Therapeutic Class Overview Attention Deficit/Hyperactivity Disorder (ADHD) Agents

Therapeutic Class Overview/Summary:

This review will focus on the agents used in the treatment of attention deficit/hyperactivity disorder (ADHD). These agents come from a variety of drug classes and are summarized in Table 1.1-27 ADHD is a common psychiatric disorder often diagnosed during childhood; however, children with ADHD may continue to manifest symptoms into adulthood.^{28,29} The core symptoms of ADHD utilized in the diagnosis of the disorder include hyperactivity, impulsivity and inattention. There are three subtypes of ADHD, including a predominantly inattentive subtype, a predominantly hyperactive-impulsive subtype and a combined subtype in which both symptoms are displayed.^{28,29} Untreated, or undertreated, ADHD is associated with adverse sequelae, including delinquent behavior, antisocial personality traits, substance abuse and other comorbidities²⁹. There are several central nervous system agents that are Food and Drug Administration (FDA)-approved for the treatment of ADHD, including the cerebral stimulants (amphetamines and methylphenidate derivatives), as well as atomoxetine (Strattera®), clonidine extended-release (Kapvay®) and guanfacine extended-release (Intuniv®).¹⁻²⁷ Due to the potential for abuse, the cerebral stimulant agents are classified as Schedule II controlled substances.¹⁻²⁴ Atomoxetine. clonidine extended-release and guanfacine extended-release are not classified as controlled substances.²⁵⁻²⁷ Clonidine and guanfacine extended-release formulations are approved for use as both adjunctive therapy with stimulant medications and as monotherapy.^{26,27}

Most ADHD agents and stimulants are currently available generically. Agents that are available only as a brand name product include: lisdexamfetamine capsules (Vyvanse[®]), amphetamine tablets (Evekeo[®]), orally disintegrating tablets (Adzenys XR-ODT[®]), and extended-release suspension (Dyanavel XR[®]), atomoxetine capsules (Strattera[®]), methylphenidate patch (Daytrana[®]), extended release chewable tablet (Quillichew[®]), and extended-release suspension (Quillivant XR[®]). Aptensio XR[®] (methylphenidate extended-release capsule) is also available only as a brand name product; however, other extended-release biphasic capsules are available generically.³¹

Current consensus clinical guidelines for the treatment of children and adolescents with ADHD recommend that stimulants are highly effective for reducing core symptoms of ADHD in children.^{29,30,32} Although initial therapy with atomoxetine or extended-release formulations of clonidine and guanfacine may reduce core symptoms of ADHD, there is less evidence to support their use compared to stimulants. The selection of therapy should be based on comorbid conditions, adverse event profiles, compliance issues, risk of drug diversion and patient/parent preference.³³ Stimulants, particularly methylphenidate, are recommended as first-line therapy in adult patients with ADHD.^{30,34} Consensus guidelines also list theses agents as options in the treatment of narcolepsy.³⁵⁻³⁷

Generic	Food and Drug Administration-	Dosage	Generic
(Trade Name)	Approved Indications	Form/Strength	Availability
Anorexigenic Agents and Respiratory and Cerebral Stimulants-Amphetamines			
Amphetamine (Adzenys	Treatment of ADHD, narcolepsy [†] ,	Extended-release	
XR-ODT [®] , Dyanavel XR [®] ,	exogenous obesity [†]	suspension	
Evekeo [®])		2.5 mg/mL	
		_	-
		Tablet:	
		5 mg	
		10 mg	
Amphetamine/dextroamp	Treatment of ADHD, narcolepsy [‡]	Capsule:	
hetamine salts		5 mg	
(Adderall [®] *, Adderall		10 mg	~
XR®*)		15 mg	

Table 1. Current Medications Available in the Therapeutic Class¹⁻²⁷



Page 1 of 10 Copyright 2015 • Review Completed on 12/11/2015



Generic	Food and Drug Administration-	Dosage	Generic
(Trade Name)	Approved Indications	Form/Strength	Availability
		20 mg	
		25 mg	
		30 mg	
		Extended-release	
		orally disintegrating	
		tablet:	
		3.1 mg	
		6.3 mg	
		9.4 mg	
		12.5 mg	
		15.7 mg	
		18.8 mg	
		Tablet:	
		5 mg	
		7.5 mg	
		10 mg	
		12.5 mg	
		15 mg	
		20 mg	
		30 mg	
Dextroamphetamine	Treatment of ADHD, narcolepsy	Solution:	
(ProCentra®*,		5 mg/5 mL	
Dexedrine [®] *, Dexedrine			
Spansule [®] *, Zenzedi [®] *)		Sustained-release	
		capsule:	
		5 mg	
		10 mg	
		15 mg	~
		Tablet:	
		2.5 mg	
		5 mg	
		7.5 mg	
		10 mg	
Lisdexamfetamine	Treatment of ADHD, binge eating	Capsule:	
(Vyvanse [®])	disorder§	10 mg	
		20 mg	
		30 mg	-
		40 mg	
		50 mg	
		60 mg	
Mathematica structure		70 mg	
Methamphetamine	Treatment of ADHD, exogenous	Tablet:	~
(Desoxyn®*)	obesity	5 mg	l
	Respiratory and Cerebral Stimula		,
Dexmethylphenidate	Treatment of ADHD	Extended-release	
(Focalin [®] *, Focalin XR [®] *)		capsule:	✓
		5 mg	
		10 mg	



