

# **METHYLPHENIDATE HYDROCHLORIDE- methylphenidate hydrochloride tablet**

## **Bryant Ranch Prepack**

-----

### **HIGHLIGHTS OF PRESCRIBING INFORMATION**

These highlights do not include all the information needed to use **METHYLPHENIDATE HYDROCHLORIDE TABLETS** safely and effectively. See full prescribing information for **METHYLPHENIDATE HYDROCHLORIDE TABLETS**.

**METHYLPHENIDATE HYDROCHLORIDE** tablets, for oral use, CII  
Initial U.S. Approval: 1955

### **WARNING: ABUSE, MISUSE, AND ADDICTION**

*See full prescribing information for complete boxed warning.*

Methylphenidate hydrochloride has a high potential for abuse and misuse, which can lead to the development of a substance use disorder, including addiction. Misuse and abuse of CNS stimulants, including methylphenidate hydrochloride, can result in overdose and death (5.1, 9.2, 10):

- Before prescribing methylphenidate hydrochloride, assess each patient's risk for abuse, misuse, and addiction.
- Educate patients and their families about these risks, proper storage of the drug, and proper disposal of any unused drug.
- Throughout treatment, reassess each patient's risk and frequently monitor for signs and symptoms of abuse, misuse, and addiction.

### **RECENT MAJOR CHANGES**

Boxed Warning 10/2023  
Dosage and Administration (2.1) 10/2023  
Warnings and Precautions (5.1, 5.2, 5.8, 5.9, 5.10) 10/2023

### **INDICATIONS AND USAGE**

Methylphenidate hydrochloride tablets are a central nervous system (CNS) stimulant indicated for the treatment of Attention Deficit Hyperactivity Disorders (ADHD) and Narcolepsy (1).

### **DOSAGE AND ADMINISTRATION**

- Pediatric Patients 6 Years and Older: Start with 5 mg twice daily (before breakfast and lunch), titrating the dose weekly in 5 mg to 10 mg increments. Dosages above 60 mg/day are not recommended (2.2).
- Adults: Average daily dosage is 20 mg to 30 mg, administered 2 or 3 times daily, preferably 30 to 45 minutes before meals. Maximum total daily dosage is 60 mg (2.2).

### **DOSAGE FORMS AND STRENGTHS**

- Tablets: 5 mg, 10 mg, 20 mg (3).

### **CONTRAINDICATIONS**

- Known hypersensitivity to methylphenidate or other product components of methylphenidate hydrochloride tablets (4).
- Concurrent treatment with a monoamine oxidase inhibitor (MAOI), or use of an MAOI within the preceding 14 days (4).

### **WARNINGS AND PRECAUTIONS**

- *Risks to Patients with Serious Cardiac Disease:* Avoid use in patients with known structural cardiac abnormalities, cardiomyopathy, serious cardiac arrhythmias, coronary artery disease, or other serious cardiac disease (5.2).
- *Increased Blood Pressure and Heart Rate:* Monitor blood pressure and pulse (5.3).
- *Psychiatric Adverse Reactions:* Prior to initiating methylphenidate hydrochloride, screen patients for risk factors for developing a manic episode. If new psychotic or manic symptoms occur, consider discontinuing methylphenidate hydrochloride (5.4).
- *Priapism:* If abnormally sustained or frequent and painful erections occur, patients should seek immediate medical attention (5.5).

- *Peripheral Vasculopathy, Including Raynaud's Phenomenon*: Careful observation for digital changes is necessary during methylphenidate hydrochloride treatment. Further clinical evaluation (e.g., rheumatology referral) may be appropriate for patients who develop signs or symptoms of peripheral vasculopathy (5.6).
- *Long-Term Suppression of Growth in Pediatric Patients*: Closely monitor growth (height and weight) in pediatric patients. Pediatric patients not growing or gaining height or weight as expected may need to have their treatment interrupted (5.7).
- *Acute Angle Closure Glaucoma*: Methylphenidate hydrochloride-treated patients considered at risk for acute angle closure glaucoma (e.g., patients with significant hyperopia) should be evaluated by an ophthalmologist (5.8).
- *Increased Intraocular Pressure (IOP) and Glaucoma*: Prescribe methylphenidate hydrochloride to patients with open-angle glaucoma or abnormally increased IOP only if the benefit of treatment is considered to outweigh the risk. Closely monitor patients with a history of increased IOP or open angle glaucoma (5.9).
- *Motor and Verbal Tics, and Worsening of Tourette's Syndrome*: Before initiating methylphenidate hydrochloride, assess the family history and clinically evaluate patients for tics or Tourette's syndrome. Regularly monitor patients for the emergence or worsening of tics or Tourette's syndrome. Discontinue treatment if clinically appropriate (5.10).

#### ADVERSE REACTIONS

Common adverse reactions: tachycardia, palpitations, headache, insomnia, anxiety, hyperhidrosis, weight loss, decreased appetite, dry mouth, nausea, and abdominal pain (6).

**To report SUSPECTED ADVERSE REACTIONS, contact Amneal Pharmaceuticals at 1-877-835-5472 or FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch).**

#### DRUG INTERACTIONS

- *Antihypertensive Drugs*: Monitor blood pressure. Adjust dosage of antihypertensive drug as needed (7.1).

**See 17 for PATIENT COUNSELING INFORMATION and Medication Guide.**

**Revised: 4/2024**

## FULL PRESCRIBING INFORMATION: CONTENTS\*

### WARNING: ABUSE, MISUSE, AND ADDICTION

### RECENT MAJOR CHANGES

### 1 INDICATIONS AND USAGE

### 2 DOSAGE AND ADMINISTRATION

#### 2.1 Pre-treatment Screening

#### 2.2 General Dosing Information

#### 2.3 Dosage Reduction and Discontinuation

### 3 DOSAGE FORMS AND STRENGTHS

### 4 CONTRAINDICATIONS

### 5 WARNINGS AND PRECAUTIONS

#### 5.1 Abuse, Misuse, and Addiction

#### 5.2 Risks to Patients with Serious Cardiac Disease

#### 5.3 Increased Blood Pressure and Heart Rate

#### 5.4 Psychiatric Adverse Reactions

#### 5.5 Priapism

#### 5.6 Peripheral Vasculopathy, Including Raynaud's Phenomenon

#### 5.7 Long-Term Suppression of Growth in Pediatric Patients

#### 5.8 Acute Angle Closure Glaucoma

#### 5.9 Increased Intraocular Pressure and Glaucoma

#### 5.10 Motor and Verbal Tics, and Worsening of Tourette's Syndrome

## **6 ADVERSE REACTIONS**

## **7 DRUG INTERACTIONS**

7.1 Clinically Important Drug Interactions with Methylphenidate Hydrochloride

## **8 USE IN SPECIFIC POPULATIONS**

8.1 Pregnancy

8.2 Lactation

8.4 Pediatric Use

8.5 Geriatric Use

## **9 DRUG ABUSE AND DEPENDENCE**

9.1 Controlled Substance

9.2 Abuse

9.3 Dependence

## **10 OVERDOSAGE**

## **11 DESCRIPTION**

## **12 CLINICAL PHARMACOLOGY**

12.1 Mechanism of Action

12.2 Pharmacodynamics

12.3 Pharmacokinetics

## **13 NONCLINICAL TOXICOLOGY**

13.1 Carcinogenesis, Mutagenesis, and Impairment of Fertility

## **16 HOW SUPPLIED/STORAGE AND HANDLING**

## **17 PATIENT COUNSELING INFORMATION**

\* Sections or subsections omitted from the full prescribing information are not listed.

