

METHYLPHENIDATE HYDROCHLORIDE (CD)- methylphenidate hydrochloride capsule, extended release
Teva Pharmaceuticals USA, Inc.

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use METHYLPHENIDATE HYDROCHLORIDE EXTENDED-RELEASE CAPSULES (CD) safely and effectively.
See full prescribing information for METHYLPHENIDATE HYDROCHLORIDE EXTENDED-RELEASE CAPSULES (CD).

METHYLPHENIDATE HYDROCHLORIDE extended-release capsules (CD), for oral use, CII
Initial U.S. Approval: 1955

WARNING: ABUSE AND DEPENDENCE

See full prescribing information for complete boxed warning.

- **CNS stimulants, including methylphenidate hydrochloride extended-release capsules (CD), other methylphenidate containing products, and amphetamines, have a high potential for abuse and dependence (5.1, 9.2, 9.3)**
- **Assess the risk of abuse prior to prescribing and monitor for signs of abuse and dependence while on therapy (5.1, 9.2)**

INDICATIONS AND USAGE

Methylphenidate hydrochloride extended-release capsules (CD) are a central nervous system (CNS) stimulant indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in pediatric patients 6 to 15 years of age (1)

DOSAGE AND ADMINISTRATION

- Take orally once daily in the morning, before breakfast (2.3)
- Swallow whole with the aid of liquids, or sprinkle contents onto a small amount of applesauce and give immediately (2.3)
- Do not crush or chew the capsule or capsule contents (2.3)
- Recommended starting dose is 20 mg once daily. Dosage may be increased 10 mg to 20 mg at weekly intervals; do not exceed 60 mg per day (2.2)

DOSAGE FORMS AND STRENGTHS

Extended-release capsules: 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg (3)

CONTRAINDICATIONS

- Known hypersensitivity to methylphenidate or other components of methylphenidate hydrochloride extended-release capsules (CD) (4)
- Concurrent treatment with a monoamine oxidase inhibitor (MAOI), or use of an MAOI within the preceding 14 days (4)
- Use in patients with patients with hereditary problems of fructose intolerance, glucose-galactose malabsorption, or sucrase-isomaltase insufficiency (4)

WARNINGS AND PRECAUTIONS

- **Serious Cardiovascular Reactions:** Sudden death has been reported in association with CNS stimulant treatment at recommended doses in pediatric patients with structural cardiac abnormalities or other serious heart problems. In adults, sudden death, stroke, and myocardial infarction have been reported. Avoid use in patients with known structural cardiac abnormalities, cardiomyopathy, serious heart rhythm abnormalities, coronary artery disease, or other serious heart problems (5.2)
- **Blood Pressure and Heart Rate Increases:** Monitor blood pressure and pulse. Consider the benefits and risks in patients for whom an increase in blood pressure or heart rate would be problematic (5.3)
- **Psychiatric Adverse Reactions:** Use of CNS stimulants may cause psychotic or manic symptoms in patients with no prior history, or exacerbation of symptoms in patients with pre-existing psychiatric illness. Evaluate for bipolar disorder prior to methylphenidate hydrochloride extended-release capsule (CD) use (5.4)
- **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 (5.5)
- **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 (5.6)
- **Long-Term Suppression of Growth:** Monitor height and weight at appropriate intervals in pediatric patients (5.7)

ADVERSE REACTIONS

The most common adverse reactions ($\geq 5\%$ and twice the rate of placebo) were anorexia and insomnia (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact Teva at 1-888-838-2872 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch

DRUG INTERACTIONS

- **Antihypertensive drugs:** Monitor blood pressure. Adjust dosage of antihypertensive drug as needed (7)

See 17 for PATIENT COUNSELING INFORMATION and Medication Guide.

Revised: 5/2022

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FULL PRESCRIBING INFORMATION

WARNING: ABUSE AND DEPENDENCE

CNS stimulants, including methylphenidate hydrochloride extended-release capsules (CD), other methylphenidate-containing products, and amphetamines, have a high potential for abuse and dependence. Assess the risk of abuse prior to prescribing and monitor for signs of abuse and dependence while on therapy [see Warnings and Precautions (5.1), Drug Abuse and Dependence (9.2, 9.3)].

1 INDICATIONS AND USAGE

Methylphenidate hydrochloride extended-release capsules (CD) are indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in pediatric patients 6 to 15 years of age.

2 DOSAGE AND ADMINISTRATION

2.1 Pretreatment Screening

Prior to initiating treatment with methylphenidate hydrochloride extended-release capsules (CD), assess for the presence of cardiac disease (i.e., perform a careful history including family history of sudden death or ventricular arrhythmia, and physical examination) [see *Warnings and Precautions (5.2)*].

Assess the risk of abuse prior to prescribing, and monitor for signs of abuse and dependence while on therapy. Maintain careful prescription records, educate patients about abuse, monitor for signs of abuse and overdose, and periodically re-evaluate the need for methylphenidate hydrochloride extended-release capsule (CD) use [see *Boxed Warning, Warnings and Precautions (5.1), Drug Abuse and Dependence (9)*].

