

Stimulant and Related Medications: U.S. Food and Drug Administration-Approved Indications and Dosages for Use in Adults

The therapeutic dosing recommendations for stimulant and related medications are based on U.S. Food and Drug Administration (FDA)-approved product labeling. Nevertheless, the dosing regimen is adjusted according to a patient's individual response to pharmacotherapy. The FDA-approved dosages and indications for the use of stimulant and related medications in adults are provided in this table. All medication doses listed are for oral administration. Information on the generic availability of the stimulant and related medications can be found by searching the Electronic Orange Book at <https://www.accessdata.fda.gov/scripts/cder/ob/default.cfm> on the FDA website.



Medication	Indication	Dosing Information	Other Information	Generic Availability
amphetamine/dextroamphetamine mixed salts[1]	ADHD	Initial dose: 5 mg once or twice a day; Maximum dose: 40 mg per day	May increase daily dose by 5 mg at weekly intervals until optimal response is achieved. Only in rare cases will it be necessary to exceed a total of 40 mg per day.	Yes
amphetamine/dextroamphetamine mixed salts	narcolepsy	Initial dose: 10 mg per day; Usual dose: 5 mg to 60 mg per day in divided doses	May increase daily dose by 10 mg at weekly intervals until optimal response is achieved. Take first dose upon awakening.	Yes
amphetamine/dextroamphetamine mixed salts ER*[2]	ADHD	Recommended dose: 20 mg once a day	Patients switching from regular-release amphetamine/dextroamphetamine mixed salts may take the same total daily dose once a day.	Yes
armodafinil[3]	narcolepsy	Recommended dose: 150 mg or 250 mg once a day	Take as a single dose in the morning.	Yes
armodafinil	obstructive sleep apnea	Recommended dose: 150 mg or 250 mg once a day	Take as a single dose in the morning. There is no consistent evidence that a 250 mg dose provides additional benefit.	Yes
armodafinil	shift work sleep disorder	Recommended dose: 150 mg once a day	Take 1 hour prior to the start of a work shift.	Yes

Medication	Indication	Dosing Information	Other Information	Generic Availability
atomoxetine†[4]	ADHD	<p>Initial dose: 40 mg per day; Target dose: 80 mg per day; Maximum dose: 100 mg per day</p>	<p>May increase after 3 days to target dose. Dose may be further increased to 100 mg per day after 2 to 4 additional weeks; dose may be given once a day in the morning or twice a day, evenly divided, in the morning and late afternoon or early evening.</p>	Yes
benzphetamine [25 mg][5]	exogenous obesity	<p>Initial dose: 25 mg to 50 mg once a day; Suggested dose: 25 mg to 50 mg 1 to 3 times a day</p>	<p>Dose adjustments may be made by increasing the dose or frequency. Dose should be individualized depending on the response of the patient.</p>	No
benzphetamine [50 mg][6]	exogenous obesity	<p>Initial dose: 25 mg to 50 mg once a day; Suggested dose: 25 mg to 50 mg 1 to 3 times a day</p>	<p>Dose adjustments may be made by increasing the dose or frequency. Dose should be individualized depending on the response of the patient.</p>	Yes
dexmethylphenidate ER*[7]	ADHD	<p>Patients naive to methylphenidate: Initial dose: 10 mg once a day; Maximum dose: 40 mg once a day. Patients currently taking methylphenidate: Initial dose: one-half the total daily dose of methylphenidate; Maximum dose: 40 mg once a day. Patients currently taking dexmethylphenidate: Initial dose: the same total daily dose of dexmethylphenidate given once a day; Maximum dose: 40 mg once a day</p>	<p>May increase daily dose by 10 mg at weekly intervals. Take in the morning.</p>	Yes