---

## **FULL PRESCRIBING INFORMATION**

### **WARNING: ABUSE, MISUSE, AND ADDICTION**

**Methylphenidate hydrochloride has a high potential for abuse and misuse, which can lead to the development of a substance use disorder, including addiction. Misuse and abuse of CNS stimulants, including methylphenidate hydrochloride, can result in overdose and death [see *Overdosage (10)*], and this risk is increased with higher doses or unapproved methods of administration, such as snorting or injection.**

**Before prescribing methylphenidate hydrochloride, assess each patient's risk for abuse, misuse, and addiction. Educate patients and their families about these risks, proper storage of the drug, and proper disposal of any unused drug. Throughout methylphenidate hydrochloride treatment, reassess each patient's risk of abuse, misuse, and addiction and frequently monitor for signs and symptoms of abuse, misuse, and addiction [see *Warnings and Precautions (5.1)* and *Drug Abuse and Dependence (9.2)*].**

## **1 INDICATIONS AND USAGE**

Methylphenidate hydrochloride tablets are indicated for the treatment of:

- Attention Deficit Hyperactivity Disorders (ADHD) in pediatric patients 6 years and older and adults
- Narcolepsy

## 2 DOSAGE AND ADMINISTRATION

### 2.1 Pre-treatment Screening

Prior to treating patients with methylphenidate hydrochloride tablets, assess:

- for the presence of cardiac disease (i.e., perform a careful history, family history of sudden death or ventricular arrhythmia, and physical exam) [see *Warnings and Precautions* (5.2)].
- the family history and clinically evaluate patients for motor or verbal tics or Tourette's syndrome before initiating methylphenidate hydrochloride tablets [see *Warnings and Precautions* (5.10)].

### 2.2 General Dosing Information

*Pediatric Patients 6 years and Older:* Start with 5 mg orally twice daily (before breakfast and lunch). Increase dosage gradually, in increments of 5 mg to 10 mg weekly. Daily dosage above 60 mg is not recommended.

*Adults:* Average dosage is 20 mg to 30 mg daily. Administer orally in divided doses 2 or 3 times daily, preferably 30 to 45 minutes before meals. Maximum total daily dosage is 60 mg. Patients who are unable to sleep if medication is taken late in the day should take the last dose before 6 p.m.

### 2.3 Dosage Reduction and Discontinuation

If paradoxical worsening of symptoms or other adverse reactions occur, reduce the dosage, or, if necessary, discontinue methylphenidate hydrochloride tablets. If improvement is not observed after appropriate dosage adjustment over a one-month period, the drug should be discontinued.

## 3 DOSAGE FORMS AND STRENGTHS

### Tablets

- Methylphenidate hydrochloride tablets USP, 5 mg are light orange to orange, round compressed tablets, debossed **cor** on one side and **237** on the other side.
- Methylphenidate hydrochloride tablets USP, 10 mg are light orange to orange, round compressed tablets, debossed **cor** above **bisect** and **238** below the bisect on one side and plain on the other side.
- Methylphenidate hydrochloride tablets USP, 20 mg are light orange to orange, round compressed tablets, debossed **cor** over **239** on one side and **bisect** on the other side.

## 4 CONTRAINDICATIONS

- Hypersensitivity to methylphenidate or other components of methylphenidate

hydrochloride tablets. Hypersensitivity reactions, such as angioedema and anaphylactic reactions, have been reported in patients treated with methylphenidate [see *Adverse Reactions* (6.1)].

- Concomitant treatment with monoamine oxidase inhibitors (MAOIs), or within 14 days following discontinuation of treatment with an MAOI, because of the risk of hypertensive crises [see *Drug Interactions* (7.1)].

## **5 WARNINGS AND PRECAUTIONS**

### **5.1 Abuse, Misuse, and Addiction**

Methylphenidate hydrochloride have a high potential for abuse and misuse. The use of methylphenidate hydrochloride exposes individuals to the risks of abuse and misuse, which can lead to the development of a substance use disorder, including addiction. Methylphenidate hydrochloride can be diverted for non-medical use into illicit channels or distribution [see *Drug Abuse and Dependence* (9.2)]. Misuse and abuse of CNS stimulants, including methylphenidate hydrochloride, can result in overdose and death [see *Overdosage* (10)], and this risk is increased with higher doses or unapproved methods of administration, such as snorting or injection.

Before prescribing methylphenidate hydrochloride, assess each patient's risk for abuse, misuse, and addiction. Educate patients and their families about these risks and proper disposal of any unused drug. Advise patients to store methylphenidate hydrochloride in a safe place, preferably locked, and instruct patients to not give methylphenidate hydrochloride to anyone else. Throughout methylphenidate hydrochloride treatment, reassess each patient's risk of abuse, misuse, and addiction and frequently monitor for signs and symptoms of abuse, misuse, and addiction.

### **5.2 Risks to Patients with Serious Cardiac Disease**

Sudden death has been reported in patients with structural cardiac abnormalities or other serious cardiac disease who are treated with CNS stimulants at the recommended ADHD dosage.

Avoid methylphenidate hydrochloride use in patients with known serious structural cardiac abnormalities, cardiomyopathy, serious cardiac arrhythmia, coronary artery disease, or other serious cardiac disease.

### **5.3 Increased Blood Pressure and Heart Rate**

CNS stimulants cause an increase in blood pressure (mean increase approximately 2 mmHg to 4 mmHg) and heart rate (mean increase approximately 3 bpm to 6 bpm). Some patients may have larger increases.

Monitor all methylphenidate hydrochloride-treated patients for hypertension and tachycardia.

### **5.4 Psychiatric Adverse Reactions**

#### Exacerbation of Pre-existing Psychosis

CNS stimulants may exacerbate symptoms of behavior disturbance and thought disorder in patients with a pre-existing psychotic disorder.

## Induction of a Manic Episode in Patients with Bipolar Disorder

CNS stimulants may induce a manic or mixed mood episode in patients. Prior to initiating methylphenidate hydrochloride treatment, screen patients for risk factors for developing a manic episode (e.g., comorbid or history of depressive symptoms or a family history of suicide, bipolar disorder, or depression).

## New Psychotic or Manic Symptoms

CNS stimulants, at the recommended dosage, may cause psychotic or manic symptoms (e.g., hallucinations, delusional thinking, or mania) in patients without a prior history of psychotic illness or mania. In a pooled analysis of multiple short-term, placebo-controlled studies of CNS stimulants, psychotic or manic symptoms occurred in approximately 0.1% of CNS stimulant-treated patients, compared to 0% of placebo-treated patients. If such symptoms occur, consider discontinuing methylphenidate hydrochloride.

### **5.5 Priapism**

Prolonged and painful erections, sometimes requiring surgical intervention, have been reported with methylphenidate use in both adult and pediatric male patients. Although priapism was not reported with methylphenidate initiation, it developed after some time on methylphenidate, often subsequent to an increase in dosage. Priapism has also occurred during methylphenidate withdrawal (drug holidays or during discontinuation).

Methylphenidate hydrochloride-treated patients who develop abnormally sustained or frequent and painful erections should seek immediate medical attention.

