Medication Audit Criteria and Guidelines

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

PEFC Approved: January 2020

Indications

- Attention deficit hyperactivity disorder
- Narcolepsy (methylphenidate; dextroamphetamine; dextroamphetamine/amphetamine mixture)
- Binge eating disorder (lisdexamfetamine)
- Severe treatment resistant depression or depression in medically compromised patients

Black Box Warning

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

Contraindications

Absolute

- History of anaphylactic reaction or similarly severe significant hypersensitivity to the medication prescribed
- Concomitant use or use within 14 days of MAOI administration, including linezolid or IV methylene blue; may result in hypertensive crisis
- Known structural cardiac abnormalities, cardiomyopathy, serious heart rhythm abnormalities and coronary artery disease

Relative

- Tourette's syndrome or other motor or vocal tics

- Pre-existing psychosis
- Hypertension
- Cardiovascular disease (dextroamphetamine, dextroamphetamine/amphetamine mixture)
- Glaucoma (dextroamphetamine, methylphenidate, dextroamphetamine/amphetamine mixture)
- History of drug abuse/dependence
- Hyperthyroidism
- Pregnant or nursing mothers
- Agitated states
- Advanced arteriosclerosis (dextroamphetamine, dextroamphetamine/amphetamine)

Precautions

- Family history of tics
- Epilepsy or other seizure history

Adverse Reactions

Side Effects Which Require Medical Attention

- Hypertension
- Tachycardia
- Weight loss
- Abnormal motor movements or tics
- Psychosis
- Hyperthermia
- Irritability or nervousness
- Insomnia
- Chest pain
- Mania

Pregnancy and Breastfeeding

- See relative contraindications
- Review product-specific labeling. Consider risks/benefits in reviewing medication specific labeling

Drug Interactions of Major Significance

- Monoamine oxidase (MAO) inhibitors
- Stimulants/Sympathomimetics
- Antidepressants (amphetamine)

- Serotonergic agents
- Alkalinizing agents
- Thiazide diuretics
- CYP 2D6 inhibitors (moderate and strong)

Special Populations

- FDA approved indication ages:
  - Dextroamphetamine/amphetamine: IR ≥ 3 years old; XR ≥ 6 years old
  - Dextroamphetamine: ≥ 3 years old
  - Dexmethylphenidate, lisdexamfetamine, methylphenidate: ≥ 6 years old
- Renal Impairment: dextroamphetamine/amphetamine
  - Children
    - ◊ Mild or moderate - no dosage adjustments in labeling, use with caution
    - ◊ Severe, GFR 15 to less than 30 mL/min/1.73m^2 - in children 6 to 12 years Adderall XR: Initial 5 mg once daily in the morning. Maximum 20 mg/day
    - ◊ End Stage Renal Disease -Use not recommended
  - Adult
    - ◊ Mild or moderate - no dosage adjustments in labeling, use with caution
    - ◊ Severe, GFR 15 to less than 30 mL/min/1.73m^2 - Adderall XR: 15 mg once daily in the morning
  - End Stage Renal Disease -Use not recommended

Patient Monitoring Parameters

- Height and weight in children (baseline and as clinically indicated)
- EKG, 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 – monthly for three months, then every 6 months
- Pregnancy test – baseline and as clinically indicated

Dosing

- See HHSC Psychiatric Drug Formulary for dosage guidelines.
- Exceptions to maximum dosage must be justified as per medication rule.