ADHD in Adults: Medication Formulations, Dosing, and Prescribing Pearls - *September 2026*

Medication[1]	Formulation[1] *(IR/delayed release)*	Initial Dose [1] Dose Titration *(Max Dose)* [1]	Onset[1] / Duration[1]	Cost/ 30 days[$]	NSP[Δ] Coverage
STIMULANTS – *Methylphenidate (MPH)*					
Ritalin IR generics *only*	Tablets 5, 10, 20mg may crush/split *(100% IR)*	5-10 mg BID (morning & noon) to TID (before 6pm) ↑ by 5-10 mg weekly *(60 mg/day)*	2h / 3-4h	$13-$30	Full Benefit
Ritalin SR generics *only*	Tablets 20 mg swallow whole *(100% SR)*	20 mg daily in the morning ↑ by 20 mg weekly *(60 mg/day)*	4h / 8h	$22-$67	Full Benefit
Concerta brand/generics	XR Tablets 18, 27, 36, 54mg swallow whole *(22%/78%)*	18 mg daily in the morning ↑ 18 mg weekly *(72 mg/day)*	1h/6-10h[¤] / 12h	$16-$41 generic $105-$274 brand[Δ]	Full Benefit
Biphentin brand/generics	Capsules 10, 15, 20, 30, 40, 50, 60, 80mg can be sprinkled/do not chew beads *(40%/60%)*	10-20 mg daily in the morning ↑ by 10 mg weekly *(80 mg/day)*	1-3h/6-7h[¤] / 10-12h	$17-$100 generic $33-$200 brand[Δ]	Exception Status
Foquest brand *only*	CR Capsules 25, 35, 45, 55, 70, 85, 100mg can be sprinkled/do not chew beads *(20%/80%)*	25 mg daily in the morning ↑ no less than 5-day intervals *(100 mg/day)*	1-3h/8-16h[¤] / 13-16h	$100-$170	Full Benefit
STIMULANTS – *Amphetamine (AMP)*					
Dextroamphetamine Dexedrine brand/generics	Tablet 5mg may crush/split *(100% IR)*	5 mg daily or BID with first dose in morning ↑ by 5 mg weekly *(40 mg/day)*	3h / 4h	$33-$132 generic $55-$218 brand[Δ]	Full Benefit
Dextroamphetamine Dexedrine Spansules brand/generics	Capsules 10, 15mg can be sprinkled/do not chew pellets *(40%/60%)*	10 mg daily in the morning ↑ by 10 mg weekly *(40 mg/day)*	3-8h / 6-12h	$27-$97 generic $40-$161 brand[Δ]	Full Benefit
Mixed amphetamine salts Adderall XR brand/generics	Capsules 5, 10, 15, 20, 25, 30mg can be sprinkled/do not chew beads *(50%/50%)*	10 mg daily in the morning ↑ by 5-10 mg weekly *(30 mg/day)*	5-8h / 12h	$18-$27 generic $90-$134 brand[Δ]	Full Benefit
Mixed amphetamine salts Dyanavel XR brand *only*	XR Tablets 5, 10, 15, 20mg can be chewed/swallowed whole	5 mg daily in the morning ↑ by 5 mg every 4-7 days *(20 mg/day)*	4-5h / 12-14h	$76-$130	Non-Benefit
Lisdexamfetamine Vyvanse brand/generics	Capsules 10, 20, 30, 40, 50, 60mg (70mg for BED) can be diluted/sprinkle – chewable tablet also available *(pro-drug of dextroamphetamine/gradual release)*	30 mg daily in the morning ↑ by 10-20 mg weekly *(60 mg/day)*	3.5-4.5h / 13-14h	$25-$38 generic $113-$169 brand[Δ]	Exception Status
NON-STIMULANTS					
Atomoxetine Strattera generics *only*	Capsules 10, 18, 25, 40, 60, 80, 100mg swallow whole	40 mg daily (for first 1-2 weeks) ↑ 60 mg/day; ↑ 80 mg/day after 1-2 weeks *(100 mg/day)*	1-2h / NA	$22-$40	Full Benefit

Notes: *Pharmacokinetic and pharmacodynamic responses to stimulants can vary from individual to individual.*
Stimulants (sympathomimetics) inhibit reuptake (AMP also increases release) of dopamine & norepinephrine; Atomoxetine is a selective norepinephrine reuptake inhibitor.
[¤]Biphasic release involves drug release in two phases to facilitate fast onset of action as well as slower, extended release.
Abbreviations: IR=Immediate release; SR=Sustained release; XR/XL=Extended release; CR=Controlled release; BID=twice daily; TID=three times daily; BED=Binge Eating Disorder; GI=Gastrointestinal. NA=not available.
References: [1]Health Canada Drug Product Database; [$]McKesson Canada (approximate without mark-up & fees, initial & max dose range); [Δ] Nova Scotia Pharmacare Formulary (brand reimbursed up to cost of generic)

This information is not all inclusive and intended to accompany an academic detailing visit. Detailed information and full references available at:
Pharmacotherapy for ADHD in Adults 2026. dal.ca/academic-detailing
Acknowledgements: Ava Maleki and Jessican Crant, Pharmacy students, Drug Evaluation Unit Nova Scotia Health for their contributions.