### **5.6 Peripheral Vasculopathy, Including Raynaud's Phenomenon**

CNS stimulants, including methylphenidate hydrochloride, used to treat ADHD are associated with peripheral vasculopathy, including Raynaud's phenomenon. Signs and symptoms are usually intermittent and mild; however, sequelae have included digital ulceration and/or soft tissue breakdown. Effects of peripheral vasculopathy, including Raynaud's phenomenon, were observed in post-marketing reports and at the therapeutic dosage of CNS stimulants in all age groups throughout the course of treatment. Signs and symptoms generally improved after dosage reduction or discontinuation of the CNS stimulant.

Careful observation for digital changes is necessary during methylphenidate hydrochloride treatment. Further clinical evaluation (e.g., rheumatology referral) may be appropriate for methylphenidate hydrochloride-treated patients who develop signs or symptoms of peripheral vasculopathy.

### **5.7 Long-Term Suppression of Growth in Pediatric Patients**

CNS stimulants have been associated with weight loss and slowing of growth rate in pediatric patients.

Careful follow-up of weight and height in pediatric patients ages 7 to 10 years who were randomized to either methylphenidate or non-medication treatment groups over 14 months, as well as in naturalistic subgroups of newly methylphenidate-treated and non-medication treated patients over 36 months (to the ages of 10 to 13 years), suggests that pediatric patients who received methylphenidate for 7 days per week throughout the year had a temporary slowing in growth rate (on average, a total of about 2 cm less

growth in height and 2.7 kg less growth in weight over 3 years), without evidence of growth rebound during this development period.

Closely monitor growth (weight and height) in methylphenidate hydrochloride-treated pediatric patients. Pediatric patients who are not growing or gaining height or weight as expected may need to have their treatment interrupted.

### **5.8 Acute Angle Closure Glaucoma**

There have been reports of angle closure glaucoma associated with methylphenidate treatment.

Although the mechanism is not clear, methylphenidate hydrochloride-treated patients considered at risk for acute angle closure glaucoma (e.g., patients with significant hyperopia) should be evaluated by an ophthalmologist.

### **5.9 Increased Intraocular Pressure and Glaucoma**

There have been reports of an elevation of intraocular pressure (IOP) associated with methylphenidate treatment *[see Adverse Reactions (6.2)]*.

Prescribe methylphenidate hydrochloride to patients with open-angle glaucoma or abnormally increased IOP only if the benefit of treatment is considered to outweigh the risk. Closely monitor methylphenidate hydrochloride-treated patients with a history of abnormally increased IOP or open angle glaucoma.

### **5.10 Motor and Verbal Tics, and Worsening of Tourette's Syndrome**

CNS stimulants, including methylphenidate, have been associated with the onset or exacerbation of motor and verbal tics. Worsening of Tourette's syndrome has also been reported *[see Adverse Reactions (6.2)]*.

Before initiating methylphenidate hydrochloride, assess the family history and clinically evaluate patients for tics or Tourette's syndrome. Regularly monitor methylphenidate hydrochloride-treated patients for the emergence or worsening of tics or Tourette's syndrome, and discontinue treatment if clinically appropriate.

## **6 ADVERSE REACTIONS**

The following are discussed in more detail in other sections of the labeling:

- Abuse, Misuse, and Addiction *[see Boxed Warning, Warnings and Precautions (5.1), Drug Abuse and Dependence (9.2, 9.3)]*
- Known hypersensitivity to methylphenidate or other ingredients of methylphenidate hydrochloride tablets *[see Contraindications (4)]*
- Hypertensive crisis with Concomitant Use of Monoamine Oxidase Inhibitors *[see Contraindications (4), Drug Interactions (7.1)]*
- Risks to Patients with Serious Cardiac Disease *[see Warnings and Precautions (5.2)]*
- Increased Blood Pressure and Heart Rate *[see Warnings and Precautions (5.3)]*
- Psychiatric Adverse Reactions *[see Warnings and Precautions (5.4)]*
- Priapism *[see Warnings and Precautions (5.5)]*
- Peripheral Vasculopathy, including Raynaud's Phenomenon *[see Warnings and*

### *Precautions (5.6)]*

- Long-term Suppression of Growth in Pediatric Patients [*see Warnings and Precautions (5.7)]*
- Acute Angle Closure Glaucoma [*see Warnings and Precautions (5.8)]*
- Increased Intraocular Pressure and Glaucoma [*see Warnings and Precautions (5.9)]*
- Motor and Verbal Tics, and Worsening of Tourette's Syndrome [*see Warnings and Precautions (5.10)]*

The following adverse reactions associated with the use of methylphenidate hydrochloride tablets and other methylphenidate products were identified in clinical trials, spontaneous reports, and literature. Because these reactions were reported voluntarily from a population of uncertain size, it is not always possible to estimate their frequency reliably or to establish a causal relationship to drug exposure.

### Adverse Reactions Reported with Methylphenidate Hydrochloride

*Infections and Infestations:* nasopharyngitis

*Blood and the Lymphatic System Disorders:* leukopenia, thrombocytopenia, anemia

*Immune System Disorders:* hypersensitivity reactions, including angioedema, and anaphylaxis

*Metabolism and Nutrition Disorders:* decreased appetite, reduced weight gain, and suppression of growth during prolonged use in pediatric patients

*Psychiatric Disorders:* insomnia, anxiety, restlessness, agitation, psychosis (sometimes with visual and tactile hallucinations), depressed mood, depression

*Nervous System Disorders:* headache, dizziness, tremor, dyskinesia, including choreoathetoid movements, drowsiness, convulsions, cerebrovascular disorders (including vasculitis, cerebral hemorrhages and cerebrovascular accidents), serotonin syndrome in combination with serotonergic drugs

*Eye Disorders:* blurred vision, difficulties in visual accommodation

*Cardiac Disorders:* tachycardia, palpitations, increased blood pressure, arrhythmias, angina pectoris

*Respiratory, Thoracic, and Mediastinal Disorders:* cough

*Gastrointestinal Disorders:* dry mouth, nausea, vomiting, abdominal pain, dyspepsia

*Hepatobiliary Disorders:* abnormal liver function, ranging from transaminase elevation to severe hepatic injury

*Skin and Subcutaneous Tissue Disorders:* hyperhidrosis, pruritus, urticaria, exfoliative dermatitis, scalp hair loss, erythema multiforme rash, thrombocytopenic purpura

*Musculoskeletal and Connective Tissue Disorders:* arthralgia, muscle cramps, rhabdomyolysis, trismus

*Investigations:* weight loss (adult ADHD patients)

*Vascular Disorders:* peripheral coldness, Raynaud's phenomenon

### Additional Adverse Reactions Reported with Other Methylphenidate-Containing Products

The list below shows adverse reactions not listed for methylphenidate hydrochloride



tablets, that have been reported with other methylphenidate-containing products.

*Blood and Lymphatic Disorders:* pancytopenia

*Immune System Disorders:* hypersensitivity reactions, such as auricular swelling, bullous conditions, eruptions, exanthemas

*Psychiatric Disorders:* affect lability, mania, disorientation, and libido changes

*Nervous System Disorders:* migraine, motor and verbal tics

*Eye Disorders:* diplopia, increased intraocular pressure, mydriasis

*Cardiac Disorders:* sudden cardiac death, myocardial infarction, bradycardia, extrasystole

*Respiratory, Thoracic, and Mediastinal Disorders:* pharyngolaryngeal pain, dyspnea

*Gastrointestinal Disorders:* diarrhea, constipation

*Skin and Subcutaneous Tissue Disorders:* angioneurotic edema, erythema, fixed drug eruption

*Musculoskeletal, Connective Tissue, and Bone Disorders:* myalgia, muscle twitching

*Renal and Urinary Disorders:* hematuria

*Reproductive System and Breast Disorders:* gynecomastia

*General Disorders:* fatigue, hyperpyrexia

*Urogenital Disorders:* priapism

## 7 DRUG INTERACTIONS

### 7.1 Clinically Important Drug Interactions with Methylphenidate Hydrochloride

Table 1 presents clinically important drug interactions with methylphenidate hydrochloride.

