the document.

Medications listed in the tables and non-FDA approved indications included in these retrospective criteria are not indicative of Vendor Drug Program formulary coverage.

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1 Dosage [*]

1.1 Adults

The maximum adult recommended doses for available psychostimulants used in ADD/ADHD management are summarized in Table 1.

Table 1. Maximum Recommended Adult Dosages for Stimulant ADHD Medications

Drug Name	Dosage Form / Strength	Maximum Recommended Dosage
amphetamine (Adzenys XR-ODT®)	3.1 mg, 6.3 mg, 9.4 mg, 12.5 mg, 15.7 mg, 18.8 mg extended-release (ER) orally disintegrating tablets	**12.5 mg once daily**
amphetamine (Adzenys ER®, generic)	1.25 mg/mL ER oral suspension	18.8 mg (15 mL) once daily
amphetamine (Dyanavel XR®)	**2.5 mg/mL ER oral suspension**	**20 mg once daily**
amphetamine salts (mixed)*(Adderall®, generic)	5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg tablets	60 mg/day
amphetamine salts (mixed)*(Adderall XR®, generic)	5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg ER capsules	20 mg/day
amphetamine salts, mixed* (Mydayis®)	12.5 mg, 25 mg, 37.5 mg, 50 mg ER capsules	50 mg/day
dexmethylphenidate (Focalin®, generic)	2.5 mg, 5 mg, 10 mg tablets	20 mg/day
dexmethylphenidate (Focalin® XR, generic)	5mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg ER tablets	40 mg/day
lisdexamfetamine (Vyvanse®)	10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg capsules	70 mg/day
lisdexamfetamine (Vyvanse®)	10 mg, 20 mg, 30 mg. 40 mg, 50 mg, 60 mg chewable tablets	70 mg/day

Drug Name	Dosage Form / Strength	Maximum Recommended Dosage
methylphenidate (generic)	2.5 mg, 5 mg, 10 mg immediate-release (IR) chewable tablets	60 mg/day
methylphenidate (Adhansia XR®)	**25 mg, 35 mg, 45 mg, 55 mg, 70 mg, 85 mg ER capsules**	**100 mg/ day**
methylphenidate (Jornay PM®)	**20 mg, 40 mg, 60 mg, 80 mg, 100 mg ER capsules**	**100 mg/ day**
methylphenidate (Methylin®, generic)	5 mg/5 mL (500 mL); 10 mg/5 mL (500 mL) IR oral solution	60 mg/day
methylphenidate (Ritalin®, generic)	5 mg, 10 mg, 20 mg IR tablets	60 mg/day
methylphenidate (Concerta®, generic)	18 mg, 27 mg, 36 mg, 54 mg ER tablets	72 mg/day
methylphenidate (Aptensio XR®)	10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg ER capsules	60 mg/day
methylphenidate (generic)	10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg ER capsules	60 mg/day
methylphenidate (Metadate® ER, generic)	10 mg (generic only), 20 mg ER tablets	60 mg/day
methylphenidate (Quillivant XR®)	300 mg/60 ml, 600 mg/120 ml, 750 mg/150 ml, 900 mg/180 ml ER suspension	60 mg/day
methylphenidate (QuilliChew ER®)	20 mg, 30 mg, 40 mg ER chewable tablets	60 mg/day
methylphenidate (Ritalin® LA, generic)	10 mg, 20 mg, 30 mg, 40 mg, 60 mg (generic only) ER capsules	60 mg/day
methylphenidate (generic)	20 mg sustained-release tablets	60 mg/day

** Mixed amphetamine salts are a 1:1:1:1 combination of dextroamphetamine sulfate, dextroamphetamine saccharate, amphetamine aspartate monohydrate and amphetamine sulfate*

Table 2. Maximum Recommended Adult Dosages for Non-Stimulant ADHD Medications: Selective Norepinephrine Reuptake Inhibitors

Drug Name	Dosage Form / Strength	Maximum Recommended Dosage
atomoxetine (Strattera®, generics)	10 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg, 100 mg capsules	100 mg/day

1.2 Pediatrics

Many ADHD medications are FDA-approved for use in pediatric patients. **In addition to the maximum FDA recommended doses, there is a column with maximum recommended doses from other medical and pharmacological literature sources. This information is obtained through the Psychotropic Medication Utilization Parameters for Children and Youth in Texas Public Behavioral Health (6th Version). The Texas Vendor Drug Program's Prior Authorization Criteria is set to approve maximum daily doses based off the recommendations outlined within this manual. Tables 3-5** summarize pediatric ADD/ADHD recommended daily doses based upon patient-specific characteristics including age and weight.