2.2 Dosage Recommendations

The recommended starting dose of methylphenidate hydrochloride extended-release capsules (CD) is 20 mg once daily. Dosage may be adjusted in weekly 10 mg to 20 mg increments to the maximum recommended dose of 60 mg per day.

Dosage should be individualized according to the needs and responses of the patient.

Pharmacological treatment of ADHD may be needed for extended periods. Periodically re-evaluate the long-term use of methylphenidate hydrochloride extended-release capsules (CD), and adjust the dosage as needed.

2.3 Administration Instructions

Administer methylphenidate hydrochloride extended-release capsules (CD) orally once daily in the morning, before breakfast.

Swallow the capsule whole with the aid of liquids. Alternatively, open the capsule and sprinkle the contents onto a small amount (teaspoon) of applesauce and administer immediately. Do not store for future use. Drink fluids following the intake of the sprinkled capsule contents with applesauce. The capsules and the capsule contents must not be crushed or chewed.

2.4 Dose Reduction and Discontinuation

If paradoxical aggravation of symptoms or other adverse reactions occur, reduce dosage or, if necessary, discontinue methylphenidate hydrochloride extended-release capsules (CD). If improvement is not observed after appropriate dosage adjustment over a one-month period, discontinue methylphenidate hydrochloride extended-release capsules (CD).

3 DOSAGE FORMS AND STRENGTHS

Methylphenidate hydrochloride extended-release capsules (CD) are available in the following dosage strengths (see Table 1):

Table 1: Strengths and Identifying Characteristics of Methylphenidate Hydrochloride Extended-Release Capsules (CD)

Strength	Capsule Color	Imprinting on Capsule Cap
10 mg	light green opaque cap/white opaque body	"93" over "5295"
20 mg	light turquoise blue opaque cap /white opaque body	"93" over "5296"
30 mg	light brown opaque cap/white opaque body	"93" over "5297"
40 mg	light brown opaque cap/white opaque body	"93" over "5298"
50 mg	light blue opaque cap/white opaque body	"93" over "5292"
60 mg	white opaque cap/white opaque body	"93" over "5293"

4 CONTRAINDICATIONS

Methylphenidate hydrochloride extended-release capsules (CD) are contraindicated in patients with:

- known hypersensitivity to methylphenidate or other component of methylphenidate

hydrochloride extended-release capsules (CD). Angioedema has been reported in patients treated with methylphenidate hydrochloride extended-release capsules (CD). Anaphylactic reactions have been reported in patients treated with other methylphenidate products [see *Adverse Reactions* (6)].

- Concomitant treatment with monoamine oxidase inhibitors (MAOIs), or within 14 days following discontinuation of treatment with an MAOI, because of the risk of hypertensive crisis [see *Drug Interactions* (7)].
- Methylphenidate hydrochloride extended-release capsules (CD) contain sucrose. Therefore, patients with hereditary problems of fructose intolerance, glucose-galactose malabsorption, or sucrase-isomaltase insufficiency should not take this medicine.

5 WARNINGS AND PRECAUTIONS

5.1 Potential for Abuse and Dependence

CNS stimulants, including methylphenidate hydrochloride extended-release capsules (CD), other methylphenidate-containing products, and amphetamines, have a high potential for abuse and dependence. Assess the risk of abuse prior to prescribing, and monitor for signs of abuse and dependence while on therapy [see *Drug Abuse and Dependence* (9.2, 9.3)].

5.2 Serious Cardiovascular Reactions

Sudden death, stroke and myocardial infarction have been reported in adults with CNS stimulant treatment at recommended doses. Sudden death has been reported in pediatric patients with structural cardiac abnormalities and other serious heart problems taking CNS stimulants at recommended doses for ADHD. Avoid use in patients with known structural cardiac abnormalities, cardiomyopathy, serious heart rhythm abnormalities, coronary artery disease, and other serious heart problems. Further evaluate patients who develop exertional chest pain, unexplained syncope, or arrhythmias during methylphenidate hydrochloride extended-release capsule (CD) treatment.

5.3 Blood Pressure and Heart Rate Increases

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). Individuals may have larger increases. Monitor all 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 episode in patients. Prior to initiating 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 recommended doses, may cause psychotic or manic symptoms (e.g., hallucinations, delusional thinking, or mania) in patients without a prior history of psychotic illness or mania. If such symptoms occur, consider discontinuing methylphenidate hydrochloride extended-release capsules (CD). 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 in placebo-treated patients.