**Table 1: Clinically Important Drug Interactions with Methylphenidate Hydrochloride**

<b>Monoamine Oxidase Inhibitors (MAOI)</b>	
<i>Clinical Impact</i>	Concomitant use of MAOIs and CNS stimulants, including methylphenidate hydrochloride can cause hypertensive crisis. Potential outcomes include death, stroke, myocardial infarction, aortic dissection, ophthalmological complications, eclampsia, pulmonary edema, and renal failure [see <i>Contraindications (4)</i> ].
<i>Intervention</i>	Concomitant use of methylphenidate hydrochloride with MAOIs or within 14 days after discontinuing MAOI treatment is contraindicated.
<b>Antihypertensive Drugs</b>	
<i>Clinical Impact</i>	Methylphenidate hydrochloride may decrease the effectiveness of drugs used to treat hypertension [see <i>Warnings and Precautions (5.3)</i> ].
<i>Intervention</i>	Monitor blood pressure and adjust the dosage of the antihypertensive drug as needed.

<b>Halogenated Anesthetics</b>	
<i>Clinical Impact</i>	Concomitant use of halogenated anesthetics and methylphenidate hydrochloride may increase the risk of sudden blood pressure and heart rate increase during surgery.
<i>Intervention</i>	Avoid use of methylphenidate hydrochloride in patients being treated with anesthetics on the day of surgery.
<b>Risperidone</b>	
<i>Clinical Impact</i>	Combined use of methylphenidate with risperidone when there is a change, whether an increase or decrease, in dosage of either or both medications, may increase the risk of extrapyramidal symptoms (EPS)
<i>Intervention</i>	Monitor for signs of EPS

## 8 USE IN SPECIFIC POPULATIONS

### 8.1 Pregnancy

#### Pregnancy Exposure Registry

There is a pregnancy exposure registry that monitors pregnancy outcomes in women exposed to ADHD medications, including methylphenidate hydrochloride, during pregnancy. Healthcare providers are encouraged to register patients by calling the National Pregnancy Registry for ADHD Medications at 1-866-961-2388 or visiting <https://womensmentalhealth.org/adhd-medications/>.

#### Risk Summary

Published studies and post-marketing reports on methylphenidate use during pregnancy have not identified a drug-associated risk of major birth defects, miscarriage or adverse maternal or fetal outcomes. There may be risks to the fetus associated with the use of CNS stimulants use during pregnancy (*see Clinical Considerations*).

No effects on morphological development were observed in embryo-fetal development studies with oral administration of methylphenidate to pregnant rats and rabbits during organogenesis at doses up to 10 and 15 times, respectively, the maximum recommended human dose (MRHD) of 60 mg/day given to adolescents on a mg/m<sup>2</sup> basis. However, spina bifida was observed in rabbits at a dose 52 times the MRHD given to adolescents. A decrease in pup body weight was observed in a pre- and post-natal development study with oral administration of methylphenidate to rats throughout pregnancy and lactation at doses 6 times the MRHD given to adolescents (*see Data*).

The estimated background risk of major birth defects and miscarriage for the indicated population is unknown. All pregnancies have a background risk of birth defect, loss, or other adverse outcomes. In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2% to 4% and 15% to 20%, respectively.

#### Clinical Considerations

##### *Fetal/Neonatal Adverse Reactions*

CNS stimulants, such as methylphenidate hydrochloride, can cause vasoconstriction and thereby decrease placental perfusion. No fetal and/or neonatal adverse reactions have been reported with the use of therapeutic doses of methylphenidate during pregnancy;

however, premature delivery and low birth weight infants have been reported in amphetamine-dependent mothers.

## Data

### *Animal Data*

In embryo-fetal development studies conducted in rats and rabbits, methylphenidate was administered orally at doses of up to 75 and 200 mg/kg/day, respectively, during the period of organogenesis. Malformations (increased incidence of fetal spina bifida) were observed in rabbits at the highest dose, which is approximately 52 times the MRHD of 60 mg/day given to adolescents on a mg/m<sup>2</sup> basis. The no effect level for embryo-fetal development in rabbits was 60 mg/kg/day (15 times the MRHD given to adolescents on a mg/m<sup>2</sup> basis). There was no evidence of morphological development effects in rats, although increased incidences of fetal skeletal variations were seen at the highest dose level (10 times the MRHD of 60 mg/day given to adolescents on a mg/m<sup>2</sup> basis), which was also maternally toxic. The no effect level for embryo-fetal development in rats was 25 mg/kg/day (3 times the MRHD on a mg/m<sup>2</sup> basis). When methylphenidate was administered to rats throughout pregnancy and lactation at doses of up to 45 mg/kg/day, offspring body weight gain was decreased at the highest dose (6 times the MRHD of 60 mg/day given to adolescents on a mg/m<sup>2</sup> basis), but no other effects on postnatal development were observed. The no effect level for pre- and postnatal development in rats was 15 mg/kg/day (approximately 2 times the MRHD given to adolescents on a mg/m<sup>2</sup> basis).

## **8.2 Lactation**

### Risk Summary

Limited published literature, based on milk sampling from seven mothers, reports that methylphenidate is present in human milk, which resulted in infant doses of 0.16% to 0.7% of the maternal weight-adjusted dosage and a milk/plasma ratio ranging between 1.1 and 2.7. There are no reports of adverse effects on the breastfed infant and no effects on milk production. Long-term neurodevelopmental effects on infants from stimulant exposure are unknown. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for methylphenidate hydrochloride and any potential adverse effects on the breastfed infant from methylphenidate hydrochloride or from the underlying maternal condition.

### Clinical Considerations

Monitor breastfeeding infants for adverse reactions, such as agitation, insomnia, anorexia, and reduced weight gain.

## **8.4 Pediatric Use**

The safety and effectiveness of methylphenidate hydrochloride for the treatment of ADHD have been established in pediatric patients aged 6 to 17 years.

The safety and effectiveness of methylphenidate hydrochloride in pediatric patients aged less than 6 years have not been established.

The long-term efficacy of methylphenidate in pediatric patients has not been established.

### Long-Term Suppression of Growth

Growth should be monitored during treatment with stimulants, including methylphenidate hydrochloride. Pediatric patients who are not growing or gaining weight as expected may need to have their treatment interrupted [see *Warnings and Precautions* (5.7)].

#### Juvenile Animal Toxicity Data

Rats treated with methylphenidate early in the postnatal period through sexual maturation demonstrated a decrease in spontaneous locomotor activity in adulthood. A deficit in acquisition of a specific learning task was observed in females only. The doses at which these findings were observed are at least 4 times the MRHD of 60 mg/day given to children on a mg/m<sup>2</sup> basis.

