

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) PRESCRIPTION STIMULANT CONVERSION AID

The ADHD Medication Conversion Aid is not an all-inclusive list of strengths and dose conversions from one medication to another medication, the chart is intended to be an aid for how to make these mathematical conversions based on available evidence from expert consensus, journal articles, product labeling, and online dose calculators.

Note that the dosing provided does not account for pharmaceutical labeling indications such as age. Please consult labeling for dose recommendations based on age.

New medication total daily doses may need to be rounded to the nearest available strength or rounded as clinically appropriate by the prescriber. Also, total daily dose may be dosed in partial tablets depending on the dose. For example, Ritalin (methylphenidate IR) is available in 5, 10, and 20 mg doses, a dose of 8mg after conversion can be rounded up to 10 mg or rounded down, and the patient be given 1 and ½ tablets of 5 mg resulting in a 7.5 mg dose. Clinical judgment must be utilized independently of this aid when deciding whether to round up or down when dosing or titrating a medication.

Be aware to check product labeling for medications that can or cannot be crushed/split.

This chart should not replace clinical judgment, it is only to be used as an aid. Medication doses should be based on a wide variety of factors including body weight, patient age, severity of symptoms, response to medication or previous medications, medication duration of action, concurrent medications, comorbid conditions, and patient specificity (e.g., sex, ethnicity, age etc.).

For a more detailed and accurate approach to converting between ADHD medication products and the methodology of conversion factors see “Guidance for Off-Label Conversions.”

Attention-Deficit/Hyperactivity Disorder (ADHD) Medication Conversion Aid*				
Current Medication	Current Total Daily Dose (mg/day)	Conversion Factor	New Medication	Total Daily Dose (mg/day)
Amphetamine Salts				
Mixed Amphetamine Salts Immediate-Release (IR)/ Extended-Release (ER)	20 mg	1	Mixed Amphetamine Salts IR/ER	20 mg (may divide IR dose in 1 to 3 equally divided doses)
	20 mg	2	Methylphenidate HCl IR/ER	40 mg* (may divide IR dose in 1 to 3 equally divided doses)
*Alternatively, consider switching amphetamines to methylphenidate at the same dose and titrating up				
Mixed Amphetamine Salts IR/ER	20 mg	2.5	Vyvanse (lisdexamfetamine dimesylate)	50 mg
Mixed Amphetamine Salts IR/ER	20 mg	0.625	Adzenys XR-ODT, Adzenys ER (amphetamine) ODT-XR tablet and ER oral suspension	12.5 mg
Adzenys XR-ODT, Adzenys ER (amphetamine) ODT-XR tablet and ER oral suspension	12.5 mg	1.6	Mixed Amphetamine Salts IR/ER	20 mg(may divide IR dose in 1 to 3 equally divided doses)
Lisdexamfetamine				
Vyvanse (lisdexamfetamine dimesylate)	10 mg	~0.77	Methylphenidate HCl IR/ER	7.7 mg* (may divide IR dose in 1 to 3 equally divided doses)
Vyvanse (lisdexamfetamine dimesylate)	50 mg	0.4 - 0.6	Mixed Amphetamine Salts IR/ER	25 mg* (may divide IR dose in 1 to 3 equally divided doses)

Attention-Deficit/Hyperactivity Disorder (ADHD) Medication Conversion Aid*				
Current Medication	Current Total Daily Dose (mg/day)	Conversion Factor	New Medication	Total Daily Dose (mg/day)
Methylphenidate and Derivatives				
Aptensio XR (methylphenidate HCl) capsule	10 mg	1	Methylphenidate HCl IR/ER	10 mg (may divide IR products in 1 to 3 equally divided doses)
Dexmethylphenidate HCl IR/ER	10 mg	2	Methylphenidate HCl IR/ER	20 mg (may divide IR products in 1 to 3 equally divided doses)
Methylphenidate HCl IR	15 mg (may divide IR dose in 1 to 3 equally divided doses)	1	Dexmethylphenidate HCl IR/ER	10 mg (may divide IR products in 1 to 3 equally divided doses)
Daytrana (methylphenidate transdermal) patch	10 mg/ 9 hr wear time	~0.67	Daytrana (methylphenidate transdermal) patch	10 mg/ 9 hr wear time
Methylphenidate HCl IR/ER	20 mg	1.5	Methylphenidate HCl IR	15 mg (may divide IR dose in 1 to 3 equally divided doses)
		0.5		*The conversion of methylphenidate to dextroamphetamine/amphetamine is done at approximately 1/2 the dose of methylphenidate. However, it may be reasonable for children who are already receiving ≥ 20 mg/day methylphenidate to convert to dextroamphetamine-amphetamine at a starting dose of 10 mg once per day and titrate based on response.
		1.3	Vyvanse (lisdexamfetamine dimesylate)	26 mg* (available in 20 mg, 30 mg)
Concerta (methylphenidate osmotic release) ER tablets	18 mg	~0.56	Daytrana (methylphenidate transdermal) patch	10 mg/ 9 hr wear time
Daytrana (methylphenidate transdermal) patch	10 mg/ 9 hr wear time	1.8	Concerta (methylphenidate osmotic release) ER tablets	18 mg

The recommendation for the following medications is to start with the initial dose and titrate when switching due to pharmacokinetics and salt form differences*

Adhansia XR
Adzenys XR-ODT
 (if switching to another product other than Adderall XR)
Azstarys

Dyanavel XR
Evekeo ODT
Jornay PM

Mydayis
QuilliChew ER
Quillivant XR

* Please refer to A West Virginia Guide to Evidence-Informed Evaluation, Diagnosis, and Treatment of Attention-Deficit/Hyperactivity Disorder (ADHD) and comorbid Concerns (The WV ACC Guidelines), available at www.wvadhd.org for a full list of disclaimers (page 4) and references for the content contained in this handout.