Page 2 of 10 Copyright 2015 • Review Completed on 12/11/2015



Generic	Food and Drug Administration-	Dosage	Generic
(Trade Name)	Approved Indications	Form/Strength	Availability
		15 mg	
		20 mg	
		25 mg	
		30 mg	
		35 mg	
		40 mg	
		Tableti	
		Tablet:	
		2.5 mg 5 mg	
		10 mg	
Methylphenidate	Treatment of ADHD, narcolepsy	Chewable tablet:	
(Aptensio XR [®] ,	Treatment of ADTID, harcolepsy	2.5 mg	
Concerta [®] *, Daytrana [®] ,		5 mg	
Metadate CD [®] *, Metadate		10 mg	
ER [®] *, Methylin [®] *,		To hig	
Methylin ER [®] *, Quillichew		Extended-release	
ER [®] , Quillivant XR [®] ,		capsule	
Ritalin [®] *, Ritalin LA [®] *,		(Aptensio XR®)	
Ritalin SR [®] *)		10 mg	
,		15 mg	
		20 mg	
		30 mg	
		40 mg	
		50 mg	
		60 mg	
		Extended-release	
		capsule (Metadate	
		CD [®] , generic):	
		10 mg	
		20 mg	~
		30 mg	
		40 mg	
		50 mg 60 mg	
		bu nig	
		Extended-release	
		capsule (Ritalin LA [®] ,	
		generic):	
		10 mg	
		20 mg	
		30 mg	
		40 mg	
		Extended-release	
		chewable tablet:	
		20 mg	
		30 mg	
		40 mg	
		Extended-release	



Page 3 of 10 Copyright 2015 • Review Completed on 12/11/2015



(Trade Name)	Approved Indications	Form/Strength suspension: 25 mg/ 5 mL Extended-release tablet (Concerta [®] , generic): 18 mg	Availability
		25 mg/ 5 mL Extended-release tablet (Concerta [®] , generic):	
		Extended-release tablet (Concerta [®] , generic):	
		tablet (Concerta [®] , generic):	
		tablet (Concerta [®] , generic):	
		generic):	
			1
		18 mg	
		27 mg	
		36 mg	
		54 mg	
		Extended-release	
		tablet (Metadate ER [®] ,	
		generic):	
		10 mg	
		20 mg	
		Solution:	
		5 mg/5 mL	
		10 mg/5 mL	
		i o mg/o me	
		Sustained-release	
		tablet (Ritalin SR [®] ,	
		generic):	
		20 mg	
		Tablet:	
		5 mg	
		10 mg	
		20 mg	
		-	
		Transdermal patch:	
		10 mg/9 hours	
		(1.1.mg/hour)	
		15 mg/9 hours	
		(1.6 mg/hour)	
		20 mg/9 hours (2.2 mg/hour)	
		(2.2 mg/nour) 30 mg/9 hours	
		(3.3 mg/hour)	
Central α-Agonists			<u> </u>
Clonidine extended-	Treatment of ADHD	Extended-release	
release (Kapvay®*)		tablet:	~
		0.1 mg	Ť
		0.2 mg	
Guanfacine extended-	Treatment of ADHD	Extended-release tablet:	
release (Intuniv [®] *)			
		1 mg	~
		2 mg	
		3 mg 4 mg	
Central Nervous System A	gents-Miscellaneous		



Page 4 of 10 Copyright 2015 • Review Completed on 12/11/2015



Generic (Trade Name)	Food and Drug Administration- Approved Indications	Dosage Form/Strength	Generic Availability
Atomoxetine (Strattera [®])	Treatment of ADHD	Capsule:	
		10 mg	
		18 mg	
		25 mg	_
		40 mg	-
		60 mg	
		80 mg	
		100 mg	

ADHD=attention deficit hyperactivity disorder

*Generic available in at least one dosage form or strength.

†Evekeo®

‡Adderall®

. §For use in moderate to severe binge eating disorder. Not indicated for weight loss or treatment of obesity. ∭Metadate ER[®], Methylin[®], Ritalin[®] and Ritalin SR[®]

Evidence-based Medicine

- The attention deficit/hyperactivity disorder (ADHD) agents and stimulants have demonstrated the safety and efficacy for their Food and Drug Administration (FDA)-approved indications.³⁹⁻¹³²
- Overall, there is insufficient evidence to suggest that one ADHD agent and stimulant is more
 efficacious than another for the treatment of ADHD.³⁹⁻¹³²
- Limited data exists to demonstrate the efficacy of a variety of cerebral stimulants and atomoxetine in the adult population. 44,46,52-54, 62,63,71,90,93,98,99,101,104,113,114,116

Key Points within the Medication Class

- According to Current Clinical Guidelines:
 - Current consensus clinical guidelines for the treatment of children and adolescents with ADHD recommend that stimulants are highly effective for reducing core symptoms of ADHD in children.^{29,30,32}
 - Although initial therapy with atomoxetine or extended-release formulations of clonidine and guanfacine may reduce core symptoms of ADHD, there is less evidence to support their use compared to stimulants. The selection of therapy should be based on comorbid conditions, adverse event profiles, compliance issues, risk of drug diversion and patient/parent preference.³³
 - Stimulants, particularly methylphenidate, are recommended as first-line therapy in adult patients with ADHD.^{31,34}
- Other Key Facts:
 - o At least one short-, intermediate-, and long-acting stimulant is available generically.²⁹

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Page 5 of 10 Copyright 2015 • Review Completed on 12/11/2015



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Page 6 of 10 Copyright 2015 • Review Completed on 12/11/2015



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Page 7 of 10 Copyright 2015 • Review Completed on 12/11/2015



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Page 8 of 10 Copyright 2015 • Review Completed on 12/11/2015



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Page 9 of 10 Copyright 2015 • Review Completed on 12/11/2015



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Page 10 of 10 Copyright 2015 • Review Completed on 12/11/2015