5.5 Priapism

Prolonged and painful erections, sometimes requiring surgical intervention, have been reported with methylphenidate products in both pediatric and adult patients. Priapism was not reported with drug initiation but developed after some time on the drug, often subsequent to an increase in dose. Priapism has also appeared during a period of drug withdrawal (drug holidays or during discontinuation). 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 extended-release capsules (CD), used to treat ADHD are associated with peripheral vasculopathy, including Raynaud's phenomenon. Signs and symptoms are usually intermittent and mild; however, very rare sequelae include digital ulceration and/or soft tissue breakdown. Effects of peripheral vasculopathy, including Raynaud's phenomenon, were observed in post-marketing reports at different times and at therapeutic doses in all age groups throughout the course of treatment. Signs and symptoms generally improve after reduction in dose or discontinuation of drug. Careful observation for digital changes is necessary during treatment with ADHD stimulants. Further clinical evaluation (e.g., rheumatology referral) may be appropriate for certain patients.

5.7 Long-Term Suppression of Growth

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

Careful follow-up of weight and height in children 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 children over 36 months (to the ages of 10 to 13 years), suggests that consistently medicated children (i.e., treatment for 7 days per week throughout the year) have 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 period of development.

Closely monitor growth (weight and height) in pediatric patients treated with CNS stimulants, including methylphenidate hydrochloride extended-release capsules (CD).

Patients who are not growing or gaining height or weight as expected may need to have their treatment interrupted.

6 ADVERSE REACTIONS

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

- Abuse and Dependence [see *Warnings and Precautions (5.1)*, *Drug Abuse and Dependence (9.2, 9.3)*]
- Hypersensitivity to Methylphenidate and Other Component of methylphenidate hydrochloride extended-release capsules (CD) [see *Contraindications (4)*]
- Hypertensive Crisis when Used Concomitantly with MAOIs [see *Contraindications (4)* and *Drug Interactions (7)*]
- Serious Cardiovascular Reactions [see *Warnings and Precautions (5.2)*]
- Blood Pressure and Heart Rate Increases [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 [see *Warnings and Precautions (5.7)*]

6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

Clinical trials experience with methylphenidate hydrochloride extended-release capsules (CD) included 188 pediatric patients 6 to 15 years old with ADHD exposed to methylphenidate hydrochloride extended-release capsules (CD). Patients received methylphenidate hydrochloride extended-release capsules (CD) 20 mg, 40 mg, and/or 60 mg per day. The 188 patients were evaluated in the following studies: Study 1, a 3-week placebo-controlled clinical study consisting of a total of 314 pediatric patients (ages 6 to 15 years; methylphenidate hydrochloride extended-release capsules (CD) n=155); Study 2, a placebo-controlled, crossover clinical study consisting of 25 pediatric patients (ages 7 to 12 years); and Study 3, an uncontrolled clinical study consisting of 8 pediatric patients (ages 6 to 10 years).

Adverse Reactions Leading to Discontinuation of Treatment

In the 3-week placebo-controlled, parallel-group trial, two methylphenidate hydrochloride extended-release capsules (CD)-treated patients (1%) and no placebo-treated patients discontinued due to an adverse reaction (rash and pruritus; and headache, abdominal pain, and dizziness, respectively).

Most Common Adverse Reactions

The most common adverse reactions that occurred in 5% or more of patients treated

with methylphenidate hydrochloride extended-release capsules (CD) in a pool of Studies 1, 2 and 3 (ages 6 to 15 years) where the incidence in patients treated with methylphenidate hydrochloride extended-release capsules (CD) was at least twice the incidence in placebo-treated patients were anorexia and insomnia.

Adverse reactions that occurred in $\geq 5\%$ of patients treated with methylphenidate hydrochloride extended-release capsules (CD) and greater than placebo in pooled Studies 1, 2, and 3 are presented in Table 2:

Table 2: Adverse Reactions ($\geq 5\%$ and Greater than Placebo) in Pediatric Patients Ages 6 to 15 Years Receiving Methylphenidate Hydrochloride Extended-Release Capsules (CD) in Pooled Three to Four Week Trials

Body System	Preferred Term	Methylphenidate Hydrochloride Extended-Release Capsules (CD) (n=188)	Placebo (n=190)
		%	%
General	Headache	12	8
	Abdominal Pain (stomachache)	7	4
Digestive System	Anorexia	9	2
Nervous System	Insomnia	5	2

6.2 Postmarketing Experience

The following adverse reactions have been identified during postmarketing use of methylphenidate hydrochloride extended-release capsules (CD) and other methylphenidate hydrochloride products. Because these reactions are reported voluntarily from a population of uncertain size, it is not possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

Adverse Reactions with methylphenidate hydrochloride extended-release capsules (CD)

Blood and the lymphatic system disorders: thrombocytopenia

Cardiac disorders: cardiac arrest, sudden death

Immune system disorders: angioedema

Musculoskeletal and connective tissue disorders: rhabdomyolysis

Psychiatric disorders: abnormal behavior, aggression, anxiety, irritability, obsessive-compulsive disorder, suicidal behavior (including completed suicide), libido changes, serotonin syndrome in combination with serotonergic drugs

