PRESCRIBING INFORMATION FOR PSYCHOTROPIC MEDICATIONS

This brief information is provided to facilitate the use of these medications and is NOT intended to replace the information provided in the FDA labeling information. For any questions, please consult with your pharmacist or review FDA labeling information available at Drugs@FDA. Last updated 01/01/2012 by the AIMS Center at the University of Washington.

MEDICATIONS FOR ADHD

ATOMOXETINE (STRATTERA)

DOSING INFORMATION: *Week 1:* Evaluate cardiovascular risk (e.g., presence of structural cardiac abnormalities or other serious heart problems); Baseline HR, BP and consider EKG; Start 40 mg qday. *Week 2:* Assess for side effects; Increase 80 mg Qday (either single dose or 40 mg BID). *Week 4-6:* Assess for side effects; can consider further increase to 100 mg/day if still symptomatic. **Typical target**: 80 mg qday. **Usual Max dosage:** 100 mg qAM.

MONITORING: BP and HR at baseline, 1 month, then every 6 to 12 months; hepatic function tests if signs of liver dysfunction.

GENERAL INFORMATION: **Mechanism of action**: selective norepinephrine reuptake inhibitor. **FDA Indication:** ADHD. **Pharmacokinetics:** T½ = 5 hrs. **Common Side effects:** Dry mouth (21%), nausea (21%), insomnia (15%), decreased appetite (11%), fatigue (9%), Constipation (9%), erectile dysfunction (9%), urinary hesitation/retention (7%) dysmenorrhea (6%), hot flush (8%). **Warnings/Precautions:** Severe liver injury (rare), serious cardiovascular events, increased blood pressure and heart rate, new psychotic or manic symptoms – screen for psychosis and bipolar disorder, aggressive behavior/hostility, allergic events, obstructive urinary outflow, priapism; dosage adjustment in patients receiving strong CYP2D6 inhibitors or patients known to be CYP2D6 poor metabolizers. **Contraindications:** Known hypersensitivity reaction to the product. Use of MAOI or within 14 days of stopping a MAOI**,** narrow angle glaucoma, pheochromocytoma. **Black Box Warning:** Increased risk of suicidal ideation in children or adolescents. **Pregnancy:** Category C. **Breastfeeding:** Excretion in breast milk unknown/use caution. **Significant drug-drug interactions:** Fluoxetine, paroxetine (see Warnings/Precautions above); Check all drug-drug interactions. **Generic available:** No, Expensive.

D-AMPHETAMINE AND L-AMPHETAMINE SALTS (ADDERALL): IR—IMMEDIATE RELEASE, ER/ XR—SUSTAINED RELEASE

DOSING INFORMATION: **IR:** *Week 1:* Evaluate cardiovascular risk (e.g., presence of structural cardiac abnormalities or other serious heart problems); Baseline HR, BP and consider EKG; Start 5 mg qAM and 5 mg qPM (use intervals of 4-6 hours between doses—can take earlier in the afternoon if insomnia results). *Week 2:* Assess for side effects; Increase to 10 mg qAM and 5 mg qPM. *Week 3 and beyond:* Assess for side effects; can consider further increases is 5 mg qday per week increments until treatment of symptoms or max dose reached. **ER/XR:** *Week 1:* Evaluate cardiovascular risk (e.g., presence of structural cardiac abnormalities or other serious heart problems); Baseline HR, BP and consider EKG. Start 10 mg QAM. *Week 2:* Assess for side effects; Increase to 20 mg qAM. *Week 3 and beyond:* Assess for side effects; can consider further increase in 10 mg increments qAM per week until treatment of symptoms or max dose reached. **Typical target**: Lowest effective individualized dose. **Usual Max dosage:** 40 mg/day.

***MONITORING*:** BP and HR at baseline, 1 month, then every 6 to 12 months; Signs of aggressive behavior or hostility; Consider UTOX if abuse/diversion is a concern.

