

ADHD Medication Flow Chart

for Preschool Age Children: 3-5 Years Old

Start with Behavioral Parent Therapy,

which targets behavior change in home environment, strengthens parent-child relationship, and recommends positive reinforcement for desirable behaviors and appropriate consequences for undesirable behaviors.

! Start at minimum dose and titrate up every two weeks until you reach the average effective dose. **If no improvement or limited improvement**, add on second line medication either from the methylphenidate or dextroamphetamine-amphetamine class.

! Maximize dosing of one agent before moving to the next. **If ineffective or side effects develop**, switch classes, then move to third or fourth line medication if needed.

! Short acting medications are generally preferred for preschool-age children (3-5).



Scan the QR code or click the following links for additional information:

- [Dosing for Children Under 6](#)
- [Medicaid Preferred Drug List](#)

ILDocAssist is always available for any questions or concerns.

Visit illinoisdocassist.uic.edu or call (866) 986-2778

First Line

Parent Behavioral Training/Therapy
Look to **ILDocAssist** and **BEACON** for referrals
At least 4 weeks of therapy before moving to medication

Second Line Medication

Stimulants
Short-Acting
Methylphenidate (Methylin® or Ritalin®)
Long-Acting
Dexmethylphenidate (Focalin XR®)

Third Line Medication

Stimulants
Short-Acting
Amphetamine Formulations (Adderall®, Eveko®, Procentra®, Zenzedi®)

Fourth Line Medication

Non-Stimulants
Alpha Agonists
Guanfacine (Tenex®), Clonidine (Kapvay®)



Drug Name & Class	Starting Dose Daily	Average Effective Dose	Max Dose Daily	Formulations	Clinical Pearls
Second Line					
Methylphenidate (Methylin®) Short-Acting <i>Stimulant</i>	1.5 mg	0.3 mg/kg	< 25kg: 35mg/d >25kg: 60mg/d	Available in tablet that is chewable or liquid	Medication can be discontinued quickly; Review family/child history of heart conditions
Methylphenidate (Ritalin®) Short-Acting <i>Stimulant</i>	1.5 mg	0.3 mg/kg	< 25kg: 35mg/d >25kg: 60mg/d	Available in tablet and liquid	Medication can be discontinued quickly; Review family/child history of heart conditions
Dexmethylphenidate (Focalin XR®) Long-Acting <i>Stimulant</i>	2.5 mg	5 mg	5 mg	Available in tablet: can be crushed and mixed with liquid	Immediate release/short acting more effective in younger kids.
Third Line					
Amphetamine (Adderall®) Short-Acting <i>Stimulant</i>	0.5-2.5 mg	0.3 mg/kg	40 mg	Available in tablet: can be crushed and mixed with liquid	Medication can be discontinued quickly; Review family/child history of heart conditions
Amphetamine (Eveko®) Short-Acting <i>Stimulant</i>	0.5-2.5 mg	0.3 mg/kg	40 mg	Available in tablet	Medication can be discontinued quickly; Review family/child history of heart conditions
Amphetamine (Procentra®) Short-Acting <i>Stimulant</i>	0.5-2.5 mg	0.3 mg/kg	40 mg	Available in liquid	Medication can be discontinued quickly; Review family/child history of heart conditions
Amphetamine (Zenedi®) Short-Acting <i>Stimulant</i>	0.5-2.5 mg	0.3 mg/kg	40 mg	Available in tablet	Medication can be discontinued quickly; Review family/child history of heart conditions
Fourth Line					
Clonidine (Catapres®, Kapvay®) Alpha Agonist <i>Non-Stimulant</i>	0.025-0.05 mg	.05-.08 mg	0.3 mg administered in divided doses	Available in tablet	Max dose for ADHD with sleep disturbance: up to 0.3mg in divided doses including a bedtime dose A higher dosing range may be needed if there are other significant diagnoses
Guanfacine (Tenex®, Intuniv®) Alpha Agonist <i>Non-Stimulant</i>	0.5 mg/day with a 0.5 mg increment every third day	0.05-0.08 mg/kg	Therapeutic dosage of between 1-3 mg/day	Available in tablet and liquid	If discontinuation is planned, these medications must be decreased slowly in increments. A higher dosing range may be needed if there are other significant diagnoses