TEXAS Health and Human Services

Medication Audit Criteria and Guidelines

Dextroamphetamine (Dexedrine®, Zenzedi®), dextroamphetamine/amphetamine mixture (Adderall®), dexmethylphenidate ER (Focalin XR®), lisdexamfetamine (Vyvanse®), methylphenidate (Ritalin®, Concerta®)

PEFC Approved: July 2023

Indications

If a medication is prescribed for an off-label indication, documentation in the patient chart is recommended.

Label:

- Attention deficit hyperactivity disorder
- Narcolepsy (methylphenidate; dextroamphetamine; dextroamphetamine/amphetamine mixture)
- Binge eating disorder (lisdexamfetamine)

Off Label:

- Alzheimer's Disease – indifference (methylphenidate)
- Major depressive disorder (unipolar) in medically ill, palliative care, or elderly patients as monotherapy or adjunct (methylphenidate)

Black Box Warning

CNS stimulants, including amphetamines, dextroamphetamine, dextroamphetamine/amphetamine, dexmethylphenidate, lisdexamfetamine, and methylphenidate, have a high potential for misuse and dependence. Assess the risk of misuse prior to prescribing and monitor for signs of misuse and dependence while on therapy.

Contraindications

- Advanced arteriosclerosis (dextroamphetamine, dextroamphetamine/amphetamine)
- Cardiovascular disease (dextroamphetamine, dextroamphetamine/amphetamine mixture)

- Concomitant use or use within 14 days of MAOI administration, including linezolid or IV methylene blue; may result in hypertensive crisis
- Fructose intolerance, glucose-galactose malabsorption, or sucrase-isomaltase insufficiency; contains sucrose (methylphenidate)
- Glaucoma (dextroamphetamine, methylphenidate, dextroamphetamine/amphetamine mixture)
- History of drug misuse/dependence
- Hypersensitivity to the medication prescribed or other components of the product
- Hyperthyroidism
- Marked agitation, anxiety, and tension; may aggravate symptoms
- Moderate to severe hypertension
- Tourette's syndrome or other motor or vocal tics (methylphenidate)

Warnings and Precautions

- Aggressive behavior and hostility have been reported
- Blood pressure and heart rate increases
- Do not give Concerta® to patients with preexisting severe gastrointestinal narrowing
- Exacerbation of preexisting psychosis
- Induction of a manic episode
- Long-term suppression of growth
- May lower seizure threshold
- Peripheral vasculopathy, including Raynaud’s phenomenon
- Potential for misuse and dependence
- Priapism (methylphenidate)
- Serious cardiovascular reactions
- Serotonin syndrome may occur, especially with concurrent use with other serotonergic drugs
- Visual disturbances, including accommodation difficulties and blurred vision

Adverse Reactions

Side Effects Which Require Medical Attention

- Abnormal motor movements or tics
- Aggressive behavior
- Blood dyscrasias (dexmethylphenidate, methylphenidate)
- Chest pain
- Hypertension
- Hyperthermia
- Insomnia
- Irritability or nervousness

- Mania
- Psychosis
- Seizure
- Tachycardia
- Weight loss

Drug Interactions of Major Significance

See: Contraindications

See: Indiana Univ Drug Interaction Table

See: Lexicomp, Micromedex for more information

Special Populations

- Pediatrics/Adolescents
  - See "Psychotropic Medication Utilization Parameters for Children and Youth in Texas Public Behavioral Health (6th Version)" for specific details.
- Renal
  - Dextroamphetamine/amphetamine mixture (Adderall®): maximum dose adjusted for severe renal impairment (GFR 15 to less than 30 mL/min/1.73m2) in adults and children; not recommended in ESRD.
  - Lisdexamfetamine: maximum dose adjusted for severe renal impairment (GFR 15 to less than 30 mL/min/1.73m2) and ESRD (GFR less than 15 mL/min/1.73 m2).
- Pregnancy and Breastfeeding
  - Review product-specific labeling. Consider risks/benefits in reviewing medication-specific labeling.

Patient Monitoring Parameters

Baseline Tests:

- Pregnancy test (females)
- Height and weight in children
- Physical exam including cardiac assessment
- ECG, as clinically indicated - based on family and patient history regarding symptoms of cardiac condition (e.g., palpitations, syncope, near syncope), and risk factors associated with sudden cardiac death
- Blood pressure
- Risk for misuse

Ongoing Tests:

- Pregnancy test (females) as clinically indicated

- Height and weight in children as clinically indicated
- Physical exam including cardiac assessment as clinically indicated
- ECG, as clinically indicated - based on family and patient history regarding symptoms of cardiac condition (e.g., palpitations, syncope, near syncope), and risk factors associated with sudden cardiac death
- Blood pressure at 1 to 3 months, then every 6 to 12 months and as clinically indicated
- CBC as clinically indicated (dexmethylphenidate, methylphenidate)
- Signs of misuse

Dosing

- See HHSC Psychiatric Drug Formulary for dosage guidelines.
- If a medication is prescribed at dosages in excess of the Psychotropic Dosage Guidelines found in the HHS Psychiatric Drug Formulary, documentation in the patient chart is recommended.