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Medication[1]	Formulation[1]	Initial Dose [1] Dose Titration *(Max Dose)* [1]	Onset[1] Duration[1]	Cost/ 30 days[$]	NSP[Δ] Coverage
NON-STMULANTS - *OFF LABEL**					
Guanfacine¥ Intuniv brand/generics	XR Tablets 1, 2, 3, 4mg swallow whole/do not take with high fat meal	1 mg daily[1¥] *(for ages 6-17 years; no adult dose reported)* ↑ by 1 mg weekly *(for ages 6-17 years; no adult dose reported)* *(7 mg/day) (4mg/day adjunct with stimulants)*[1¥]	18h 24h	$23-$70 generic $100-$308 brand[Δ]	Non-Benefit
Bupropion SR,XL Wellbutrin SR,XL brand XL only/generics both	SR Tablets 100, 150mg XL Tablets 150, 300mg both formulations swallow whole	SR: 100 mg daily[2] XL: 150 mg daily[2] SR: ↑ 200 mg daily or divide 100 mg BID *(200 mg BID)*[2] XL: ↑ 300 mg daily *(450 mg daily)* [2]	SR: 3h XL: 6h SR/XL: 1-2 days	SR: $17-$68 generic XL: $9-$26 generic $20-$60 brand[Δ]	Full Benefit
Venlafaxine XR Effexor XR brand/generics	XR Capsules 37.5, 75, 150mg swallow whole/take with food	75 mg daily[3] ↑ by 75 mg every 2 weeks *(225 mg/day)*[3]	6-9h 24h	$6-$12 generic $77-$157 brand[Δ]	Full Benefit

*Selected off-label medications are included based on significant ADHD symptom improvement from limited evidence (few, small RCTs in *adults*). Of note, modafinil did not show RCT evidence of efficacy and no RCTs in *adults* were identified for imipramine and clonidine. ¥Guanfacine is approved for use in children & adolescents, but NOT adults; Bupropion (dopamine & norepinephrine reuptake inhibitor); Venlafaxine (serotonin & norepinephrine reuptake inhibitor). ᵻBiphasic release involves drug release in two phases to facilitate fast onset of action and slower, extended release. Abbreviations: SR=Sustained release; XR/XL=Extended release; BID=twice daily. [$]McKesson Canada (approximate without mark-up & fees, initial & max dose range); [Δ] Nova Scotia Pharmacare Formulary (brand reimbursed up to cost of generic).

References: [1]Health Canada Drug Product Database; [2]RxFiles ADHD Drug Comparison Chart (2026); [3]Amiri et al. (2012) https://doi.org/10.1002/hup.1274

PRESCRIBING PEARLS

Starting Medication: First-line: Stimulants (methylphenidate & amphetamines). An adequate trial of both stimulant classes is recommended before switching therapy. There is no standard approach to **switching** between medications and classes. Second line: Atomoxetine (non-stimulant) when unable to take stimulants. Off-label use (e.g., guanfacine, bupropion, venlafaxine) may be prescribed on a case-to-case basis.

Medication Choice: Driven by patient factors (e.g., co-occurring psychiatric/other health conditions) and preferences (i.e., formulation, cost). *Individual pharmacokinetic responses (i.e., effective dose, tolerability, optimal formulation) to stimulants can be variable.*

Dose Titration: Generally, *over 1-2 weeks* based on patient specific treatment goals as tolerated (may titrate slower with co-occurring psychiatric health conditions). There is limited clinical benefit from increasing stimulant doses beyond maximum approved doses.

Stopping Medication: *Stimulants and atomoxetine* may be stopped abruptly or tapered to enable reassessment of medication and effects on co-occurring psychiatric/other health conditions. *Guanfacine* must be tapered slowly (e.g., 1 mg weekly) due to risk of rebound hypertension.

Monitor for efficacy (driven by patient-specific goals), tolerability and safety within 2-4 weeks after starting or adjusting therapy.

Additional Prescribing Considerations:

- *Long-acting stimulants may have less abuse potential* compared to immediate release preparations. *Atomoxetine and guanfacine are not associated with abuse* and may be more suitable in adults with ADHD and co-occurring and/or history of substance use disorder.
- *Stimulants, atomoxetine, guanfacine, bupropion, & venlafaxine* improve core ADHD symptoms compared to placebo but their impact on functional outcomes has not been established in RCTs. There is no universally accepted definition of a clinically meaningful response.
  - *Guanfacine* may help hyperactivity symptoms with less benefit for inattentive symptoms. Expert opinion
  - *Bupropion* may be preferred in individuals with co-occurring depression and/or tobacco use disorder. Expert opinion

MEDICATION SAFETY

Methylphenidate, amphetamines, atomoxetine all stimulate the sympathetic nervous system:
↑heart rate/blood pressure, insomnia,
↓appetite/weight

Guanfacine has an opposing effect on the sympathetic nervous system:
↓ heart rate/blood pressure, somnolence

Stimulants/Atomoxetine Prescribing – Caution:

- Symptomatic cardiovascular disease (contraindication) – check blood pressure/heart rate prior to initiating therapy
- Glaucoma, thyrotoxicosis (contraindications)
- Eating disorders/appetite dysregulation
- Insomnia (may worsen symptoms)
- Anxiety (may worsen symptoms)
- ↑risk acute psychosis is rare but warrants screening of history of bipolar disorder, psychosis, and substance use disorders

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