|  |  |  |  |
| --- | --- | --- | --- |
| **Drug Name****(include if IR, XR, ODT, LA)**  | **Indication (include approved ages)** **Neurotransmitter(s) Affected** **Target Symptoms** | **Short-acting, intermediate-acting or long-acting.****Duration of action, peak (if noted)**  | **Notable side effects /Patient education instructions**  |
| **Methylphenidate (D/L)****(Concerta, Ritalin)** |   |   |   |
| **Dexmethylphenidate (Focalin) (D)** |   |   |   |
| **Jornay PM** |  |  |  |
| **Amphetamine** **(Adzenzys)** |   |   |   |
| **Dextroamphetamine/amphetamine salts (Adderall, Mydayis )**  |   |   |   |
| **Lisdexamfetamine** **(Vyvanse)**  |   |   |   |
| **Atomoxetine**  |   |   |   |
| **Clonidine**  |   |   |   |
| **Guanfacine** |   |   |   |
| **Bupropion** **(Wellbutrin)**  |   |   |  |