In a study conducted in young rats, methylphenidate was administered orally at doses of up to 100 mg/kg/day for 9 weeks, starting early in the postnatal period (postnatal Day 7) and continuing through sexual maturity (postnatal Week 10). When these animals were tested as adults (postnatal Weeks 13 to 14), decreased spontaneous locomotor activity was observed in males and females previously treated with 50 mg/kg/day (approximately 4 times the MRHD of 60 mg/day given to children on a mg/m<sup>2</sup> basis) or greater, and a deficit in the acquisition of a specific learning task was seen in females exposed to the highest dose (8 times the MRHD given to children on a mg/m<sup>2</sup> basis). The no effect level for juvenile neurobehavioral development in rats was 5 mg/kg/day (approximately 0.5 times the MRHD given to children on a mg/m<sup>2</sup> basis). The clinical significance of the long-term behavioral effects observed in rats is unknown.

### **8.5 Geriatric Use**

Methylphenidate hydrochloride has not been studied in the geriatric population.

## **9 DRUG ABUSE AND DEPENDENCE**

### **9.1 Controlled Substance**

Methylphenidate hydrochloride tablets contain methylphenidate hydrochloride, a Schedule II controlled substance.

### **9.2 Abuse**

Methylphenidate hydrochloride has a high potential for abuse and misuse which can lead to the development of a substance use disorder, including addiction [see *Warnings and Precautions* (5.1)]. Methylphenidate hydrochloride can be diverted for non-medical use into illicit channels or distribution.

Abuse is the intentional non-therapeutic use of a drug, even once, to achieve a desired psychological or physiological effect. Misuse is the intentional use, for therapeutic purposes, of a drug by an individual in a way other than prescribed by a health care provider or for whom it was not prescribed. Drug addiction is a cluster of behavioral, cognitive, and physiological phenomena that may include a strong desire to take the drug, difficulties in controlling drug use (e.g., continuing drug use despite harmful consequences, giving a higher priority to drug use than other activities and obligations), and possible tolerance or physical dependence.

Misuse and abuse of methylphenidate hydrochloride may cause increased heart rate,

respiratory rate, or blood pressure; sweating; dilated pupils; hyperactivity; restlessness; insomnia; decreased appetite; loss of coordination; tremors; flushed skin; vomiting; and/or abdominal pain. Anxiety, psychosis, hostility, aggression, and suicidal or homicidal ideation have also been observed with CNS stimulants abuse and/or misuse. Misuse and abuse of CNS stimulants, including methylphenidate hydrochloride, can result in overdose and death [see *Overdosage (10)*], and this risk is increased with higher doses or unapproved methods of administration, such as snorting or injection.

## **9.3 Dependence**

### Physical Dependence

Methylphenidate hydrochloride may produce physical dependence. Physical dependence is a state that develops as a result of physiological adaptation in response to repeated drug use, manifested by withdrawal signs and symptoms after abrupt discontinuation or a significant dose reduction of a drug.

Withdrawal signs and symptoms after abrupt discontinuation or dose reduction following prolonged use of CNS stimulants including methylphenidate hydrochloride include dysphoric mood; depression; fatigue; vivid, unpleasant dreams; insomnia or hypersomnia; increased appetite; and psychomotor retardation or agitation.

### Tolerance

Methylphenidate hydrochloride may produce tolerance. Tolerance is a physiological state characterized by a reduced response to a drug after repeated administration (i.e., a higher dose of a drug is required to produce the same effect that was once obtained at a lower dose).

## **10 OVERDOSAGE**

### Clinical Effects of Overdose

Overdose of CNS stimulants is characterized by the following sympathomimetic effects:

- Cardiovascular effects including tachyarrhythmias, and hypertension or hypotension. Vasospasm, myocardial infarction, or aortic dissection may precipitate sudden cardiac death. Takotsubo cardiomyopathy may develop.
- CNS effects including psychomotor agitation, confusion, and hallucinations. Serotonin syndrome, seizures, cerebral vascular accidents, and coma may occur.
- Life-threatening hyperthermia (temperatures greater than 104°F) and rhabdomyolysis may develop.

### Overdose Management

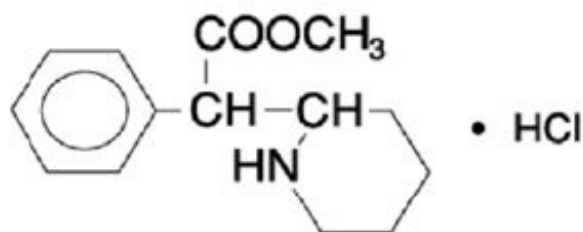
Consider the possibility of multiple drug ingestion. Because methylphenidate has a large volume of distribution and is rapidly metabolized, dialysis is not useful. Consider contacting the Poison Help line (1-800-222-1222) or a medical toxicologist for additional overdose management recommendations.

## **11 DESCRIPTION**

Methylphenidate hydrochloride tablets, USP contains methylphenidate hydrochloride USP, a CNS stimulant. It is available as tablets of 5 mg, 10 mg and 20 mg strengths for

oral administration.

Methylphenidate hydrochloride, USP is methyl  $\alpha$ -phenyl-2-piperidineacetate hydrochloride, and its structural formula is:



Methylphenidate hydrochloride, USP is a white to off-white powder. Its solutions are acid to litmus. It is freely soluble in water and in methanol, soluble in alcohol, and slightly soluble in chloroform and in acetone. Its molecular weight is 269.77 g/mol.

Methylphenidate hydrochloride tablets, USP contain the following inactive ingredients: Lactose monohydrate, microcrystalline cellulose, stearic acid and FD&C Yellow No. 6 Aluminum Lake.

## 12 CLINICAL PHARMACOLOGY

### 12.1 Mechanism of Action

Methylphenidate hydrochloride is a central nervous system (CNS) stimulant. The mode of therapeutic action in ADHD and narcolepsy is not known.

### 12.2 Pharmacodynamics

Methylphenidate is a racemic mixture comprised of the *d*- and *l*-threo enantiomers. The *d*-threo enantiomer is more pharmacologically active than the *l*-threo enantiomer.

Methylphenidate blocks the reuptake of norepinephrine and dopamine into the presynaptic neuron and increases the release of these monoamines into the extraneuronal space.

#### Cardiac Electrophysiology

A formal QT study has not been conducted in patients taking methylphenidate hydrochloride tablets.

The effect of dextmethylphenidate, the pharmacologically active *d*-enantiomer of methylphenidate hydrochloride tablet, on the QT interval was evaluated in a double-blind, placebo- and open-label active (moxifloxacin)-controlled study following single doses of dextmethylphenidate XR 40 mg (maximum recommended adult total daily dosage) in 75 healthy volunteers. Electrocardiograms (ECGs) were collected up to 12 hours postdose. Frederica's method for heart rate correction was employed to derive the corrected QT interval (QTcF). The maximum mean prolongation of QTcF intervals was less than 5 ms, and the upper limit of the 90% confidence interval (CI) was below 10 ms for all time-matched comparisons versus placebo. This was below the threshold of clinical concern

and there was no evident exposure response relationship.

## **12.3 Pharmacokinetics**

### Absorption

The time to peak rate in children was 1.9 hours (0.3 to 4.4 hours) for the methylphenidate hydrochloride.

### Distribution

Binding to plasma proteins is low (10% to 33%). The volume of distribution was  $2.65 \pm 1.11$  L/kg for d-methylphenidate and  $1.80 \pm 0.91$  L/kg for l-methylphenidate.

### Elimination

The systemic clearance is  $0.40 \pm 0.12$  L/h/kg for d-methylphenidate and  $0.73 \pm 0.28$  L/h/kg for l-methylphenidate.

### *Metabolism*

Methylphenidate is metabolized primarily by de-esterification to alpha-phenyl-piperidine acetic acid (ritalinic acid), which has little or no pharmacologic activity.

