CADDRA GUIDE TO ADHD PHARMACOLOGICAL TREATMENTS IN CANADA

MAY 2026

Children & Adolescents (ages 6-17)	Adults (ages 18+)	Medications & Illustrations (Images not true to size. Size may vary according to mg dose)		Delivery	Duration of action[1]	Starting dose[2]	Release mode Immediate/Delayed (%)	Dose titration per product monograph[3]
AMPHETAMINE-BASED PSYCHOSTIMULANTS								
First Line	First Line	Adderall XR®	Capsules 5, 10, 15, 20, 25, 30 mg 	Can be sprinkled	~ 12 h	5-10 mg q.d. a.m.	50/50	▲5-10 mg at weekly intervals Max dose/day: Children = 30 mg Adolescents & Adults = 20-30 mg
First Line (6-12)	First Line	Dyanavel® XR	Chewable Tablets 5, 10, 15, 20 mg 	Chewable tablets Note: 5 mg is scored LiquiXR®	~ 13 h	2.5 or 5 mg	Unavailable	▲2.5 mg to 5 mg per day every 4 to 7 days Max. dose/day: Children (6 - 12) & Adults = 20 mg
First Line	First Line	Vyvanse®	Capsules 10, 20, 30, 40, 50, 60, 70[4] mg  Chewable Tablets 10, 20, 30, 40, 50, 60 mg 	Can be diluted in liquid or sprinkled Tablets should be chewed thoroughly Prodrug	~ 13-14 h	20-30 mg q.d. a.m.	Not Applicable	▲10-20 mg by clinical discretion at weekly intervals Max.dose/day: All ages = 60 mg
Second Line	Second Line	Dexedrine®	Tablets 5 mg  Spansules 10, 15 mg 	Scored Tablet Beaded Formulation	~ 4 h ~ 6-8 h	Tablets = 2.5 to 5 mg b.i.d. Spansules = 10 mg q.d. a.m.	100/0 50/50	▲5 mg at weekly intervals Max. dose/day (q.d. or b.i.d.): Children & Adolescents = 20-30 mg Adults = 50 mg
METHYLPHENIDATE-BASED PSYCHOSTIMULANTS								
First Line	First Line	Biphentin®	Capsules 10, 15, 20, 30, 40, 50, 60, 80 mg 	Can be sprinkled	~ 10-12 h	10-20 mg q.d. a.m.	40/60	▲10 mg at weekly intervals Max. dose/day: Children & Adolescents = 60 mg Adults = 80 mg
First Line	First Line	Concerta®	Extended Release Tablets 18, 27, 36, 54 mg 	Osmotic-Controlled Release Oral Delivery System (OROS®)	~ 12 h	18 mg q.d. a.m.	22/78	▲18 mg at weekly intervals Max. dose/day: Children & Adolescents = 54 mg Adults = 72 mg
First Line	First Line	Foquest®	Capsules 25, 35, 45, 55, 70, 85, 100 mg 	Can be sprinkled	~ 13-16 h	25 mg q.d. a.m.	20/80	▲10-15 mg in intervals of no less than 5 days Max. dose/day: Children & Adolescents = 70 mg Adults = 100 mg
First Line (6-12)	Second Line	Jornay PM™	Capsules 20, 40, 60, 80, 100 mg 	Can be sprinkled Delayed onset of action: 8-10 h	~ 12 h	20 mg q.d. p.m.	0/100	▲20 mg weekly Max. dose/day: Children (6-12) = 100 mg/day
First Line (6-12)	Second Line	Quillivant® ER	Chewable Tablets 20, 30, 40 mg 	Chewable tablets Note: 20 & 30 mg tablets are scored	~ 8-12 h	20 mg q.d. a.m.	30/70	▲10 mg, 15 mg, or 20 mg weekly Max. dose/day: Children (6-12) = 60 mg **Note: Quillivant® ER Oral Suspension and Quillivant® ER Chewable Tablets are not interchangeable**
			Powder for Oral Suspension 300, 600, 750, 900 mg/bottle 	Oral Suspension (5 mg per ml)	~ 12 h	20 mg q.d. a.m.	20/80	
Second Line	Second Line	Methylphenidate short-acting Ritalin® SR	Tablets 5 mg (generic) 10, 20 mg (Ritalin®)  Tablets 20 mg 	Scored Tablet Wax Matrix Preparation	~ 3-4 h ~ 8 h	5 mg b.i.d. to t.i.d. Adult: 20 mg q.d.	100/0 100/0	▲5-10 mg at weekly intervals Max. dose/day: All ages = 60 mg
NON-PSYCHOSTIMULANT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR								
Second Line	Second Line	Atomoxetine	Capsules 10, 18, 25, 40, 60, 80, 100 mg	Needs to be swallowed whole to reduce GI side effects	Up to 24 h	Children & Adolescents: 0.5 mg/kg/day Adults = 40 mg q.d. for 7-14 days	Not Applicable	Maintain dose for a minimum of 7-14 days before adjusting: Children = 0.8 then 1.2 mg/kg/day >70 kg or Adults = 60 then 80 mg/day Max. dose/day: All ages = 1.4 mg/kg/day or 100 mg
NON-PSYCHOSTIMULANT - SELECTIVE ALPHA-2A ADRENERGIC RECEPTOR AGONIST								
Second Line	Other Option	Intuniv XR® (Guanfacine XR)	Extended Release Tablets 1, 2, 3, 4 mg 	Needs to be swallowed whole to keep delivery mechanism intact	Up to 24 h	1 mg q.d. (q.a.m. or q.h.s.)	Not Applicable	▲Maintain dose for a minimum of 7 days before adjusting ≤ 1 mg/weekly Max. dose/day monotherapy: Children = 4 mg Adolescents = 7 mg Max. dose/day (as adjunctive therapy to psychostimulants): Children & Adolescents = 4 mg

