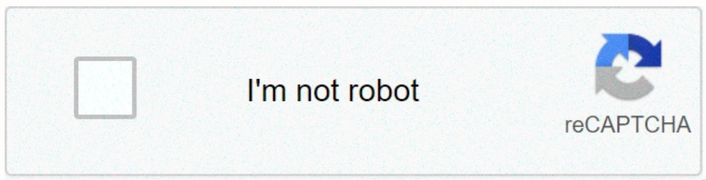

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Generic adderall 30 mg pill

Generic name: amphetamine/dextroampheam ritonavir imprinted with AD 30 is orange, round and identified as 30 mg supplemented. It is supplied by Shire US Inc. Adderall is used to treat adhd; narcolepsy and belongs to cns stimulants. The risk cannot be excluded during pregnancy. Supplement 30 mg classified as List 2 in a controlled substance in accordance with the Controlled Substance Act (CSA). Images AD 30 Related Images AD 30 Always consult your healthcare provider so that the information displayed on this page applies to your personal circumstances. Medical disclaimer included as part of the precautionary section. PRECAUTIONS For serious cardiovascular events Sudden death and pre-existing structural heart problems or other serious cardiac problems Children and adolescents Sudden death has been reported at the usual doses in children and adolescents with structural heart problems or other serious cardiac disorders. Although some serious heart problems alone are associated only with an increased risk of sudden death, stimulants should not normally be used in children or adolescents with known serious structural heart problems, cardiomyopathy, serious heart rhythm abnormalities or other serious heart conditions that may increase vulnerability to the sympathomimetic effects of the stimulant medicine [see CONTRAINDICATIONS]. Adults Sudden deaths, strokes and myocardial infarction have been reported in adults taking stimulants at normal doses of AdHD. Although the role of stimulants in these adult cases is also unknown, adults are more likely than children with serious structural heart abnormalities, cardiomyopathy, serious heart rhythm abnormalities, coronary artery disease or other serious heart problems. Adults with these deviations also do not normally need to be treated with stimulant medicinal products [see CONTRAINDICATIONS]. Hypertension and other cardiovascular conditions Stimulants cause a slight increase in mean blood pressure (about 2-4 mmHg) and average heart rate (about 3-6 beats per minute), and individuals may have a higher increase. Although no short-term effects are expected for mean changes alone, all patients should be monitored for a higher change in heart rate and blood pressure. Caution should be exercised when treating patients whose medical conditions may be associated with an increase in blood pressure or heart rate, such as patients with pre-existing hypertension, heart failure, recent myocardial infarction or ventricular arrhythmia [see CONTRAINDICATIONS and SIDE EFFECTS]. Assessment of cardiovascular status in patients treated with stimulant medicinal products Children, adolescents or adults treated with stimulant medicinal products should have a careful history (including a family history of sudden death or ventricular arrhythmias) and a physical examination to evaluate the heart disease if findings suggest such a disease (e.g. electrocardiogram and echocardiogram). Patients who experience symptoms such as chest pain, unexplained syncope, or other symptoms suggestive of heart disease during stimulant therapy should undergo an immediate cardiac evaluation. Psychiatric events Pre-existing psychosis Use of stimulants may exacerbate the symptoms of behavioural disorders and thought disorders in patients with pre-existing psychotic disorders. Bipolar disorder Special caution should be exercised when using stimulants to treat ADHD patients with co-morbidity in bipolar disorder due to concerns about possible induction of a mixed/manic episode in such patients. Patients with co-morbidities should be adequately monitored prior to initiation of stimulant treatment to determine whether they are at risk of bipolar disorder; such screening should include a detailed psychiatric history, including a history of suicide, bipolar disorder and depression. Emergence of new psychotic or manic symptoms Treatment-induced psychotic or manic symptoms such as hallucinations, mistaken thinking or mania in children and adolescents without psychotic diseases or a history of mania may be caused by stimulants at normal doses. If such symptoms occur, the possible role of the causes of the stimulant stimulant should be considered and it may be appropriate to discontinue treatment. In a pooled analysis of several short-term placebo-controlled studies, the following symptoms occurred in approximately 0.1% (4 patients with 3,482 cases of methylphenidate or amphetamine in stimulant-treated patients over several weeks) compared to 0 placebo-treated patients. Aggression Aggressive behavior or hostility has often been observed in children and adolescents with ADHD, and have been reported in clinical trials and post-marketing experience of some medicinal products indicated for the treatment of ADHD. Although there is no systematic evidence that stimulants cause aggressive behavior or hostility, patients who start treatment for ARHD should be monitored for or worsening aggressive behaviour or hostility. Long-term inhibition of growth monitor growth in children during treatment with stimulants. Patients who do not grow or gain weight as expected may require treatment. Close monitoring of body and body in children aged 7 to 10 years randomised to either methylphenidate or non-treatment over 14 months of age and subgroups of naturalistic neonates and non-drug-treated children over 36 months of age (10 to 13 years of age) indicate that therapeutic children (i.e. 7 days per