### *Excretion*

After oral administration, 78% to 97% of the dose is excreted in the urine and 1% to 3% in feces in the form of metabolites within 48 to 96 hours. Most of the dose is excreted in the urine as alpha-phenyl-2-piperidine acetic acid (60% to 86%).

### Studies in Specific Populations

#### *Male and Female Patients*

No gender differences in the pharmacokinetics of methylphenidate between healthy male and female adults are expected.

#### *Racial or Ethnic Groups*

There is insufficient experience with the use of methylphenidate hydrochloride tablets to detect ethnic variations in pharmacokinetics.

#### *Patients with Renal Impairment*

Methylphenidate hydrochloride tablets have not been studied in renally-impaired patients. Renal impairment is expected to have minimal effect on the pharmacokinetics of methylphenidate since less than 1% of a radiolabeled dose is excreted in the urine as unchanged compound, and the major metabolite (ritalinic acid), has little or no pharmacologic activity.

#### *Patients with Hepatic Impairment*

Methylphenidate hydrochloride tablets have not been studied in patients with hepatic impairment. Hepatic impairment is expected to have minimal effect on the pharmacokinetics of methylphenidate since it is metabolized primarily to ritalinic acid by nonmicrosomal hydrolytic esterases that are widely distributed throughout the body.

## **13 NONCLINICAL TOXICOLOGY**

## 13.1 Carcinogenesis, Mutagenesis, and Impairment of Fertility

### Carcinogenesis

In a lifetime carcinogenicity study carried out in B6C3F1 mice, methylphenidate caused an increase in hepatocellular adenomas, and in males only, an increase in hepatoblastomas at a daily dose of approximately 60 mg/kg/day. This dose is approximately 2 times the MRHD of 60 mg/day given to children on mg/m<sup>2</sup> basis. Hepatoblastoma is a relatively rare rodent malignant tumor type. There was no increase in total malignant hepatic tumors. The mouse strain used is sensitive to the development of hepatic tumors and the significance of these results to humans is unknown.

Methylphenidate did not cause any increase in tumors in a lifetime carcinogenicity study carried out in F344 rats; the highest dose used was approximately 45 mg/kg/day, which is approximately 4 times the MRHD (children) on a mg/m<sup>2</sup> basis.

In a 24-week carcinogenicity study in the transgenic mouse strain p53+/-, which is sensitive to genotoxic carcinogens, there was no evidence of carcinogenicity. Male and female mice were fed diets containing the same concentration of methylphenidate as in the lifetime carcinogenicity study; the high-dose groups were exposed to 60 mg/kg/day to 74 mg/kg/day of methylphenidate.

### Mutagenesis

Methylphenidate was not mutagenic in the *in vitro* Ames reverse mutation assay, in the *in vitro* mouse lymphoma cell forward mutation assay, or in the *in vitro* chromosomal aberration assay using human lymphocytes. Sister chromatid exchanges and chromosome aberrations were increased, indicative of a weak clastogenic response, in an *in vitro* assay in cultured Chinese Hamster Ovary (CHO) cells. Methylphenidate was negative *in vivo* in males and females in the mouse bone marrow micronucleus assay.

### Impairment of Fertility

No human data on the effect of methylphenidate on fertility are available. Methylphenidate did not impair fertility in male or female mice that were fed diets containing the drug in an 18-week continuous breeding study. The study was conducted at doses up to 160 mg/kg/day, approximately 10 times the MRHD of 60 mg/day given to adolescents on a mg/m<sup>2</sup> basis.

## 16 HOW SUPPLIED/STORAGE AND HANDLING

Methylphenidate Hydrochloride Tablets USP, **5 mg** are supplied as light orange to orange, round compressed tablets, debossed **cor** on one side and **237** on the other side.

They are available as follows:

- Bottles of 100: NDC 72162-2019-1
- Bottles of 60: NDC 72162-2019-6

Store at 20° to 25°C (68° to 77°F); excursions permitted between 15° to 30°C (59° to 86°F) [see USP Controlled Room Temperature].

Protect from light.



Dispense in tight, light-resistant container (USP).

### Disposal

Comply with local laws and regulations on drug disposal of CNS stimulants. Dispose of remaining, unused, or expired methylphenidate hydrochloride tablets by a medicine take-back program or by an authorized collector registered with the Drug Enforcement Administration. If no take-back program or authorized collector is available, mix methylphenidate hydrochloride tablets with an undesirable, nontoxic substance to make it less appealing to children and pets. Place the mixture in a container, such as a sealed plastic bag and discard methylphenidate hydrochloride tablets in the household trash.

Repackaged/Relabeled by:  
Bryant Ranch Prepack, Inc.  
Burbank, CA 91504

## **17 PATIENT COUNSELING INFORMATION**

Advise the patient to read the FDA-approved patient labeling (Medication Guide).

### Abuse, Misuse, and Addiction

Educate patients and their families about the risks of abuse, misuse, and addiction of methylphenidate hydrochloride, which can lead to overdose and death, and proper disposal of any unused drug [see *Warnings and Precautions (5.1)*, *Drug Abuse and Dependence (9.2)*, *Overdosage (10)*]. Advise patients to store methylphenidate hydrochloride in a safe place, preferably locked, and instruct patients to not give methylphenidate hydrochloride to anyone else.

### Risks to Patients with Serious Cardiac Disease

Advise patients that there are potential risks to patient with serious cardiac disease, including sudden death, with methylphenidate hydrochloride use. Instruct patients to contact a healthcare provider immediately if they develop symptoms, such as exertional chest pain, unexplained syncope, or other symptoms suggestive of cardiac disease [see *Warnings and Precautions (5.2)*].

### Increased Blood Pressure and Heart Rate

Instruct patients that methylphenidate hydrochloride can cause elevations of their blood pressure and pulse rate [see *Warnings and Precautions (5.3)*].

### Psychiatric Adverse Reactions

Advise patients that methylphenidate hydrochloride, at recommended doses, can cause psychotic or manic symptoms, even in patients without prior history of psychotic symptoms or mania [see *Warnings and Precautions (5.4)*].

### Priapism

Advise patients of the possibility of painful or prolonged penile erections (priapism). Instruct them to seek immediate medical attention in the event of priapism [see *Warnings and Precautions (5.5)*].

### Circulation Problems in Fingers and Toes [Peripheral Vasculopathy, Including Raynaud's Phenomenon]

Instruct patients about the risk of peripheral vasculopathy, including Raynaud's Phenomenon, and associated signs and symptoms: fingers or toes may feel numb, cool, painful, and/or may change color from pale, to blue, to red. Instruct patients to report to their physician any new numbness, pain, skin color change, or sensitivity to temperature in fingers or toes.

Instruct patients to call their physician immediately with any signs of unexplained wounds appearing on fingers or toes while taking methylphenidate hydrochloride. Further clinical evaluation (e.g., rheumatology referral) may be appropriate for certain patients [see *Warnings and Precautions* (5.6)].

#### Long-Term Suppression of Growth in Pediatric Patients

Advise patients that methylphenidate hydrochloride may cause slowing of growth and weight loss [see *Warnings and Precautions* (5.7)].

#### Increased Intraocular Pressure (IOP) and Glaucoma

Advise patients that IOP and glaucoma may occur during treatment with methylphenidate hydrochloride [see *Warnings and Precautions* (5.9)].

#### Motor and Verbal Tics, and Worsening of Tourette's Syndrome

Advise patients that motor and verbal tics and worsening of Tourette's Syndrome may occur during treatment with methylphenidate hydrochloride. Instruct patients to notify their healthcare provider if emergence of new tics or worsening of tics or Tourette's syndrome occurs [see *Warnings and Precautions* (5.10)].

