

Adderall

(amphetamine/dextroamphetamine immediate-release)

[Full Prescribing Information](#)

[DailyMed Drug Information](#)

Forms/Strengths

- **Tablets:** 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg
- These are mixed amphetamine salts (MAS) in a 3:1 ratio of dextroamphetamine to levoamphetamine salts for balanced effects on focus (dextro) and alertness (levo).

Dosing

- **Age:** ≥ 3 y/o
- **Onset:** 30-60 minutes
- **Duration:** 4-6 hours
- **Considerations:** Administer first dose upon awakening; additional doses at 4-6 hour intervals; may take with or without food (high-fat meals may delay absorption)
- **Initial Dose:**
 - **3-5 y/o:** 2.5 mg daily
 - **6+ y/o:** 5 mg 1-2 times daily
- **Titration:**
 - **3-5 y/o:** 2.5 mg weekly
 - **6+ y/o:** 5 mg weekly
- **Max Dose:**
 - **≤ 50 kg:** 40 mg/day
 - **> 50 kg:** 60 mg/day (Narcolepsy)

Quick Facts

- Increases synaptic dopamine and norepinephrine via presynaptic release, reuptake inhibition (DAT/NET), and VMAT2-mediated vesicular efflux
 - Enhances focus, attention, impulse control, and wakefulness in ADHD and narcolepsy
 - Common side effects: decreased appetite, insomnia, dry mouth, weight loss, increased heart rate/blood pressure
 - Schedule II controlled substance with high abuse/misuse potential
 - Black box warning: Abuse and dependence; sudden death and serious cardiovascular events reported
 - May suppress growth in pediatrics; monitor height/weight
 - 3:1 dextro:levo ratio balances cognitive focus (dextro) and peripheral alerting effects (levo)
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Indications

- **ADHD** (ICD-10: F90.0, F90.1, F90.2, F90.8, F90.9)
 - **Narcolepsy** (ICD-10: G47.419)
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Off-Label Uses

- **Treatment-resistant depression** (ICD-10: F33.9): Adjunctive for low-energy symptoms
 - **Cognitive enhancement post-TBI** (ICD-10: S06.0-S06.9): Improves attention and processing speed
 - **Augmentation in bipolar depression** (ICD-10: F31.4): Short-term for anhedonia
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How to Take

- Administer **once or multiple times daily**, as directed.
 - Take **with or without food**; high-fat meals may delay absorption.
 - If using the **tablet**, swallow whole; do not crush, chew, or split unless scored.
 - Avoid dosing late in the day to **prevent insomnia**.
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Side Effects

- **Common:**
 - Cardiovascular: Tachycardia, hypertension, palpitations
 - CNS: Insomnia, headache, irritability, anxiety, dizziness
 - GI: Dry mouth, anorexia, weight loss, abdominal pain

- Other: Decreased appetite, euphoria
 - **Serious:**
 - Black box: Risk of abuse/dependence; sudden death, myocardial infarction, stroke in those with cardiac structural abnormalities
 - Psychiatric: Psychosis, mania, aggression, suicidal ideation
 - Cardiovascular: Cardiomyopathy, Raynaud's phenomenon
 - Growth suppression in children; priapism; serotonin syndrome (with serotonergics); hypersensitivity reactions
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Monitoring / Labs

- Baseline and periodic: Heart rate, blood pressure, weight, height (pediatrics)
 - Psychiatric: Screen for bipolar, psychosis risk; monitor mood/behavior
 - Cardiac: ECG if history of heart disease; assess for misuse/diversion
 - Growth: Plot height/weight percentiles; consider drug holiday if suppression
 - No routine labs required; assess renal/hepatic function if impaired
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Education

- **When to Call the Doctor:**
 - Severe **mood changes, aggression, or suicidal thoughts**.
 - Chest pain, shortness of breath, or palpitations (**cardiovascular concerns**).
 - Uncontrolled movements, tics, or worsening anxiety.
 - Signs of **circulatory issues** (e.g., numbness, coldness, or color changes in fingers/toes).
 - Unexplained weight loss or growth suppression in pediatric patients.
- **Safety Tips:**
 - **Monitor blood pressure and heart rate** regularly, especially in patients with cardiovascular risk.
 - Use caution in patients with **history of anxiety, bipolar disorder, or psychosis**, as symptoms may worsen.
 - Avoid **caffeine and other stimulants**, which may increase side effects.
 - Ensure adequate **hydration and nutrition**, as appetite suppression is common.
 - Do not abruptly discontinue; **tapering may be needed** in long-term users.
- **Parent Tips for Pediatric Patients:**
 - **Encourage a high-calorie diet** to offset appetite suppression.
 - Monitor **school performance and behavioral changes**.
 - Administer the first dose **before school** for optimal effect.
 - Observe for **sleep disturbances** and adjust dosing schedule if needed.
 - Keep communication open with **teachers and caregivers** regarding medication effects.

Additional Information

- **Contraindications:**
 - Hypersensitivity to amphetamines or any formulation components.
 - **Use within 14 days of MAOI therapy** (risk of hypertensive crisis).
 - Symptomatic **cardiovascular disease, moderate-to-severe hypertension, hyperthyroidism, glaucoma.**
 - History of **substance use disorder**, unless benefits outweigh risks.
- **Pregnancy:**
 - **Category C**; use only if benefits outweigh risks.
 - May cause **neonatal withdrawal symptoms** or **low birth weight**.
- **Lactation:**
 - **Excreted in breast milk; not recommended** due to potential infant exposure.
- **Drug Interactions:**
 - **Serotonergic drugs** (e.g., SSRIs, SNRIs, MAOIs) increase **serotonin syndrome risk**.
 - **Acidifying agents** (e.g., ascorbic acid) may reduce drug absorption.
 - **Alkalinizing agents** (e.g., sodium bicarbonate) may increase amphetamine levels.
 - May potentiate **hypertensive effects** of certain medications (e.g., decongestants, beta-agonists).

References

1. FDA Prescribing Information - Adderall Tablets, 2007, https://www.accessdata.fda.gov/drugsatfda_docs/label/2007/011522s040lbl.pdf
2. DailyMed - Mixed Salts of a Single Entity Amphetamine Product, 2023, <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=175e125c-8df5-484c-a5c0-4b61e05f75ba>
3. StatPearls - Dextroamphetamine-Amphetamine, 2023, <https://www.ncbi.nlm.nih.gov/books/NBK507808/>
4. DrugBank - Amphetamine, 2024, <https://go.drugbank.com/drugs/DB00182>

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