Table 3. Pediatric (Child and Adolescent) Maximum Recommended Dosages for Stimulant ADHD Medications

Drug Name	Dosage Form / Strength	Maximum Recommended Dosage	Maximum Recommended Dosage (PMUP#)
amphetamine (Adzenys XR-ODT®)	3.1 mg, 6.3 mg, 9.4 mg, 12.5 mg, 15.7 mg, 18.8 mg extended-release oral disintegrating tablets	6-12 years of age: 18.8 mg once daily 13-17 years of age: 12.5 mg once daily	**6-12 years of age: 18.8 mg once daily** **13-17 years of age: 12.5 mg once daily**

Drug Name	Dosage Form/ Strength	Maximum Recommended Dosage	Maximum Recommended Dosage (PMUP#)
amphetamine (Adzenys ER®, generic)	1.25 mg/mL ER oral suspension	6-12 years of age: 18.8 mg (15 mL) once daily 13-17 years of age: 12.5 mg (10 mL) once daily	**6-12 years of age: 18.8 mg (15 mL) once daily** **13-17 years of age: 12.5 mg (10 mL) once daily**
amphetamine (Dyanavel XR®)	2.5 mg/mL ER oral suspension	6-17 years of age: 20 mg/day	**6-17 years of age: 20 mg/ day**
amphetamine sulfate (Evekeo®)	5 mg, 10 mg tablets	3 -17 years of age: 40 mg/day	**3 -17 years of age: 40 mg/day**
amphetamine sulfate (Evekeo ODT®)	**5 mg, 10 mg, 15 mg, 20 mg oral disintegrating tablets**	**3 -17 years of age: 40 mg/day**	**N/A**
amphetamine salts (mixed)* (Adderall®, generic)	5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg tablets	3 -17 years of age: 40 mg/day	**3-5 years of age: 30 mg/day** **≥ 6 years of age & ≤50 kg: 40 mg/day** **≥ 6 years of age & >50 kg: 60 mg/day**
amphetamine salts, mixed* (Adderall XR®, generic)	5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg ER capsules	6-12 years of age: 30 mg/day 13-17 years of age: 20 mg/day	**≥ 6 years of age & ≤50 kg: 30 mg/day** **≥ 6 years of age & >50 kg: 60 mg/day**

Drug Name	Dosage Form / Strength	Maximum Recommended Dosage	Maximum Recommended Dosage (PMUP#)
amphetamine salts, mixed* (Mydayis®)	12.5 mg, 25 mg, 37.5 mg, 50 mg ER capsules	13-17 years of age: 25 mg/day	**≥ 13 years of age: 25 mg/day**
dexmethylphenidate (Focalin®, generic)	2.5 mg, 5 mg, 10 mg tablets	6-17 years of age: 20 mg/day	**≥ 6 years of age: 50 mg/day**
dexmethylphenidate (Focalin® XR, generic)	5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg ER tablets	6-17 years of age: 30 mg/day	
dextroamphetamine (Dexedrine®, generic)	5 mg, 10 mg tablets	3-16 years of age: 40 mg/day	**3-5 years of age: 30 mg/day** **≥ 6 years of age & ≤50 kg: 40 mg/day** **≥ 6 years of age & >50 kg: 60 mg/day**
dextroamphetamine (Zenzedi®)	2.5 mg, 5 mg, 7,.5 mg, 10 mg, 15 mg, 20 mg, 30 mg tablets	3-16 years of age: 40 mg/day	
dextroamphetamine (ProCentra®, generic)	5 mg/5 ml oral solution	3-16 years of age: 40 mg/day	**3-5 years of age: 30 mg/day** **≥ 6 years of age & ≤50 kg: 40 mg/day** **≥ 6 years of age & >50 kg: 60 mg/day**
dextroamphetamine (Dexedrine® Spansules, generic)	5 mg, 10 mg, 15 mg ER capsules	6-17 years of age: 40 mg/day	**≥ 6 years of age & ≤50 kg: 40 mg/day** **≥ 6 years of age & >50 kg: 60 mg/day**

