

Dexedrine Spansule

(Dextroamphetamine sulfate)

[Full Prescribing Information](#)

[DailyMed Drug Information](#)

Forms/Strengths

- **Capsules:** 5 mg, 10 mg, 15 mg

Dosing

- **Age:** 6+ y/o
- **Onset:** ~ 60 min
- **Duration:** ~ 6-8 hours
- **Considerations:** Advise to take consistently either with food or without food. May be opened and the entire contents **gently sprinkled on a teaspoon of cool applesauce, yogurt, or other soft food**
- **Initial Dose:** 5 mg once or twice daily
- **Titration:** Increase by 5 mg at weekly intervals until optimal response
- **Max Dose:** 40 mg per day

Not recommended for patients with structural cardiac abnormalities

Quick Facts

- Increases synaptic dopamine and norepinephrine by stimulating presynaptic release
- Enhances focus, attention, and impulse control
- Extended-release spansule capsule for sustained, day-long effect
- Unique formulation minimizes plasma level fluctuations
- Common side effects: decreased appetite, insomnia, headache, increased heart rate

Indications

- **ADHD** (ICD-10: F90.0)
 - **Narcolepsy** (ICD-10: G47.419)
-

Off-Label Uses

- N/A
-

How to Take

- Take **once or twice daily**, as directed, with the **first dose in the morning**.
 - Can be taken **with or without food**; high-fat meals may delay absorption.
 - Swallow the **capsule whole**; do not crush or chew.
 - If needed, the **capsule may be opened, and contents sprinkled on applesauce**—consume immediately without chewing.
 - Avoid taking **late in the day** to prevent insomnia.
-

Side Effects

- Common: Insomnia, decreased appetite, weight loss, dry mouth
 - Serious: Cardiovascular events, psychiatric symptoms, growth suppression in children
-

Monitoring / Labs

- **Cardiovascular:** Baseline and routine monitoring of heart rate and blood pressure.
 - **Growth in Pediatrics:** Regular monitoring of height and weight to detect growth suppression.
 - **Psychiatric Symptoms:** Observe for mood changes, anxiety, or psychosis.
 - **Abuse Potential:** Monitor for misuse or diversion.
-

Education

- **When to Call the Doctor:**

- Severe **mood changes, aggression, or suicidal thoughts**.
 - Chest pain, rapid heartbeat, shortness of breath (**cardiovascular concerns**).
 - Uncontrolled movements, tics, or worsening anxiety.
 - Numbness, coldness, or color changes in fingers or toes (**circulatory issues**).
 - Unexplained weight loss or **delayed growth in pediatric patients**.
 - **Safety Tips:**
 - **Monitor blood pressure and heart rate**, especially in patients with cardiovascular risk.
 - Use caution in patients with **anxiety, bipolar disorder, or psychosis**, as symptoms may worsen.
 - Avoid **caffeine and other stimulants**, which may amplify side effects.
 - Ensure **adequate hydration and nutrition**, as appetite suppression is common.
 - **Tapering may be required** if discontinuing after long-term use.
 - **Parent Tips for Pediatric Patients:**
 - **Encourage a nutrient-dense diet** to counteract appetite suppression.
 - Administer in the **morning before school** for optimal effect.
 - Monitor **school performance and behavioral changes**.
 - Observe for **sleep disturbances**; adjust timing if necessary.
 - Communicate regularly with **teachers and caregivers** about medication effects.
-

Additional Information

- **Contraindications:**
 - **Hypersensitivity** to amphetamines or 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).

Revision #10

Created 6 February 2025 19:08:46 by Josh Lejeune NP

Updated 13 March 2025 00:58:28 by Josh Lejeune NP