Medication	Indication	Dosing Information	Other Information	Generic Availability
dextroamphetamine tablets[8]	narcolepsy	Initial dose: 10 mg per day; Usual dose: 5 mg to 60 mg per day in divided doses	May increase daily dose by 10 mg at weekly intervals until optimal response is achieved. Take first dose upon awakening.	Yes
dextroamphetamine SR[9]	narcolepsy	Initial dose: 10 mg once a day; Usual dose: 5 mg to 60 mg per day in divided doses	May increase daily dose by 10 mg at weekly intervals until optimal response is achieved.	Yes
lisdexamfetamine‡[10]	ADHD	Initial dose: 30 mg once a day; Maximum dose: 70 mg once a day	May increase daily dose by 10 mg or 20 mg at weekly intervals. Take in the morning; afternoon doses should be avoided due to the potential to cause insomnia.	No
lisdexamfetamine‡	moderate to severe binge eating disorder (BED)	Initial dose: 30 mg per day; Recommended target dose: 50 mg to 70 mg per day; Maximum dose: 70 mg per day	Increase daily dose by 20 mg at approximately weekly intervals up to target dose. Discontinue medication if binge eating does not improve. Study conducted with 18 to 55 year olds.	No
methamphetamine[11]	exogenous obesity	Dose: 5 mg one-half hour before each meal	Treatment should not exceed a few weeks in duration.	Yes
methylphenidate[12]	ADHD or narcolepsy	Average dose: 20 mg to 30 mg per day; Maximum dose: 60 mg per day	May increase daily dose by 5 mg or 10 mg at weekly intervals; take in 2 or 3 divided doses preferably 30 to 45 minutes before meals.	Yes
methylphenidate chewable tablet and solution‡[13]	ADHD or narcolepsy	Average dose: 20 mg to 30 mg per day; Maximum dose: 60 mg per day	May increase daily dose by 5 mg or 10 mg at weekly intervals; take in 2 or 3 divided doses preferably 30 to 45 minutes before meals.	Yes
methylphenidate ER (Aptensio XR[TM])†[14]	ADHD	Initial dose: 10 mg once a day in the morning; Maximum dose: 60 mg per day	May increase dose weekly by 10 mg until effective.	No

Medication	Indication	Dosing Information	Other Information	Generic Availability
methylphenidate ER (Concerta®)†[15]	ADHD	Initial dose: 18 mg or 36 mg once a day; Maximum dose: 72 mg once a day	Not FDA approved for use in patients over 65 years old. May increase daily dose by 18 mg at weekly intervals. Take in the morning. Consult prescribing information for converting from methylphenidate IR to Concerta.	Yes
methylphenidate ER (Metadate ER®)§[16]	ADHD or narcolepsy	Dose: the 8-hour dosage should correspond to the titrated 8-hour dosage of the methylphenidate IR formulation	May increase daily dose at weekly intervals. Discontinue if improvement is not noted after one month.	Yes
methylphenidate ER oral suspension[17]	ADHD	Initial dose: 20 mg once a day; Maximum dose: 60 mg once a day	May increase daily dose by 10 mg to 20 mg at weekly intervals. Take in the morning.	No
methylphenidate SR§[18]	ADHD or narcolepsy	Dose: the 8-hour dosage should correspond to the titrated 8-hour dosage of the methylphenidate IR formulation	Methylphenidate SR (Ritalin-SR®) tablets have a duration of action of approximately 8 hours.	Yes
modafinil[19]	narcolepsy or obstructive sleep apnea, adjunct therapy	Recommended dose: 200 mg once a day	Doses up to 400 mg once a day have been used. There is no consistent evidence that doses above 200 mg provide additional benefit. Take in the morning.	Yes
modafinil	shift work sleep disorder	Recommended dose: 200 mg once a day	Take 1 hour prior to the start of a work shift.	Yes

ADHD = attention-deficit/hyperactivity disorder SR = sustained-release XR or ER = extended-release

* Capsules may be swallowed whole or may be opened and the contents sprinkled on applesauce.

† Tablets or capsules must be swallowed whole. Do not chew, crush, or divide.

‡ Take this product (child or adult dose) with at least 8 ounces (a full glass) of water or other fluid. Taking this product without enough liquid may cause choking.

§ Capsules may be swallowed whole or may be opened and dissolved in a glass of water.

To see the electronic version of this dosing table and the other products included in the “Stimulants and Related Medications” Toolkit, visit the Medicaid Program Integrity Education page at <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Pharmacy-Education-Materials/pharmacy-ed-materials.html> on the Centers for Medicare & Medicaid Services (CMS) website.

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