week throughout the year) temporarily slow down growth rate (on average about 2 cm less growth height and 2.7 kg less weight gain over 3 years), growth in this development period. In a CONTROLLED ADDERALL XR study, the mean change in body weight from baseline in 4 weeks of treatment was –1.1 lbs, respectively. Higher doses were associated with greater weight loss during the initial 4 weeks of treatment. Long-term use of amphetamines is expected to cause similar growth inhibition. Seizures There is some clinical evidence that stimulants may lower the convulsive threshold in patients with a history of seizures, in patients with previous EEG abnormalities without seizures, and very rarely in patients without a history of seizures and without eEG convulsions. In case of seizures, ADDERALL XR should be discontinued. Peripheral vaskopathy, including Raynaud's Phenomenon Stimulants, including ADDERALL XR, used to treat ADHD are associated with peripheral vascular pathopathy, including raynaud's phenomenon. Signs and symptoms are usually intermittent and mild; however, very rare consequences are ulceration or ulceration and/or soft tissue damage. The effects of peripheral vascular therapy, including the Raynaud's phenomenon, were observed in post-marketing reports at different times and at therapeutic doses in all age groups throughout treatment. Signs and symptoms usually improve after dose reduction or discontinuation. Digital changes should be carefully weighed during treatment with ADHD stimulants. In some patients, further clinical evaluation (e.g. revision of rheumatology) may be useful. Visual disturbances Difficulties in accommodation and blurred vision have been reported during stimulant therapy. Tics Amphetamines are reportedly exace rings to motor and emphysonic tics and Tourette syndrome. Therefore, clinical evaluation of tics and Tourette syndrome patients and their families should be before the use of stimulant drugs. Prescribing and dispensing In order to reduce the risk of overdose, the lowest possible amount of amphetamine should be prescribed or issued at the same time. ADDERALL XR should be used with caution in patients taking other sympathomimetic medicinal products. Patient consultation information information about the medication manual Inform patients, their families and their carers about the benefits and risks associated with adderall XR treatment and they should be advised to use them appropriately. The Patient Medication Guide is available in ADDERALL XR. Ask patients, their families and their caregivers to read the Medicines Manual and help them understand its contents. Give patients the opportunity to discuss the contents of the Medical Manual and get answers to any questions they may have. The full text of the package leaflet is repeated at the end of this document. Status/potential for abuse, misuse and dependence of the controlled substance inform patients that ADDERALL XR is may be misused or addictive. In addition, stress that ADDERALL XR should be stored in a safe place to prevent abuse and/or abuse. Assess patient history (including family history) of abuse or addiction to alcohol, prescription drugs or illicit drugs [see Drug abuse and addiction]. Serious cardiovascular risks Inform patients of a serious cardiovascular risk (including sudden death, myocardial infarction, stroke and hypertension) with ADDERALL XR. Patients who develop symptoms such as chest pain, unexplained fainting or other symptoms suggestive of heart disease should be immediately affected [see WARNINGS AND PRECAUTIONS]. Psychiatric risks Before starting adderall xr treatment, appropriately check patients with depressed symptoms to determine whether they are at risk of bipolar disorder. Such screening should include a detailed psychiatric history, including a family history of suicide, bipolar disorder and/or depression. In addition, adderall XR treatment at normal doses may lead to treatment-induced psychotic or manic symptoms in patients without psychotic symptoms or a history of mania [see WARNINGS AND PRECAUTIONS]. Circulating problems in the fingers and fingers [Peripheral vascular coarseness, including raynaud's phenomenon] Ask patients starting treatment with ADDERALL XR about the risk of peripheral blood vessels, including raynaud's phenomenon, and related signs and symptoms: fingers or fingers may feel numb, cool, painful, and/or may change color from pale, to blue, to red. Instruct patients to report to the doctor any new numbness, pain, skin color changes, or sensitivity to the temperature of the fingers or fingers. When using Adderall XR, you should contact your doctor immediately on your toes or toes, indicating signs of unexplained wounds. Some patients may be eligible for further clinical evaluation (e.g. rheumatology review) [see WARNINGS AND PRECAUTIONS]. Growth Monitor growth in children during treatment with ADDERALL XR and in patients who do not grow or cannot, as intended, may require discontinuation of treatment [see WARNINGS AND PRECAUTIONS]. Pregnancy It will advise you to inform their doctor if they become pregnant or plan to become pregnant during treatment [see Use in specific patient groups]. You are breast-feeding if they are taking ADDERALL XR [see Use in specific populations]. Reduced ability to use machines or vehicles ADDERALL XR may impair the patient's ability to engage in potentially hazardous activities, such as machinery or use of vehicles; therefore, the patient's condition should be monitored accordingly. For more information, call 