

Vyvanse

(lisdexamfetamine)

[Full Prescribing Information](#)

[DailyMed Drug Information](#)

Forms/Strengths

- **Capsules:** 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg
- **Chewable (Strawberry-flavored):** 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg

Dosing

- **Age:** ≥ 6 y/o
- **Onset:** ~60 min
- **Duration:** 8-12 hours
- **Considerations:** Can be taken with or without food. It is a pro-drug that is metabolized into 100% dextroamphetamine, with a reduced risk of abuse. The chewable tablet and capsule are interchangeable on a mg-to-mg basis.
 - **Chewable tablet:** Strawberry-flavored and can be taken with or without food.
 - **Capsule:** The capsule can be opened and its contents dissolved in liquid, such as water, yogurt, or orange juice. Use immediately after dissolving.
- **Initial Dose:** 20-30 mg
- **Titration:** 10-20 mg every 3-7 days
- **Max Dose:** 70 mg

Quick Facts

- Prodrug converted to dextroamphetamine; increases synaptic dopamine/norepinephrine
- Enhances focus, attention, and impulse control
- Unique prodrug formulation provides a smooth onset and extended duration
- Common side effects: decreased appetite, insomnia, dry mouth, irritability, abdominal pain

Indications

- **ADHD** (ICD-10: F90.0)
 - **Moderate to severe binge eating disorder (BED) in adults** (ICD-10: F50.81)
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Off-Label Uses

- **Depression (F33.9)**: Sometimes used adjunctively for treatment-resistant depression (limited data).
 - **Narcolepsy (ICD-10: G47.411)**: Sometimes used off-label but not FDA-approved for this indication.
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How to Take

- Take **once daily in the morning** to minimize the risk of insomnia.
 - Can be taken **with or without food**.
 - Swallow the **capsule whole**; do not crush or chew.
 - If needed, the **capsule may be opened, and contents mixed with water, yogurt, or orange juice**—consume immediately without chewing.
 - If using the **chewable tablet**, chew thoroughly before swallowing.
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Side Effects

- Common: Decreased appetite, insomnia, dry mouth, irritability, nausea, vomiting, anxiety, weight loss
 - Serious: Cardiovascular events, psychiatric adverse reactions, growth suppression in pediatric patients, peripheral vasculopathy, serotonin syndrom
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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 lisdexamfetamine 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).
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