|  |  |  |  |
| --- | --- | --- | --- |
| **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)** |  |  |  |