

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use methylphenidate hydrochloride extended-release tablets USP safely and effectively. See full prescribing information for METHYLPHENIDATE hydrochloride extended-release tablets USP.

METHYLPHENIDATE hydrochloride extended-release tablets USP, for oral use CII

Initial U.S. Approval: 2000

WARNING: DRUG DEPENDENCE

See full prescribing information for complete boxed warning.

Methylphenidate hydrochloride extended-release tablets should be given cautiously to patients with a history of drug dependence or alcoholism. Chronic abusive use can lead to marked tolerance and psychological dependence, with varying degrees of abnormal behavior.

-----**INDICATIONS AND USAGE**-----

Methylphenidate hydrochloride extended-release tablets USP is a CNS stimulant indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in children 6 years of age and older, adolescents, and adults up to the age of 65. (1)

-----**DOSAGE AND ADMINISTRATION**-----

- Methylphenidate hydrochloride extended-release tablets should be taken once daily in the morning and swallowed whole with the aid of liquids. Methylphenidate hydrochloride extended-release tablets should not be chewed or crushed. Methylphenidate hydrochloride extended-release tablets may be taken with or without food. (2.1)
- For children and adolescents new to methylphenidate, the recommended starting dosage is 18 mg once daily. Dosage may be increased by 18 mg/day at weekly intervals and should not exceed 54 mg/day in children and 72 mg/day in adolescents. (2.2)
- For adult patients new to methylphenidate, the recommended starting dose is 18 or 36 mg/day. Dosage may be increased by 18 mg/day at weekly intervals and should not exceed 72 mg/day for adults. (2.2)
- For patients currently using methylphenidate, dosing is based on current dose regimen and clinical judgment. (2.3)

-----**DOSAGE FORMS AND STRENGTHS**-----

Tablets: 18, 27, 36, 54, and 72 mg (3)

-----**CONTRAINDICATIONS**-----

- Known hypersensitivity to the product (4.1)
- Marked anxiety, tension, or agitation (4.2)
- Glaucoma (4.3)
- Tics or a family history or diagnosis of Tourette's syndrome (4.4)
- Do not use methylphenidate hydrochloride extended-release tablets in patients currently using or within 2 weeks of using an MAO inhibitor (4.5)

-----**WARNINGS AND PRECAUTIONS**-----

- Serious Cardiovascular Events: Sudden death has been reported in association with CNS stimulant treatment at usual doses in children and adolescents with structural cardiac abnormalities or other serious heart problems. Sudden death, stroke, and myocardial infarction have been reported in adults taking stimulant drugs at usual doses for ADHD. Stimulant products generally should not be used in patients with known structural cardiac abnormalities, cardiomyopathy, serious heart rhythm abnormalities, coronary artery disease, or other serious heart problems. (5.1)

- Increase in Blood Pressure: Monitor patients for changes in heart rate and blood pressure and use with caution in patients for whom an increase in blood pressure or heart rate would be problematic. (5.1)
- Psychiatric Adverse Events: Use of stimulants may cause treatment-emergent psychotic or manic symptoms in patients with no prior history, or exacerbation of symptoms in patients with preexisting psychiatric illness. Clinical evaluation for Bipolar Disorder is recommended prior to stimulant use. Monitor for aggressive behavior. (5.2)
- Seizures: Stimulants may lower the convulsive threshold. Discontinue in the presence of seizures. (5.3)
- Priapism: cases of painful and prolonged penile erections and priapism have been reported with methylphenidate products. Immediate medical attention should be sought if signs or symptoms of painful or prolonged penile erections or priapism are observed. (5.4)
- Peripheral Vasculopathy, including Raynaud's Phenomenon: Stimulants used to treat ADHD are associated with peripheral vasculopathy, including Raynaud's phenomenon. Careful observation for digital changes is necessary during treatment with ADHD stimulants. (5.5)
- Visual Disturbance: difficulties with accommodation and blurring of vision have been reported with stimulant treatment. (5.7)
- Long-Term Suppression of Growth: monitor height and weight at appropriate intervals in pediatric patients. (5.6)
- Gastrointestinal obstruction with preexisting GI narrowing. (5.8)
- Hematologic monitoring: Periodic CBC, differential, and platelet counts are advised during prolonged therapy. (5.9)

-----**ADVERSE REACTIONS**-----

The most common adverse reaction in double-blind clinical trials (>5%) in children and adolescents was abdominal pain upper. The most common adverse reactions in double-blind clinical trials (>5%) in adult patients were decreased appetite, headache, dry mouth, nausea, insomnia, anxiety, dizziness, weight decreased, irritability, and hyperhidrosis. (6.1 and 6.2)

The most common adverse reactions associated with discontinuation (≥1%) from either pediatric or adult clinical trials were anxiety, irritability, insomnia, and blood pressure increased. (6.3)

To report SUSPECTED ADVERSE REACTIONS, contact Trigen Laboratories, LLC at 1-888-987-4436 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

-----**DRUG INTERACTIONS**-----

- Do not use methylphenidate hydrochloride extended-release tablets in patients currently using or within 2 weeks of using an MAO inhibitor (7.1)
- Methylphenidate hydrochloride extended-release tablets may increase blood pressure; use cautiously with vasopressors (7.2)
- Inhibition of metabolism of coumarin anticoagulants, anticonvulsants, and some antidepressants (7.3)

-----**USE IN SPECIFIC POPULATIONS**-----

- Caution should be exercised if administered to nursing mothers (8.3)
- Safety and efficacy has not been established in children less than six years old or elderly patients greater than 65 years of age (8.4 and 8.5)

See 17 for PATIENT COUNSELING INFORMATION AND MEDICATION GUIDE

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