Nervous System Disorder: migraine, reversible ischemic neurological deficit, bruxism

Skin and subcutaneous tissue disorders: fixed drug eruption

Vascular disorders: peripheral coldness, Raynaud's phenomenon

Adverse Reactions with Other Methylphenidate Hydrochloride Products

Blood and the lymphatic system disorders: leukopenia, anemia, pancytopenia

Cardiac disorders: palpitations; increased blood pressure, tachycardia, angina pectoris, cardiac arrhythmia, myocardial infarction, bradycardia, extrasystole

Eye disorders: blurred vision, difficulties in visual accommodation, diplopia, mydriasis

Gastrointestinal disorders: nausea, abdominal pain, dry mouth, vomiting, dyspepsia, diarrhea, constipation

General Disorders: fatigue, hyperpyrexia

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

Immune system disorders: hypersensitivity, including anaphylaxis, auricular swelling, bullous conditions, eruptions, exanthemas

Infections and infestations: nasopharyngitis

Metabolism and nutrition disorders: decreased appetite, reduced weight gain and suppression of growth during prolonged use in pediatric patients

Musculoskeletal and connective tissue disorders: arthralgia, muscle cramps, myalgia,

muscle twitching

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

Psychiatric disorders: depressed mood, restlessness, agitation, psychosis (sometimes with visual and tactile hallucinations), affect liability, mania, disorientation

Renal and urinary disorders: hematuria

Reproductive system and breast disorders: gynecomastia

Respiratory, thoracic and mediastinal disorders: pharyngolaryngeal pain, dyspnea, cough

Skin and subcutaneous tissue disorders: scalp hair loss, hyperhidrosis, angioneurotic edema, erythema, exfoliative dermatitis, thrombocytopenic purpura, urticaria, erythema multiforme rash

Urogenital disorders: priapism

Vascular disorders: isolated cases of cerebral arteritis and/or occlusion

7 DRUG INTERACTIONS

Table 3 presents clinically important drug interactions with methylphenidate hydrochloride extended-release capsules (CD).

Table 3: Clinically Important Drug Interactions with Methylphenidate Hydrochloride Extended-Release Capsules (CD)

Monoamine Oxidase Inhibitors (MAOI)	
<i>Clinical Impact:</i>	Concomitant use of MAOIs and CNS stimulants, including, methylphenidate hydrochloride extended-release capsules (CD) 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 extended-release capsules (CD) with monoamine oxidase inhibitors (MAOIs) or within 14 days after discontinuing MAOI treatment is contraindicated.
Antihypertensive Drugs	
<i>Clinical Impact:</i>	Methylphenidate hydrochloride extended-release capsules (CD) may decrease the effectiveness of drugs used to treat hypertension [see <i>Warnings and Precautions (5.3)</i>].
<i>Intervention:</i>	Adjust the dosage of the antihypertensive drug as needed.
Risperidone	
<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

There is a pregnancy exposure registry that monitors pregnancy outcomes in women exposed to ADHD medications, including methylphenidate hydrochloride extended-release capsules (CD), during pregnancy. Healthcare providers are encouraged to register patients by calling the National Pregnancy Registry for Psychostimulants at 1-866-961-2388.

Risk Summary

Published studies and postmarketing 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/m² basis. However, spina bifida was observed in rabbits at a dose 53 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 extended-release capsules (CD), 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.

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/m² 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/m² 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 adults on a mg/m² 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/m² 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 adults on a mg/m² 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 (~2 times the MRHD given to adolescents on a mg/m² 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 extended-release capsules (CD) and any potential adverse effects on the breastfed infant from methylphenidate hydrochloride extended-release capsules (CD) 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 extended-release capsules (CD) for the treatment of ADHD have been established in pediatric patients 6 to 15 years of age. The safety and effectiveness of methylphenidate hydrochloride extended-release capsules (CD) in pediatric patients younger than 6 years of age have not been established. Long-term efficacy of methylphenidate hydrochloride extended-

release capsules (CD) in pediatric patients have not been established.

Long-Term Suppression of Growth

Growth should be monitored during treatment with stimulants, including methylphenidate hydrochloride extended-release capsules (CD). Pediatric patients who are not growing or gaining weight as expected may need to have their treatment interrupted [see *Warnings and Precautions (5.6)*].

Juvenile Animal Toxicity Data.

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 6 times the MRHD on a mg/m² basis) or greater, and a deficit in the acquisition of a specific learning task was seen in females exposed to the highest dose (12 times the MRHD on a mg/m² basis). The no effect level for juvenile neurobehavioral development in rats was 5 mg/kg/day (half the MRHD on a mg/m² basis). The clinical significance of the long-term behavioral effects observed in rats is unknown.

8.5 Geriatric Use

Methylphenidate hydrochloride extended-release capsules (CD) have not been studied in patients over the age of 65 years.