[1] Pharmacokinetic and pharmacodynamic responses vary from individual to individual. The clinician must use clinical judgement as to the duration of efficacy and not solely rely on reported values for PK-PD and duration of effect. [2] Starting doses in table from product monographs. CADDRA recommends usually starting with lowest dose available. [3] For specific details on how to start, adjust and switch ADHD medications, clinicians should refer to the Canadian ADHD Practice Guidelines (www.caddra.ca). [4] Vyvanse 70 mg is an off-label dosage for ADHD treatment in Canada. *Original version of this sheet developed by Dr. Annick Vincent in collaboration with Direction des communications et de la philanthropie, Laval University.*

Canadian ADHD Practice Guidelines Medication Classification

First Line
Long-acting psychostimulants (amphetamines and methylphenidate) with Health Canada approval for patient's age group.

Second Line
- Long-acting psychostimulants (amphetamines or methylphenidate) with Health Canada approval for other age groups, but not patient's age group.
- Short/intermediate-acting psychostimulants (amphetamines or methylphenidate).
- Non-stimulant medications approved for the age group.

Third line
No options listed in the table - see Guidelines full text. Medication treatments with limited evidence, significant side-effects or off-label status.

Other Options
Medication treatments based on clinical experience but overall trial data is heterogeneous and pooled data is not significant for the age group.

Abuse Potential
Longer-acting stimulants tend to have lower abuse potential than shorter-acting formulations. Non-stimulant formulations have no abuse potential.

Generics
Generic formulations of methylphenidate, amphetamine, atomoxetine and guanfacine XR products have received Health Canada approval. Prescribers are encouraged to use clinical judgement when medication formulation changes to a generic medication as individual patients may respond differently; clinical response and side effects profile should be monitored.

Pharmacotherapy Treatment
Pharmacotherapy should be considered after thorough assessment and alongside a comprehensive treatment plan, including psychosocial intervention.

CADDRA
CANADIAN ADHD RESOURCE ALLIANCE
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