Drug Name	Dosage Form/ Strength	Maximum Recommended Dosage	Maximum Recommended Dosage (PMUP#)
lisdexamfetamine (Vyvanse®)	10 mg, 20 mg, 30 mg. 40 mg, 50 mg, 60 mg, 70 mg capsules	6-17 years of age: 70 mg/day	**3-5 years of age: No data ≥ 6 years of age: 70 mg/day**
lisdexamfetamine (Vyvanse®)	10 mg, 20 mg, 30 mg. 40 mg, 50 mg, 60 mg chewable tablets	6-17 years of age: 70 mg/day	**3-5 years of age: No data ≥ 6 years of age: 70 mg/day**
methamphetamine (Desoxyn®, generic)	5 mg tablets	6-17 years of age: 25 mg/day	**N/A**
methylphenidate (generic)	2.5 mg, 5 mg, 10 mg immediate-release (IR) chewable tablets	6-17 years of age: 60 mg/day	**3-5 years of age: 22.5 mg/day** **≥ 6 years of age & ≤50 kg: 60 mg/day** **≥ 6 years of age & >50 kg: 100 mg/day** **Any dose of methylphenidate exceeding 60mg/day should be used with caution, and with attentive monitoring**
methylphenidate (Methylin®, generic)	5 mg/5 mL (500 mL); 10 mg/5 mL (500 mL) IR oral solution	6-17 years of age: 60 mg/day	
methylphenidate (Ritalin®, generic)	5 mg, 10 mg, 20 mg IR tablets	6-17 years of age: 60 mg/day	
methylphenidate (Aptensio XR®)	10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg ER capsules	6-17 years of age: 60 mg/day	
methylphenidate (generic)	10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg ER capsules	6-17 years of age: 60 mg/day	
methylphenidate (Metadate ER®, generic)	10 mg (generic only), 20 mg ER tablets	6-17 years of age: 60 mg/day	

Drug Name	Dosage Form/ Strength	Maximum Recommended Dosage	Maximum Recommended Dosage (PMUP#)
methylphenidate (Quillivant XR®)	300 mg/60 ml, 600 mg/120 ml, 750 mg/150 ml, 900 mg/180 ml ER suspension	6-17 years of age: 60 mg/day	**3-5 years of age: 22.5 mg/day** **≥ 6 years of age & ≤50 kg: 60 mg/day** **≥ 6 years of age & >50 kg: 100 mg/day** **Any dose of methylphenidate exceeding 60mg/day should be used with caution, and with attentive monitoring**
methylphenidate (QuilliChew ER®)	20 mg, 30 mg, 40 mg ER chewable tablets	6-17 years of age: 60 mg/day	
methylphenidate (Ritalin LA®, generic)	10 mg, 20 mg, 30 mg, 40 mg, 60 mg (generic only) ER capsules	6-17 years of age: 60 mg/day	
methylphenidate (generic)	20 mg sustained-release tablets	6-17 years of age: 60 mg/day	
methylphenidate (Adhansia XR®)	**25 mg, 35 mg, 45 mg, 55 mg, 70 mg, 85 mg ER capsules**	**6-17 years of age: 85 mg/day**	**N/A**
methylphenidate (Concerta®, generic)	18 mg, 27 mg, 36 mg, 54 mg ER tablets	6-12 years of age: 54 mg/day 13-17 years of age: 72 mg/day (max 2 mg/kg/day)	**3-5 years of age: 36 mg/day** **≥6 years of age: 72 mg/day**
methylphenidate (Cotempla XR-ODT®)	**8.6 mg, 17.3 mg, 25.9 mg orally disintegrating tablets**	**51.8 mg/day**	**6-17 years of age: 51.8 mg/day**

Drug Name	Dosage Form / Strength	Maximum Recommended Dosage	Maximum Recommended Dosage (PMUP[#])
methylphenidate (Daytrana®)	10 mg/9h, 15 mg/9h, 20 mg/9h, 30 mg/ 9h transdermal patches	6-17 years of age: 30 mg/9 h/day	**3-5 years of age: 20 mg/ day** **≥6 years of age: 30 mg/day**
methylphenidate (Jornay PM®)	20 mg, 40 mg, 60 mg, 80 mg, 100 mg ER capsules	6-17 years of age: 100 mg/day	**≥6 years of age: 100 mg once daily given in the evening**

[#]***Psychotropic Medication Utilization Parameters***

[*] *Mixed amphetamine salts are a 1:1:1:1 combination of dextroamphetamine sulfate, dextroamphetamine saccharate, amphetamine aspartate monohydrate and amphetamine sulfate*

Table 4. Pediatric (Child and Adolescent) Maximum Recommended Dosages for Non-Stimulant ADHD Medications: Selective Norepinephrine Reuptake Inhibitors

Drug Name	Dosage Form / Strength	Maximum Recommended Dosage	Maximum Recommended Dosage (PMUP#)
atomoxetine (Strattera®, generics)	10 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg 100 mg capsules	6-17 years of age (≤ 70 kg): 1.4 mg/kg/day (up to 100 mg/day) 6-17 years of age (> 70 kg): 100 mg/day	**≥ 6 years of age: 1.8 mg/kg/day or 100 mg/day, whichever is less**