9 DRUG ABUSE AND DEPENDENCE

9.1 Controlled Substance

Methylphenidate hydrochloride extended-release capsules (CD) contain methylphenidate hydrochloride, a Schedule II controlled substance.

9.2 Abuse

CNS stimulants, including methylphenidate hydrochloride extended-release capsules (CD), other methylphenidate-containing products, and amphetamines have a high potential for abuse. Abuse is the intentional non-therapeutic use of a drug, even once, to achieve a desired psychological or physiological effect. Drug addiction is a cluster of behavioral, cognitive, and psychological 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. Both abuse and misuse may lead to addiction, and some individuals may develop addiction even when taking methylphenidate hydrochloride extended-release capsules (CD) as prescribed.

Signs and symptoms of CNS stimulant abuse include increased heart rate, respiratory rate, blood pressure, and/or 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. Individual who abuser CNS stimulants may chew, snort, inject, or use other unapproved routes of administration which can result in overdose and death [see *Overdosage (10)*].

To reduce the abuse of methylphenidate hydrochloride extended-release capsules (CD), assess the risk of abuse prior to prescribing. After prescribing, keep careful prescription records, educate patients and their families about abuse and on proper storage and disposal of CNS stimulants [see *How Supplied/Storage and Handling (16)*], monitor for signs of abuse while on therapy, and re-evaluate the need for methylphenidate hydrochloride extended-release capsule (CD) use.

9.3 Dependence

Physical Dependence

Methylphenidate hydrochloride extended-release capsules (CD) may produce physical dependence from continued therapy. Physical dependence is a state that develops as a result of physiological adaptation in response to repeated drug use, manifested by a withdrawal signs and symptoms after abrupt discontinuation or significant dose reduction of a drug. Withdrawal symptoms after abrupt cessation following prolonged high-dosage administration of CNS stimulants include dysphoric mood; fatigue; vivid, unpleasant dreams; insomnia or hypersomnia; increased appetite; and psychomotor retardation or agitation.

Tolerance

Methylphenidate hydrochloride extended-release capsules (CD) may produce tolerance

from continued therapy. 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

Human Experience

Signs and symptoms of acute methylphenidate overdose, resulting principally from overstimulation of the CNS and from excessive sympathomimetic effects, may include the following: nausea, vomiting, diarrhea, restlessness, anxiety, agitation, tremors, hyperreflexia, muscle twitching, convulsions (may be followed by coma), euphoria, confusion, hallucinations, delirium, sweating, flushing, headache, hyperpyrexia, tachycardia, palpitations, cardiac arrhythmias, hypertension, hypotension, tachypnea, mydriasis, dryness of mucous membranes, and rhabdomyolysis.

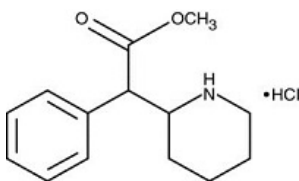
Overdose Management

Consult with a Certified Poison Control Center (1-800-222-1222) for guidance and advice on the management of overdose with methylphenidate. Provide supportive care, including close medication supervision and monitoring. Treatment should consist of those general measures employed in the management of overdose with any drug. Consider the possibility of multiple drug overdose.

11 DESCRIPTION

Methylphenidate hydrochloride extended-release capsules (CD) contains methylphenidate hydrochloride, a CNS stimulant. The extended-release capsules provide 30% of the dose by the immediate release (IR) component and 70% of the dose by an extended release (ER) component in a single bead type. Methylphenidate hydrochloride extended-release capsules (CD) is available in six capsule strengths containing 10 mg (3 mg IR; 7 mg ER), 20 mg (6 mg IR; 14 mg ER), 30 mg (9 mg IR; 21 mg ER), 40 mg (12 mg IR; 28 mg ER), 50 mg (15 mg IR; 35 mg ER), or 60 mg (18 mg IR; 42 mg ER) of methylphenidate hydrochloride, USP for oral administration.

Chemically, methylphenidate hydrochloride, USP is *d,l* (racemic)-*threo*-methyl α -phenyl-2-piperidineacetate hydrochloride. Its molecular formula is $C_{14}H_{19}NO_2 \cdot HCl$. 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.

Methylphenidate hydrochloride extended-release capsules (CD) also contain the following inactive ingredients: cetyl alcohol, corn starch, D&C Yellow #10 aluminum lake, dibutyl sebacate, ethylcellulose, FD&C Blue #1 aluminum lake, FD&C Blue #2 aluminum lake, FD&C Red #40 aluminum lake, gelatin, hypromellose, iron oxide black, propylene glycol, shellac glaze, sodium lauryl sulfate, sucrose, and titanium dioxide. Additionally, the 10 mg capsules contain D&C Yellow #10 and FD&C Green #3; the 20 mg capsules contain FD&C Blue #1; the 30 mg capsules contain iron oxide red and iron oxide yellow; the 40 mg capsules contain iron oxide red, and iron oxide yellow; the 50 mg capsules contain FD&C Blue #1.

