

Zenzedi

(dextroamphetamine sulfate)

Full Prescribing Information

DailyMed Drug Information

Forms/Strengths

- **Tablets:** 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg, 30 mg

Dosing

- **Age:** ≥ 3 y/o
- **Onset:** ~ 30-60 minutes
- **Duration:** 4-6 hours
- **Considerations:** Take the first dose on awakening. Additional doses may be given at intervals of 4-6 hours. Periodic drug holidays are recommended to assess the patient's condition.
- **Initial Dose:**
 - **3-5 y/o:** 2.5 mg daily
 - **6+ y/o:** 5 mg once or twice daily
- **Titration:**
 - **3-5 y/o:** 2.5 mg weekly
 - **6+ y/o:** 5 mg weekly
- **Max Dose:**
 - **3-5 y/o:** 20 mg/day
 - **6+ y/o:**
 - **≤ 50 kg:** 40 mg/day
 - **> 50 kg:** 60 mg/day

Quick Facts

- Increases synaptic dopamine and norepinephrine by enhancing presynaptic release and inhibiting reuptake
 - Enhances focus, attention, and impulse control
 - Immediate-release formulation for rapid onset
 - Contains dextroamphetamine sulfate as the active ingredient
 - Common side effects: decreased appetite, insomnia, increased heart rate, headache, dry mouth
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Indications

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

- N/A
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How to Take

- Take **once or multiple times daily**, as directed.
 - Can be taken **with or without food**; high-fat meals may delay absorption.
 - **Swallow the tablet whole**; do not crush, chew, or split.
 - Avoid taking **late in the day** to prevent insomnia.
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Side Effects

- Common: Insomnia, decreased appetite, weight loss, dry mouth, headache
 - Serious: Cardiovascular events, psychiatric symptoms (e.g., psychosis, mania), growth suppression in children, peripheral vasculopathy (including Raynaud's phenomenon)
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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.
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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.
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Additional Information

- **Contraindications:**
 - **Hypersensitivity** to dextroamphetamine 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 dextroamphetamine levels.
- May potentiate **hypertensive effects** of certain medications (e.g., decongestants, beta-agonists)

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