#### Pregnancy Registry

Advise patients that there is a pregnancy exposure registry that monitors pregnancy outcomes in patients exposed to ADHD medications, including methylphenidate hydrochloride, during pregnancy [see *Use in Specific Populations* (8.1)].

Distributed by:

**Amneal Pharmaceuticals LLC**  
Bridgewater, NJ 08807

Rev. 11-2023-04

Dispense with Medication Guide available at:  
[documents.amneal.com/mg/methylphenidate-hcl-tablets.pdf](https://documents.amneal.com/mg/methylphenidate-hcl-tablets.pdf)

## **MEDICATION GUIDE**

<p style="text-align: center;"><b>Methylphenidate Hydrochloride</b> <b>(meth" il fen' i date hye" droe klor' ide)</b> <b>Tablets, for oral use, CII</b></p>
---

**What is the most important information I should know about methylphenidate hydrochloride tablets?**

**Methylphenidate hydrochloride tablets may cause serious side effects, including:**

- **Abuse, misuse, and addiction.** Methylphenidate hydrochloride tablets have a high chance for abuse and misuse and may lead to substance use problems, including

addiction. Misuse and abuse of methylphenidate hydrochloride tablets, other methylphenidate containing medicines, and amphetamine containing medicines, can lead to overdose and death. The risk of overdose and death is increased with higher doses of methylphenidate hydrochloride tablets or when it is used in ways that are not approved, such as snorting or injection.

- Your healthcare provider should check you or your child's risk for abuse, misuse, and addiction before starting treatment with methylphenidate hydrochloride tablets and will monitor you or your child during treatment.
- Methylphenidate hydrochloride tablets may lead to physical dependence after prolonged use, even if taken as directed by your healthcare provider.
- Do not give methylphenidate hydrochloride tablets to anyone else. See **“What is methylphenidate hydrochloride tablets?”** for more information.
- Keep methylphenidate hydrochloride tablets in a safe place and properly dispose of any unused medicine. See **“How should I store methylphenidate hydrochloride tablets?”** for more information.
- Tell your healthcare provider if you or your child have ever abused or been dependent on alcohol, prescription medicines, or street drugs.
  - **Risks for people with serious heart disease.** Sudden death has happened in people who have heart defects or other serious heart disease.

Your healthcare provider should check you or your child carefully for heart problems before starting methylphenidate hydrochloride tablets.

Tell your healthcare provider if you or your child have any heart problems, heart disease, or heart defects.

**Call your healthcare provider or go to the nearest hospital emergency room right away if you or your child has any signs of heart problems, such as chest pain, shortness of breath, or fainting while taking methylphenidate hydrochloride tablets.**

- **Increased blood pressure and heart rate.**

Your healthcare provider should check you or your child's blood pressure and heart rate regularly during treatment with methylphenidate hydrochloride tablets.

- **Mental (psychiatric) problems:**

### **All Patients**

- new or worse behavior and thought problems
- new or worse bipolar illness
- new psychotic symptoms (such as hearing voices, believing things that are not true, are suspicious) or new manic symptoms

Tell your healthcare provider about any mental problems you or your child have, or about a family history of suicide, bipolar illness, or depression.

**Call your healthcare provider right away if you or your child have any new or worsening mental symptoms or problems while taking methylphenidate hydrochloride tablets, especially seeing or hearing things that are not real, believing things that are not real, or are suspicious.**

### **What are methylphenidate hydrochloride tablets?**

- Methylphenidate hydrochloride tablets are a central nervous system (CNS) stimulant prescription medicine. **It is used for the treatment of Attention Deficit Hyperactivity Disorder (ADHD).** Methylphenidate hydrochloride tablets may help

increase attention and decrease impulsiveness and hyperactivity in patients with ADHD.

- Methylphenidate hydrochloride tablets should be used as a part of a total treatment program for ADHD that may include counseling or other therapies.
- Methylphenidate hydrochloride tablets are also used in the treatment of a sleep disorder called narcolepsy.

**It is not known if methylphenidate hydrochloride tablets are safe and effective in children under 6 years of age.**

**Methylphenidate hydrochloride tablets are a federally controlled substance (CII) because it contains methylphenidate that can be a target for people who abuse prescription medicines or street drugs.** Keep methylphenidate hydrochloride tablets in a safe place to protect it from theft. Never give your methylphenidate hydrochloride tablets to anyone else, because it may cause death or harm them. Selling or giving away methylphenidate hydrochloride tablets may harm others and is against the law.

**Who should not take methylphenidate hydrochloride tablets?**

**Methylphenidate hydrochloride tablets should not be taken if you or your child:**

- are allergic to methylphenidate hydrochloride, or any of the ingredients in methylphenidate hydrochloride tablets. See the end of this Medication Guide for a complete list of ingredients in methylphenidate hydrochloride tablets.
- are taking or have taken within the past 14 days an anti-depression medicine called a monoamine oxidase inhibitor (MAOI).

**Methylphenidate hydrochloride tablets may not be right for you or your child. Before starting methylphenidate hydrochloride tablets tell your or your child's healthcare provider about all health conditions (or a family history of), including:**

- heart problems, heart disease, heart defects, or high blood pressure
- mental problems, including psychosis, mania, bipolar illness, or depression
- circulation problems in fingers or toes
- have eye problems, including increased pressure in your eye, glaucoma, or problems with your close-up vision (farsightedness)
- have or had repeated movements or sounds (tics) or Tourette's syndrome, or have a family history of tics or Tourette's syndrome.
- if you are pregnant or plan to become pregnant. It is not known if methylphenidate hydrochloride tablets will harm your unborn baby.
- There is a pregnancy registry for females who are exposed to ADHD medications, including methylphenidate hydrochloride tablets, during pregnancy. The purpose of the registry is to collect information about the health of females exposed to methylphenidate hydrochloride tablets and their baby. If you or your child becomes pregnant during treatment with methylphenidate hydrochloride tablets, talk to your healthcare provider about registering with the National Pregnancy Registry of ADHD Medications at 1-866-961-2388 or visit online at <https://womensmentalhealth.org/adhd-medications/>.
  - if you are breastfeeding or plan to breastfeed. Methylphenidate hydrochloride

passes into your breast milk. Talk to your healthcare provider about the best way to feed your baby during treatment with methylphenidate hydrochloride.

**Tell your healthcare provider about all of the medicines that you or your child takes, including prescription and over-the-counter medicines, vitamins, and herbal supplements.** Methylphenidate hydrochloride tablets and some medicines may interact with each other and cause serious side effects. Sometimes the doses of other medicines will need to be adjusted while taking methylphenidate hydrochloride tablets.

Your healthcare provider will decide whether methylphenidate hydrochloride tablets can be taken with other medicines.

**Especially tell your healthcare provider if you or your child takes:**

- anti-depression medicines, including monoamine oxidase inhibitors (MAOIs)
- blood pressure medicines (anti-hypertensive)

Know the medicines that you or your child takes. Keep a list of your medicines with you to show your healthcare provider and pharmacist.

- You should not take methylphenidate hydrochloride tablets on the day of your operation if a certain type of anesthetic is used. This is because there is a chance of a sudden rise in blood pressure and heart rate during the operation.