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

Methylphenidate hydrochloride is a central nervous system (CNS) stimulant. The mode of therapeutic action in ADHD 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.

12.3 Pharmacokinetics

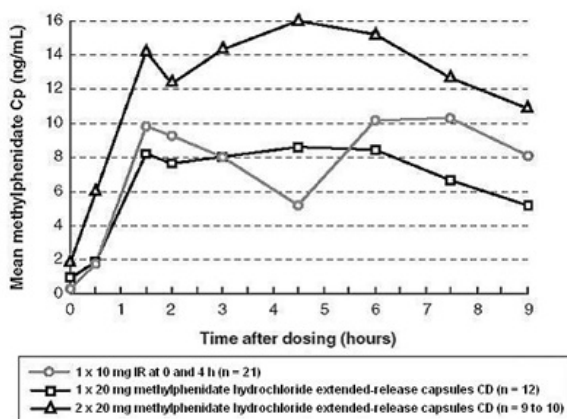
Following one week of once-daily doses of 20 mg or 40 mg methylphenidate hydrochloride extended-release capsules (CD) to children aged 7 to 12 years old with ADHD, C_{max} and AUC of methylphenidate were approximately proportional to the administered doses.

Absorption

Following administration of methylphenidate hydrochloride extended-release capsules (CD) in children aged 7 to 12 years old with ADHD, the plasma concentration time profile of methylphenidate showed two phases of drug release with a sharp, initial slope similar to a methylphenidate immediate-release tablet (median T_{max1} about 1.5 hours post dose), and a second rising portion approximately three hours later (median T_{max2} about 4.5 hours post dose)*, followed by a gradual decline (Figure 1). The means for C_{max} and area under the curve (AUC) following a dose of 20 mg were slightly lower than those seen with 10 mg of the immediate-release formulation, dosed at 0 and 4 hours.

*25% to 30% of the subjects had only one observed peak (C_{max}) concentration of methylphenidate.

Figure 1: Comparison of Immediate Release (IR) and Methylphenidate Hydrochloride Extended-Release Capsule (CD) Formulations After Repeated Doses of Methylphenidate Hydrochloride in Pediatric Patients 7 to 12 Years of Age with ADHD



Effect of Food

Ingestion of a high-fat meal with methylphenidate hydrochloride extended-release capsules (CD) increased the mean C_{max} and AUC of methylphenidate by about 30% and 17%, respectively. The presence of food delayed the early peak by approximately 1 hour (range -2 to 5 hours delay) [see Dosage and Administration (2.1)].

The bioavailability (C_{max} and AUC) of methylphenidate was unaffected by sprinkling the methylphenidate hydrochloride extended-release capsule (CD) contents on applesauce as compared to the intact capsule.

Effect of Alcohol

At an alcohol concentration of 40%, there was an increase in the release rate of methylphenidate in the first hour, resulting in 84% of the methylphenidate being released. The results with the 60 mg capsule are considered to be representative of the other available capsule strengths [see Drug Interactions (7)].

Distribution

Plasma protein binding is 10% to 33%. The volume of distribution was 2.65 ± 1.11 L/kg for d-methylphenidate and 1.80 ± 0.91 L/kg for l-methylphenidate.

Elimination

The mean terminal half-life ($t^{1/2}$) of methylphenidate following administration of methylphenidate hydrochloride extended-release capsules (CD) ($t^{1/2}=6.8$ hours) is longer than the mean terminal $t^{1/2}$ following administration of methylphenidate hydrochloride immediate-release tablets ($t^{1/2}=2.9$ hours) and methylphenidate hydrochloride extended-release tablets ($t^{1/2}=3.4$ hours) in healthy adult volunteers.

Metabolism

In vitro studies showed that methylphenidate was not metabolized by cytochrome P450

isoenzymes. Methylphenidate is metabolized primarily by deesterification to alpha-phenylpiperidine acetic acid (ritalinic acid), which has little or no pharmacologic activity.

Excretion

After oral administration of radiolabeled methylphenidate in humans, about 90% of the radioactivity was recovered in urine. The main urinary metabolite was ritalinic acid, accounting for approximately 80% of the dose.

Specific Populations

Male and Female Patients

The pharmacokinetics of methylphenidate after a single dose of methylphenidate hydrochloride extended-release capsules (CD) were similar between adult men and women.

Racial or Ethnic Groups

The influence of race on the pharmacokinetics of methylphenidate after methylphenidate hydrochloride extended-release capsule (CD) administration has not been studied.

Pediatric Patients

The pharmacokinetics of methylphenidate after methylphenidate hydrochloride extended-release capsule (CD) administration has not been studied in children less than 6 years of age.

Patients with Renal Impairment

Methylphenidate hydrochloride extended-release capsules (CD) have not been studied in patients with renal insufficiency. Since renal clearance is not an important route of methylphenidate clearance, and the major metabolite (ritalinic acid), has little or no pharmacologic activity, renal insufficiency is expected to have minimal effect on the pharmacokinetics of methylphenidate hydrochloride extended-release capsules (CD).