1-800-828-2088 Pharmacist: Medication Manual issued to patients Nonclinical Toxicology Carcinogenesis, Mutagenesis, Disorders Fertility Was Not evidence of carcinogenicity carcinogenicity (enantiomer ratio 1:1) was administered to mice and rats for 2 years in doses up to 30 mg/kg/day in male mice, 19 mg/kg/day in female mice and 5 mg/kg/day in male and female rats. These doses are approximately 2.4, 1.5 and 0.8 times the maximum recommended dose for children 30 mg/day based on mg/m² body surface area, respectively. The amphetamine in the enantiomer ratio present in ADDERALL XR (d- to l-ratio 3:1) was not clastogenic in the in vivo anti-bone marrow micronucleus test in mice and was negative when tested in an in vitro component of Ames test E. coli. d,l-amphetamine (1:1 enantiomer ratio) is a positive reaction in a mouse bone marrow micronucleus test, an unclear reaction in the Pies test and a negative reaction in an in vitro nurse chromatisation exchange and chromosomal aberration assay. Amphetamine in the proportion of enantiomer ADDERALL XR (d-to-l-ratio 3:1) did not affect fertility or early embryonic development in rats at doses up to 20 mg/kg/day (approximately 8 times the maximum recommended dose for adolescents 20 mg/day based on mg/m² body surface area). Use In specific populations Pregnancy Teratogenic effects in the enantiomer ratio of adderall XR (d- to l-ratio) of category C had no apparent effect on embryofetal morphological development or survival when administered orally to pregnant rats and rabbits during organogenesis up to 6 and 16 mg/kg/day, respectively. These doses are approximately 2 and 12 times the maximum recommended human dose (MRHD) for adolescents of 20 mg/day based on mg/m² body surface area, respectively. Foetal abnormalities and death in mice have been reported following parenteral administration of d-amphetamine at a parenteral dose of 50 mg/kg/day (approximately 10 times the MRC in adolescents at mg/m²) or higher doses in pregnant animals. These doses were also associated with severe female toxicity. A study was conducted in which pregnant rats received daily oral doses of amphetamine (d-l-enantiomer ratio 3:1, as did ADDERALL XR) of 2.6 and 10 mg/ kg from day 6 to lactation day 20. These doses are approximately 0.8, 2 and 4 times the MRHD in adolescents of 20 mg/day based on mg/m². All doses resulted in hyperactivity and reduced weight gain in females. A reduction in pup survival was observed at all doses. Weight loss was observed at 6 and 10 mg/kg, which correlate with delays in developmental monuments. Increased pup movement activity was observed at 10 mg/kg on day 22 of the postpartum period, but not for 5 weeks after sweaning. When pups were tested for reproductive function after maturation, gestational weight gain, number of implantations and reduction in the number of pups delivered, the group administered 10 mg/kg to mothers. Several studies in rodents have shown that prenatal or early exposure to amphetamine (d- or d, l-) at doses similar to those used in clinical use may result in long-term neurochemical and behavioural changes. Reported behavioral effects include learning and memory deficits, altered movement activity and changes in sexual function. There are no adequate and well-controlled studies in pregnant women. There has been one report of severe congenital bona fiformation, trachea-esophageal fistula, and atresia (vater association) of a child born to a woman who was taking dextroamphetamine sulfate with lovastatin during the first trimester of pregnancy. Amphetamines should only be used during pregnancy if the potential benefit justifies the potential risk to the foetus. Nonteratogenic Effects Infants born to amphetamine dependent mothers have an increased risk of premature birth and low birth weight. Also, these infants may experience withdrawal symptoms, as evidenced by dysphoria, including agitation, and significant lassitude. The impact of work and delivery on ADDERALL XR on the work and delivery of people is unknown. Mothers who breast-feed amphetamines are excreted in human milk. Mothers taking amphetamines should be advised to refrain from care. Use in children ADDERALL XR is indicated for use in children 6 years of age and older. The safety and efficacy of ADDERALL XR in children below the age of 6 years have not been studied. The long-term effects of amphetamines in children have not been well demonstrated. In a juvenile development study, rats received daily oral doses of amphetamine (d to l enantiomer ratio 3:1, as in ADDERALL XR) 2.6 or 20 mg/kg on Days 7 to 13; between Day 14 and Approximately Day 60, these doses were administered twice daily at total daily doses of 4, 12 or 40 mg/kg. The last doses are approximately 0.6, 2 and 6 times the maximum recommended human dose for children at 30 mg/day based on mg/m2. After-meal hyperactivity was observed at all doses; motor activity measured before the daily dose decreased with food, but reduced motor activity was largely non-drug-free after an 18-day recovery period. Performance in the Morris water labyrinth test for training and memory was impaired at a dose of 40 mg/kg and sporadically at lower doses when measured before the daily dose during treatment; after 19 days of discontinuation of the medicinal product. Delays in vaginal opening and prepoition separation were observed at 40 mg/kg but effects on fertility were not affected. Geriatric Use ADDERALL XR has not been studied in the geriatric population. Population.

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