**Do not start any new medicine while taking methylphenidate hydrochloride tablets without talking to your healthcare provider first.**

**How should methylphenidate hydrochloride tablets be taken?**

- Take methylphenidate hydrochloride tablets exactly as prescribed. Your healthcare provider may adjust the dose until it is right for you or your child.
- Methylphenidate hydrochloride tablet is usually taken 2 to 3 times a day.
- Take methylphenidate hydrochloride tablet 30 to 45 minutes before a meal.
- Your healthcare provider may do regular checks of the blood, heart, and blood pressure while taking methylphenidate hydrochloride tablets.
- Children should have their height and weight checked often while taking methylphenidate hydrochloride tablets.

If you or your child take too many methylphenidate hydrochloride tablets, call your healthcare provider or Poison Help line at 1-800-222-1222 or go to the nearest hospital emergency room right away.

**What are the possible side effects of methylphenidate hydrochloride tablets?**

**Methylphenidate hydrochloride tablets may cause serious side effects, including:**

- see **“What is the most important information I should know about methylphenidate hydrochloride tablets?”** for information on reported heart and mental problems.
- **painful and prolonged erections (priapism)** have occurred with methylphenidate. If you or your child develops priapism, seek medical help right away. Because of the potential for lasting damage, priapism should be evaluated by a healthcare provider immediately.
- **circulation problems in fingers and toes** (peripheral vasculopathy, including Raynaud’s phenomenon):
  - fingers or toes may feel numb, cool, painful

- fingers or toes may change color from pale, to blue, to red  
Tell your healthcare provider if you or your child have, numbness, pain, skin color change, or sensitivity to temperature in the fingers or toes.  
**Call your healthcare provider right away if you have or your child has any signs of unexplained wounds appearing on fingers or toes while taking methylphenidate hydrochloride tablets.**
  - **Slowing of growth (height and weight) in children.** Children should have their height and weight checked often during treatment with methylphenidate hydrochloride tablets. Methylphenidate hydrochloride tablets treatment may be stopped if your child is not growing or gaining weight.
  - **Eye problems (increased pressure in the eye and glaucoma).** Call your healthcare provider right away if you or your child develop changes in your vision or eye pain, swelling, or redness.
  - **New or worsening tics or worsening Tourette's syndrome.** Tell your healthcare provider if you or your child get any new or worsening tics or worsening Tourette's syndrome during treatment with methylphenidate hydrochloride tablets.

**Common side effects include:**

- fast heart beat
- abnormal heartbeat (palpitations)
- headache
- trouble sleeping
- nervousness
- sweating a lot
- decreased appetite
- dry mouth
- nausea
- stomach pain

Call your doctor for medical advice about side effects. **You may report side effects to FDA at 1-800-FDA-1088.**

**How should I store methylphenidate hydrochloride tablets?**

- Store methylphenidate hydrochloride tablets in a safe place and in a tightly closed container at room temperature between 20° to 25°C (68° to 77°F); excursions permitted between 15° to 30°C (59° to 86°F).
- Protect from light.
- Dispose of remaining, unused, or expired methylphenidate hydrochloride tablets by a medicine take-back program at a U.S. Drug Enforcement Administration (DEA) authorized collection site. If no take-back program or DEA authorized collector is available, mix methylphenidate hydrochloride tablets with an undesirable, nontoxic substance such as dirt, cat litter, or used coffee grounds to make it less appealing to children and pets. Place the mixture in a container, such as a sealed plastic bag and throw away methylphenidate hydrochloride tablets in the household trash. Visit [www.fda.gov/drugdisposal](http://www.fda.gov/drugdisposal) for additional information on disposal of unused medicines.
- **Keep methylphenidate hydrochloride tablets and all medicines out of the reach of children.**

**General information about the safe and effective use of methylphenidate**

## hydrochloride tablets.

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. You can ask your pharmacist or healthcare provider for information about methylphenidate hydrochloride tablets that is written for healthcare professionals. Do not use methylphenidate hydrochloride tablets for a condition for which it was not prescribed. Do not give methylphenidate hydrochloride tablets to other people, even if they have the same symptoms that you have. It may harm them and it is against the law.

### What are the ingredients in methylphenidate hydrochloride tablets?

**Active ingredient:** methylphenidate hydrochloride, USP

**Inactive ingredients:** Lactose monohydrate, microcrystalline cellulose, stearic acid and FD&C Yellow No. 6 Aluminum Lake

For more information call, 1-877-835-5472.

This Medication Guide has been approved by the U.S. Food and Drug Administration. Distributed by:

**Amneal Pharmaceuticals LLC**

Bridgewater, NJ 08807

Rev. 11-2023-04

Dispense with Medication Guide available at:

[documents.amneal.com/mg/methylphenidate-hcl-tablets.pdf](https://documents.amneal.com/mg/methylphenidate-hcl-tablets.pdf)

## Methylphenidate Hydrochloride Tablets 5 mg (CII)



Each tablet contains: Methylphenidate Hydrochloride, USP 5 mg

Keep this and all medication out of the reach of children.

Store at 20° to 25°C (68° to 77°F) [See USP Controlled Room Temperature]. Protect from light.

Dispense in a tight, light-resistant container as defined in the USP.

Dispense Medication Guide to each patient: <https://www.accessdata.fda.gov/scripts/cder/daf/index.cfm?event=medguide.page>

NDC 72162-2019-1

**Methylphenidate  
Hydrochloride Tablets,  
USP**

**5 mg**



Relabeled by:  
Bryant Ranch Prepack, Inc.  
Burbank, CA 91504 USA

Rx only  
**100 Tablets**

Manufactured by:  
Amneal Pharmaceuticals of  
NY LLC

## METHYLPHENIDATE HYDROCHLORIDE

methylphenidate hydrochloride tablet

### Product Information

<b>Product Type</b>	HUMAN PRESCRIPTION DRUG	<b>Item Code (Source)</b>	NDC:72162- 2019(NDC:0115-1800)
<b>Route of Administration</b>	ORAL	<b>DEA Schedule</b>	CII

Active Ingredient/Active Moiety				
Ingredient Name		Basis of Strength	Strength	
METHYLPHENIDATE HYDROCHLORIDE (UNII: 4B3SC438HI) (METHYLPHENIDATE - UNII:207ZZ9QZ49)		METHYLPHENIDATE HYDROCHLORIDE	5 mg	
Inactive Ingredients				
Ingredient Name			Strength	
LACTOSE MONOHYDRATE (UNII: EWQ57Q8I5X)				
MICROCRYSTALLINE CELLULOSE (UNII: OP1R32D61U)				
STEARIC ACID (UNII: 4ELV7Z65AP)				
FD&C YELLOW NO. 6 (UNII: H77VEI93A8)				
Product Characteristics				
Color	orange (Light Orange to Orange)	Score	no score	
Shape	ROUND (round)	Size	6mm	
Flavor		Imprint Code	cor;237	
Contains				
Packaging				
#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:72162-2019-1	100 in 1 BOTTLE; Type 0: Not a Combination Product	04/03/2024	
2	NDC:72162-2019-6	60 in 1 BOTTLE; Type 0: Not a Combination Product	04/03/2024	
Marketing Information				
Marketing Category		Application Number or Monograph Citation	Marketing Start Date	Marketing End Date
ANDA		ANDA091159	04/07/2014	

**Labeler** - Bryant Ranch Prepack (171714327)

**Registrant** - Bryant Ranch Prepack (171714327)

## Establishment

Name	Address	ID/FEI	Business Operations
Bryant Ranch Prepack		171714327	REPACK(72162-2019) , RELABEL(72162-2019)