Patients with Hepatic Impairment

Methylphenidate hydrochloride extended-release capsules (CD) have not been studied in patients with hepatic insufficiency. 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

Drug Interaction Studies

In vitro studies showed that methylphenidate did not inhibit cytochrome P450 isoenzymes at clinically observed plasma drug concentrations.

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, 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 per day. This dose is approximately 2 times the maximum recommended human dose (MRHD) of 60 mg/day given to children on a mg/m² 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 increases 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/m² 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 to 74 mg/kg per 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 cells. Methylphenidate was negative *in vivo* in males and females in the mouse bone marrow micronucleus assay.

Impairment of Fertility

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 per day, approximately 10 times the maximum recommended human dose of 60 mg/day given to adolescents on a mg/m² basis.

14 CLINICAL STUDIES

Methylphenidate hydrochloride extended-release capsules (CD) were evaluated in a double-blind, parallel-group, placebo-controlled trial in which 321 untreated or previously treated pediatric patients with a DSM-IV diagnosis of Attention Deficit Hyperactivity Disorder (ADHD), 6 to 15 years of age, received a single morning dose for up to 3 weeks. Patients were required to have the combined or predominantly hyperactive-impulsive subtype of ADHD; patients with the predominantly inattentive subtype were excluded. Patients randomized to the methylphenidate hydrochloride extended-release capsules (CD) group received 20 mg daily for the first week. Their dosage could be increased weekly to a maximum of 60 mg by the third week, depending on individual response to treatment.

The patient's regular school teacher completed the teachers' version of the Conners' Global Index Scale (TCGIS), a scale for assessing ADHD symptoms, in the morning and again in the afternoon on three alternate days of each treatment week. The primary efficacy endpoint was determined by the average of the total scores for the 10-item TCGIS completed by the classroom teacher in the morning and again in the afternoon on the three observation days during the last week of double-blind therapy.

Patients treated with methylphenidate hydrochloride extended-release capsules (CD) showed a statistically significant improvement in symptom scores from baseline over patients who received placebo (See Figure 2). Separate analyses of TCGIS scores in the morning and afternoon revealed superiority in improvement with methylphenidate hydrochloride extended-release capsules (CD) over placebo during both time periods (See Figure 3).

Figure 2: Least Squares Mean Change from Baseline in TCGIS Total Score in Pediatric Patients 6 to 15 years of Age with ADHD

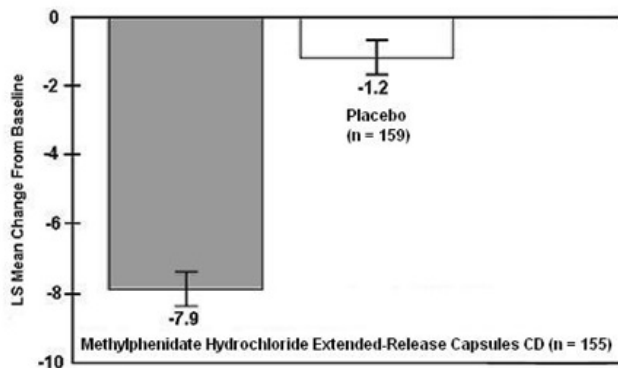
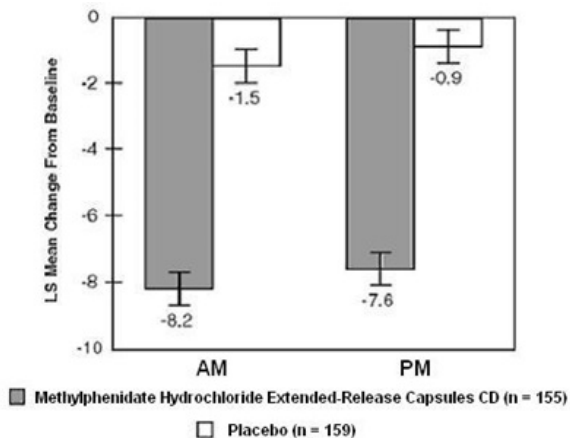


Figure 3: Least Squares Mean Change from Baseline in TCGIS Total Score in Pediatric Patients 6 to 15 years of Age with ADHD: Morning (AM) and Afternoon (PM)



* FIGURES 2 & 3: Last observation carried forward analysis at week 3. Error bars represent the standard error of the mean.