[#]***Psychotropic Medication Utilization Parameters***

Table 5. Pediatric (Child and Adolescent) Maximum Recommended Dosages for Non-Stimulant ADHD Medications: Selective Alpha$_{2A}$-Adrenergic Receptor Agonists

Drug Name	Dosage Form / Strength	Maximum Recommended Dosage	Maximum Recommended Dosage (PMUP#)
clonidine (Kapvay®)	**0.1 mg ER tablets**	**6-17 years of age: 0.4 mg/ day**	**≥ 6 years of age: 0.4 mg/ day**

Drug Name	Dosage Form / Strength	Maximum Recommended Dosage	Maximum Recommended Dosage (PMUP#)
guanfacine (Intuniv®, generic)	1 mg, 2 mg, 3 mg, 4 mg ER tablets	6-12 years of age: 4 mg/day 13-17 years of age: 7 mg/day	**6-12 years of age: 4 mg/day** **13-17 years of age: 7 mg/day** **Doses > 4mg/ day have not been studied in adjunctive trials**

#***Psychotropic Medication Utilization Parameters***

2 Duration of Therapy

Attention-deficit/hyperactivity disorder (ADHD) is defined in **DSM-V** as a behavioral disorder of childhood onset characterized by symptoms of inattentiveness, **disorganization, and/ or** hyperactivity-impulsivity. While many of the approved medications improve inattention, hyperactivity, and impulsivity in up to 70-96% of patients, symptoms may persist lifelong with less pronounced hyperactivity. Therefore, treatment often lasts well into adulthood, and ADHD is considered a chronic disorder.

3 Duplicative Therapy [*]

The use of two or more psychostimulants concurrently for ADD/ADHD management is not justified. Additional therapeutic benefit is not realized when ADHD medications are used in combination. Additionally, guanfacine extended-release tablets should not be prescribed concurrently with other guanfacine-containing products due to increased risks of additive pharmacologic/adverse effects, including hypotension. Patient profiles documenting receipt of multiple ADHD medications or multiple guanfacine-containing products will be reviewed.

4 Drug-Drug Interactions [*]

Patient profiles will be assessed to identify those drug regimens which may result in clinically significant drug-drug interactions. Drug-drug interactions considered clinically significant for ADD/ADHD medications are summarized in **Table 6.** Only those drug-drug interactions identified as clinical significance level 1 or those considered life-threatening which have not yet been classified will be reviewed.

Table 6. Drug-Drug Interactions for ADD/ADHD Medications

Target Drug	Interacting Drug	Interaction	Recommendation	Clinical Significance Level*
amphetamines, amphetamine-related compounds, dexmethylphenidate, methylphenidate	antihypertensive agents	combined administration decreases hypotensive effect of antihypertensive agents	closely monitor blood pressure and adjust antihypertensive therapy doses as necessary	2- major (CP)
amphetamines, amphetamine-related compounds, dexmethylphenidate, methylphenidate	monoamine oxidase inhibitors (MAOIs) and drugs with MAOI-like actions (e.g., procarbazine)	combined administration increases risk of enhanced vasopressor effects and hypertensive crisis due to increased norepinephrine availability; amphetamines, dexmethyl-phenidate, and methylphenidate potentiate catecholamine neurotransmitter effects, while MAOIS block catecholamine degradation and increase norepinephrine levels at nerve receptor sites	concurrent administration as well as amphetamine, dexmethyl-phenidate, or methylphenidate administration within 14 days of MAOI use is contraindicated	contraindicated (DrugReax) 1-severe (CP)
amphetamines, amphetamine-related compounds	phenothiazines	co-administration results in decreased effectiveness of both drug classes	avoid combination, if possible	2-major (CP) major (DrugReax)

Target Drug	Interacting Drug	Interaction	Recommendation	Clinical Significance Level*
amphetamines, amphetamine-related compounds	SSRIs, SNRIs	combined administration may produce additive pharmacologic effects and increase risk of serotonin syndrome as amphetamines may stimulate serotonin release in central nervous system (CNS)	administer cautiously together and observe for signs/ symptoms of serotonin syndrome; discontinue therapy and treat as necessary if serotonin syndrome develops	major (DrugReax) 2-major (CP)
amphetamines, amphetamine-related compounds	TCAs	adjunctive administration may potentiate amphetamine pharmacologic/ adverse effects including hypertension, other cardiac effects, and CNS stimulation due to additive effects on norepinephrine release/activity	administer combination cautiously; observe for increased adverse effects	moderate (DrugReax) 2-major (CP)
amphetamines, amphetamine-related compounds	urinary alkalinizers	combination results in increased renal tubular absorption of amphetamines and amphetamine-related compounds, decreased urinary excretion and the potential for enhanced amphetamine therapeutic/ adverse effects	combination should be avoided	2-major (CP) moderate (DrugReax)

