

Centanafadine

Simtriyo • extended-release capsules

An ADHD medicine with a different chemical structure. Better daily function—not feeling wired—is the goal.

From Jeffrey Panko, PMHNP-BC's education collection ·

Draft for review · Clinical content has not been revalidated for this website.

NOT YET AVAILABLE

PREVIEW · RECHECK STATUS BEFORE STARTING

03 October 2026: manufacturer reports DEA scheduling review and no commercial availability.

What it is used for

The agreed FDA label is for ADHD in adults and children age 6 or older weighing at least 44 lb (20 kg). It is not recommended below those limits.

This is a preview of the agreed instructions, not permission to start. Your team must confirm current availability, labeling and your own prescription.

How it works

It slows recycling of norepinephrine, dopamine and serotonin—brain messengers involved in attention. Exactly how this improves ADHD remains unclear.

The label calls it a stimulant. Misuse can cause addiction, overdose or death. Its chemistry does not prove it treats depression or anxiety.

What to expect over time

BEFORE STARTING

Confirm availability and review your health, medicines and treatment goals.

THE FIRST WEEKS

Track focus, appetite, sleep and mood; keep scheduled check-ins.

ONGOING REVIEW

Benefits and side effects guide decisions. Do not change the dose yourself.

Taking your medication

If prescribed, take once each morning at about the same time, with or without food. Follow your bottle's dose; children's doses depend on age and weight.

Swallow whole, or mix all contents with 1 tablespoon of applesauce, yogurt or orange juice. Swallow immediately, then drink water. Do not chew, crush, divide or save the mixture.

Avoid alcohol with your dose and for at least 2 hours after: it can release medicine too fast. Discuss whether any drinking is appropriate.

When to get help

Call 911: chest pain, fainting, breathing trouble, seizure or face/throat swelling. Stop for serious allergy or fever with confusion and rigid/twitching muscles; get emergency care.

Get urgent advice: suicidal thoughts, hallucinations, rash or sudden mood/energy/sleep changes. Call 911 if you cannot stay safe.

Too much taken? Call Poison Control now: 1-800-222-1222. Do not wait for symptoms. Never take extra, snort, inject or share it.

Early side effects

Headache, appetite loss, insomnia, nausea, dry mouth or diarrhea may occur. Children may get rash or stomach pain. Report rash promptly.

Other effects to discuss

Report weight loss, new tics or numb, painful or color-changing fingers/toes. New sores need immediate advice. Children need growth checks.

What to keep track of

Track focus, sleep, eating and mood; your team checks BP/pulse and growth. The suicide warning is especially important for children. Report concerns between visits.

Before you start

Tell your team about heart disease, high BP, fainting, family sudden death, bipolar disorder/psychosis, depression or suicide history, tics, poor circulation and liver disease. Do not use with current or past pheochromocytoma (an adrenal tumor). Report allergies, especially aspirin or yellow dye: the 210-mg capsule contains tartrazine. Discuss pregnancy/nursing and substance use openly.

Medicines & interactions

MAOIs: do not combine

Do not take during or within 14 days after an MAOI, including linezolid or IV methylene blue. Any switch needs a clinician's timing plan.

Mood, pain and migraine medicines

Some antidepressants, triptans, opioids such as tramadol, and St. John's wort can increase serotonin-syndrome risk. Have your pharmacist check all combinations.

Other ADHD medicines and caffeine

Other stimulants can add heart/BP effects. Centanafadine can slow caffeine clearance. Discuss coffee, energy drinks and supplements; do not add a stimulant yourself.

Other medicines and alcohol

It can raise levels of some medicines processed by CYP1A2. Bring a complete list, including nonprescription products. Alcohol has the release-system risk described on the "Taking your medication" section.

Everyday tips

Keep a morning reminder and a consistent sleep routine.

Eat regular meals even when appetite is lower.

Use planning tools, skills and school/work supports.

Agree on whom to contact for side effects or mood changes.

Your questions, answered

What if I miss a dose?

Take it only if it is no more than 4 hours after your usual time. If later, skip it and resume the next morning. Never take more than one dose in a day.

Is it a non-stimulant?

No—the agreed label identifies it as a stimulant. Its final controlled-drug schedule is still pending. Keep it locked away and never share.

Can I stop it?

Make a plan with your team. Adult trials found little withdrawal, but that does not make misuse safe. Watch for returning ADHD symptoms and mood or sleep changes. Emergency reactions need urgent care, not a gradual wait.

What about pregnancy or breastfeeding?

Human pregnancy and breast-milk data are limited or absent. Discuss your needs and alternatives before starting or changing treatment. Ask about the ADHD medication pregnancy registry: 1-866-961-2388.

Storage & safety

Keep in a locked place away from children, pets and others at room temperature (68–77°F). Use a medicine take-back program for unused doses; ask your pharmacist about disposal if none is available.

A final reminder

Recheck before use.

About this information

For general information only; not a substitute for individualized medical advice. This sheet does not cover every risk or interaction. Ask your prescriber or pharmacist before changing how you take this medication.

Sources

1. <https://www.otsuka-us.com/media/static/Simtriyo-PI.pdf>
 2. <https://www.simtriyo.com/>
 3. https://www.accessdata.fda.gov/drugsatfda_docs/applletter/2026/218145Orig1s000ltr.pdf
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Educational inclusion does not mean this medication or its indications are treated at this practice. Review the guide for your exact product with your prescriber or pharmacist.

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