GENERAL INFORMATION: **Mechanism of action**: Stimulant. **FDA Indication: IR**: ADHD in children, narcolepsy. **ER/XR**: ADHD in children and adults. **Pharmacokinetics:** T½ = 10-14 hrs. **Common Side effects (XR):** Dry mouth (35%), loss of appetite (33%), insomnia (27%), headache (26%), weight loss (11%), nausea (8%), anxiety, agitation (8%), dizziness, tachycardia (6%), diarrhea (6%), urinary tract infections (5%). **Warnings/Precautions:** Sudden death, stroke, and myocardial infarction have been reported in patients taking stimulants. Generally avoid in patients with known structural cardiac abnormalities, cardiomyopathy, serious heart rhythm abnormalities, coronary artery disease, or other serious heart problems; Increase in blood pressure; Development of psychotic or manic symptoms in patient's without prior history, or worsening of symptoms in patient with pre-existing psychiatric illness; Aggressive behavior; Seizures; Visual disturbance; Tics. **Contraindications:** Known hypersensitivity reaction to the product. Advanced arteriosclerosis, symptomatic cardiovascular disease, moderate to severe hypertension, hyperthyroidism, known hypersensitivity or idiosyncrasy to the sympathomimetic amines, glaucoma, agitated states, history of drug abuse, during or within 14 days following the administration of a MAOI. **Black Box Warnings:** High potential for abuse/dependence; Misuse may case sudden death and serious cardiovascular adverse events. **Pregnancy:** Category C. **Breastfeeding:** Enters breast milk/contraindicated. **Significant drug-drug interactions:** MAO-I; Check all drug-drug interactions. **Generic available: IR:** Yes, moderate; **XR:** Yes, Expensive

METHYLPHENIDATE (IMMEDIATE RELEASE (IR): RITALIN; METHYLPHENIDATE SUSTAINED RELEASE (SR): METADATE ER, METHYLIN ER, RITALIN SR; METADATE CD, RITALIN LA, CONCERTA, DAYTRANA-PATCH)

DOSING INFORMATION: **IR:** *Week 1:* Evaluate cardiovascular risk (e.g., presence of structural cardiac abnormalities or other serious heart problems); Baseline HR, BP and consider EKG; Start 5 mg qAM and 5 mg qPM (preferably before meals; use intervals of 4-6 hours between doses; can take earlier in the afternoon if insomnia results). *Week 2:* Assess for side effects; Increase to 10 mg qAM and 5 mg qPM. *Week 3 and beyond:* Assess for side effects; can consider further increases of 5 mg/day per week increments until treatment of symptoms or max dose reached. **SR:** *Week 1:* Evaluate cardiovascular risk (e.g., presence of structural cardiac abnormalities or other serious heart problems); Baseline HR, BP and consider EKG; Start 10 mg qAM (preferably before meals). *Week 2:* Assess for side effects; Increase to 20 mg qAM. *Week 3 and beyond:* Assess for side effects; can consider further increase in 10 mg increments qday per week until treatment of symptoms or max dose reached. **Concerta:** *Week 1:* Evaluate cardiovascular risk (e.g., presence of structural cardiac abnormalities or other serious heart problems); Baseline HR, BP and consider EKG; Start 18 mg qAM. *Week 2:* Assess for side effects; Increase to 36 mg qAM as needed; *Week 3 and beyond:* Assess for side effects; can consider further increases is 18 mg qday per week increments until treatment of symptoms or max dose reached. **Daytrana:** Patch; Special dosing (see FDA guidelines). **Typical target**: Lowest effective individualized dose. **Usual Max dosage:** 60 mg/day (Concerta 72 mg/day).

***MONITORING*:** BP and HR at baseline, 1 month, then every 6 to 12 months; Signs of aggressive behavior or hostility; Consider UTOX if abuse/diversion is a concern. Per FDA: "Periodic CBC, differential, and platelet counts are advised during prolonged therapy."

GENERAL INFORMATION: **Mechanism of action**: Stimulant. **FDA Indication:** ADHD; Narcolepsy **Pharmacokinetics: IR**: T½ = 2 hrs; **SR**: T½ 4-7hrs. **Common Side effects (Concerta):** Decreased appetite (25%), headache (22%), dry mouth (14%), nausea (13%), insomnia (12%), anxiety (8%), weight decreased (7%), irritability (6%), and hyperhidrosis (5%). **Warnings/Precautions:** Sudden death, stroke, and myocardial infarction have been reported in patients taking stimulants. Generally avoid in patients with known structural cardiac abnormalities, cardiomyopathy, serious heart rhythm abnormalities, coronary artery disease, or other serious heart problems; Increase in blood pressure; Development of psychotic or manic symptoms in patient's without prior history, or worsening of symptoms in patient with pre-existing psychiatric illness; Aggressive behavior; Seizures; Visual disturbance; Tics. GI obstruction with pre-existing GI narrowing. **Contraindications:** Known hypersensitivity reaction to the product. Marked anxiety, tension, and agitation, glaucoma tics or a family history or diagnosis of Tourette's syndrome, during or within 14 days following the administration of a MAOI. **Black Box Warnings:** Drug dependence. **Pregnancy:** Category C. **Breastfeeding:** Enters breast milk/use caution **Significant drug-drug interactions:** MAO-I; Coumadin; Check all drug-drug interactions. **Generic available: IR:** Yes, moderate; **SR:** Yes, Moderate to expensive