Target Drug	Interacting Drug	Interaction	Recommendation	Clinical Significance Level*
atomoxetine	albuterol	combined administration may produce increased heart rate, blood pressure due to unknown mechanism	administer combination cautiously; monitor blood pressure and heart rate	major (DrugReax) 3-moderate (CP)
atomoxetine	MAOIs	co-administration may result in additive serotonergic effects/ increased risk of serotonin syndrome as atomoxetine inhibits serotonin reuptake and MAOIs inhibit catecholamine breakdown	concomitant administration as well as atomoxetine administration within 14 days of MAOI use contraindicated	contraindicated (DrugReax) 1-severe (CP)
clonidine	**mirtazapine**	**co-administration may result in hypertension**	**monitor for signs of intense sweating, facial flushing, frequent headaches, racing, or pounding heartbeat**	**major (DrugReax)**
clonidine	**beta blockers**	**co-administration may result in sinus bradycardia & exaggerated clonidine withdrawal response**	**monitor heart rate when combined with beta blocker therapy. Gradual withdrawal of beta blocker recommended before discontinuing clonidine**	**major (DrugReax)**

Target Drug	Interacting Drug	Interaction	Recommendation	Clinical Significance Level*
clonidine	**calcium channel blockers**	**co-administration may result in sinus bradycardia**	**monitor heart rate when combined with calcium channel blocker therapy**	**major (DrugReax)**
dexmethylphenidate, methylphenidate	select anticonvulsants [e.g., phenobarbital**,** hydantoins (e.g., phenytoin) and primidone]	adjunctive administration may increase serum anticonvulsant levels of select anticonvulsants due to unknown mechanism; dexmethylphenidate, methylphenidate may also lower seizure threshold	monitor serum anticonvulsant levels closely and monitor patients for increased adverse effects; adjust anticonvulsant doses as needed; also monitor seizure frequency	moderate (DrugReax) 2-major, 3-moderate (CP)
dexmethylphenidate, methylphenidate	warfarin	co-administration may increase warfarin serum levels and enhance pharmacologic/adverse effects, including bleeding	closely monitor INR with combined therapy and adjust warfarin doses as necessary	moderate (DrugReax) 3-moderate (CP)
guanfacine	antihypertensive agents	combined administration may result in additive hypotensive effects	closely monitor blood pressure and adjust doses as necessary	3-moderate (CP)
guanfacine	CNS depressants	combined administration may result in additive pharmacologic (sedative) effects	administer cautiously together	3-moderate (CP)

Target Drug	Interacting Drug	Interaction	Recommendation	Clinical Significance Level*
guanfacine	strong CYP3A4 inhibitors (e.g., ketoconazole)	adjunctive administration may result in increased guanfacine concentrations and the potential for enhanced pharmacologic/ adverse effects as guanfacine is metabolized by CYP3A4	administer cautiously together and monitor for increased pharmacologic effects (e.g., hypotension, bradycardia, sedation)	unknown
guanfacine	CYP3A4 inducers (e.g., rifampin, phenytoin)	concurrent administration reduces guanfacine AUC by 70% and may result in decreased guanfacine serum levels and reduced pharmacologic/clin ical effects (guanfacine metabolized by CYP3A4)	monitor for loss of guanfacine clinical effects; increased guanfacine doses may be necessary	3-moderate (CP)
guanfacine	valproic acid (VA)	combined administration may result in increased VA serum levels, potentially due to competition for glucuronidation metabolic pathway	monitor for additive CNS effects; VA dosage adjustments may be required	unknown
methylphenidate	bupropion	concurrent use may result in increased seizure risk	if combination is necessary, closely monitor patient	major (DrugReax) 2-major (CP)

Target Drug	Interacting Drug	Interaction	Recommendation	Clinical Significance Level*
methylphenidate	carbamazepine	co-administration may result in reduced methylphenidate serum levels and decreased pharmacologic effects due to unknown mechanism; methylphenidate may also lower seizure threshold	closely monitor patient response to methylphenidate therapy, monitor seizure frequency, and adjust methylphenidate doses as necessary with this drug combination	moderate (DrugReax) 2-major (CP)

CP = Clinical Pharmacology

5 References

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