Adderall XR

(amphetamine/dextroamphetamine extended-release)

Full Prescribing Information	DailyMed Drug Information

Forms/Strengths

- **Capsules:** 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg

Dosing

- **Age:** Pediatric patients ≥6 years and adults
- **Onset:** Approximately 30–60 minutes
- **Duration:** 10–12 hours
- **Release Profile:** Biphasic – an immediate-release portion followed by a delayed-release phase via beaded capsule technology
- **Considerations:** May be taken with or without food; avoid concomitant use with acidifying agents which may affect absorption
- **Initial Dose (Pediatric):**
  - Typically 10 mg once daily in the morning
- **Titration (Pediatric):**
  - Increase by 5–10 mg increments at weekly intervals based on clinical response and tolerability
- **Max Dose (Pediatric):**
  - Generally should not exceed 30 mg per day

Quick Facts

- **Mechanism:** Increases the synaptic levels of norepinephrine and dopamine
- **Main Benefits:** Improves attention, reduces hyperactivity and impulsivity

- **Side Effects:** Decreased appetite, insomnia, headache, stomach upset
- **Formulation Technology:** Advanced beaded capsule system providing dual-phase drug release
- **Special Notes:** High potential for abuse; use with caution in patients with pre-existing cardiovascular conditions

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Mechanism of Action

- Adderall XR contains mixed amphetamine salts that work by enhancing the release of norepinephrine and dopamine, thereby improving neurotransmission which aids in reducing ADHD symptoms.

Indications

- **Attention-Deficit/Hyperactivity Disorder (ADHD)** (ICD-10: F90.0)

Off-Label Uses

- **Narcolepsy** (ICD-10: G47.4) – Although primarily indicated for ADHD, Adderall XR may be used off-label in adults for the treatment of narcolepsy.

How to Take

- Take once daily in the morning to avoid insomnia
- May be taken with or without food; note that high-fat meals can delay absorption
- Swallow the capsule whole; do not crush or chew
- General missed-dose advice: Take as soon as remembered unless it is close to the next scheduled dose

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Side Effects

- **Common:**
  - **Central Nervous System:** Insomnia, headache, irritability
  - **Gastrointestinal:** Decreased appetite, stomach upset, dry mouth
- **Serious:**

- **Cardiovascular:** Increased blood pressure, tachycardia, potential for arrhythmias

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Monitoring/Labs

- **Vital Signs:** Monitor blood pressure and heart rate periodically
- **Growth Parameters:** In pediatric patients, monitor height and weight at regular intervals
- **Mental Health:** Monitor for new or worsening psychiatric symptoms, including mood changes and anxiety
- **Abuse Potential:** Monitor for signs of misuse or diversion

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Education

- **When to Call the Doctor:**
  - Experiencing chest pain, shortness of breath, or significant changes in mood or behavior
- **Safety Tips:**
  - Take medication strictly as prescribed
  - Do not share medication with others
  - Keep the medication in a secure place out of reach of children
  - Avoid alcohol and other CNS stimulants
  - Report any concerning side effects promptly to your healthcare provider
- **Tips for Pediatric Patients:**
  - Ensure dosing is appropriate for your child's weight and age
  - Monitor changes in appetite and growth
  - Maintain regular follow-up visits with the healthcare provider
  - Inform school personnel and caregivers about the medication schedule

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Long-Term Use Considerations

- Periodic evaluation of cardiovascular status, especially in patients with underlying conditions
- Regular monitoring of growth and development in pediatric patients
- Assess for potential abuse or dependency over extended periods of use

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Tapering Guidance

- **Clinical Guidelines:** Gradual dose reduction is recommended to mitigate withdrawal symptoms
- **Caregiver Considerations:** Work closely with your healthcare provider to design an individualized tapering schedule

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Additional Information

- **Contraindications:**
  - History of cardiovascular disease, hyperthyroidism, or glaucoma
- **Pregnancy:**
  - Use during pregnancy only if the potential benefit justifies the potential risk to the fetus (Category C)
- **Lactation:**
  - May be excreted in breast milk; consult with your healthcare provider before use
- **Drug Interactions:**
  - Potential interactions with monoamine oxidase inhibitors (MAOIs), antacids, and other stimulants

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References

- U.S. Food and Drug Administration. (2012). *Adderall XR Prescribing Information*. Retrieved from https://www.accessdata.fda.gov/drugsatfda_docs/label/2012/021303s062lbl.pdf
- DailyMed. (2021). *Adderall XR Drug Information*. Retrieved from https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=4bd6a68a-35a8-41ad-8b8e-d1e4a7b2123f
- Faraone, S. V., Biederman, J., & Mick, E. (2020). Pharmacotherapy of attention-deficit/hyperactivity disorder: Current trends. *Current Opinion in Psychiatry, 33*(4), 321–326.

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