16 HOW SUPPLIED/STORAGE AND HANDLING

How Supplied

Methylphenidate hydrochloride extended-release capsules (CD) are available in six strengths (see Table 4):

Table 4: Strengths, Identifying Characteristics, and Packaging Configurations of Methylphenidate Hydrochloride Extended-Release Capsules (CD)

Strength	Capsule Color	Imprinting on Capsule Cap and Body	Capsules per Bottle	NDC Number
10 mg	light green opaque cap /white opaque body	"93" over "5295"	100	NDC 0093-5295-01
20 mg	light turquoise blue opaque cap/white opaque body	"93" over "5296"	100	NDC 0093-5296-01
30 mg	light brown opaque cap /white opaque body	"93" over "5297"	100	NDC 0093-5297-01
40 mg	light brown opaque cap/white opaque body	"93" over "5298"	100	NDC 0093-5298-01
50 mg	light blue opaque cap/white opaque body	"93" over "5292"	100	NDC 0093-5292-01
60 mg	white opaque cap/white opaque body	"93" over "5293"	100	NDC 0093-5293-01

Storage and Handling

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

Dispense in a tight, light-resistant container as defined in the USP, with a child-resistant closure (as required).

KEEP THIS AND ALL MEDICATIONS OUT OF THE REACH OF CHILDREN.

Disposal

Comply with local laws and regulations on drug disposal of CNS stimulants. Dispose of remaining, unused, or expired methylphenidate hydrochloride extended-release capsules (CD) 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 extended-release capsules (CD) 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 extended-release capsules (CD) in the household trash.

17 PATIENT COUNSELING INFORMATION

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

Controlled Substance Status/Potential for Abuse and Dependence

Advise patients and their caregivers that methylphenidate hydrochloride extended-release capsules (CD) are a federally controlled substance, and it can be abused and lead to dependence [see *Drug Abuse and Dependence (9.1, 9.2, and 9.3)*]. Instruct patients that they should not give methylphenidate hydrochloride extended-release capsules (CD) to anyone else. Advise patients to store methylphenidate hydrochloride extended-release capsules (CD) in a safe place, preferably locked, to prevent abuse.

Advise patients to comply with laws and regulations on drug disposal. Advise patients to dispose of remaining, unused, or expired methylphenidate hydrochloride extended-release capsules (CD) by a medicine take-back program if available [see *Warnings and Precautions (5.1), Drug Abuse and Dependence (9), How Supplied/Storage and Handling (16)*].

Administration Instructions

Instruct patients and their caregivers that the methylphenidate hydrochloride extended-release capsules (CD) and the capsule contents must not be crushed or chewed. Instruct patients that the capsule may be swallowed whole, or alternatively, the capsule may be opened and the capsule contents sprinkled onto a small amount (tablespoon) of applesauce and given immediately, and not stored for future use [see *Dosage and Administration (2.3)*].

Serious Cardiovascular Risks

Advise patients and their caregivers that there is a potential for serious cardiovascular risks including sudden death, myocardial infarction, stroke, and hypertension with methylphenidate hydrochloride extended-release capsule (CD) 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)*].

Blood Pressure and Heart Rate Increases

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

Psychiatric Risks

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

Priapism

Advise patients and their caregivers of the possibility of painful or prolonged penile erections (priapism). Instruct the patient 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. Further clinical evaluation (e.g., rheumatology referral) may be appropriate for certain patients [see *Warnings and Precautions (5.6)*].

Suppression of Growth

Advise patients and their caregivers that methylphenidate hydrochloride extended-release capsules (CD) can cause slowing of growth and weight loss [see *Warnings and Precautions (5.7)*].

Pregnancy Registry

Inform patients that there is a pregnancy exposure registry that monitors pregnancy outcomes in women exposed to methylphenidate hydrochloride extended-release capsules (CD) during pregnancy [see *Use in Specific Populations (8.1)*].

Alcohol Use

Advise patients to avoid alcohol while taking methylphenidate hydrochloride extended-release capsules (CD). Consumption of alcohol while taking methylphenidate hydrochloride extended-release capsules (CD) may result in a more rapid release of the dose of methylphenidate [see *Drug Interactions (7)*].

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Manufactured For:

Teva Pharmaceuticals USA, Inc.
Parsippany, NJ 07054

Rev. R 5/2022

MEDICATION GUIDE
Methylphenidate Hydrochloride (meth" il fen" i date hye" droe klor' ide)
Extended-Release Capsules (CD) CII

What is the most important information I should know about methylphenidate hydrochloride extended-release capsules (CD)?

Methylphenidate hydrochloride extended-release capsules (CD) can cause serious side effects, including:

- **Abuse and dependence.** Methylphenidate hydrochloride extended-release capsules (CD), other methylphenidate containing medicines, and amphetamines have a high chance for abuse and can cause physical and psychological dependence. Your healthcare provider should check your child for signs of abuse and dependence before and during treatment with methylphenidate hydrochloride extended-release capsules (CD).
 - Tell your healthcare provider if your child has ever abused or been dependent on alcohol, prescription medicines, or street drugs.
 - Your healthcare provider can tell you more about the differences between physical and psychological dependence and drug addiction.
- **Heart-related problems, including:**
 - sudden death in children who have heart problems or heart defects
 - increased blood pressure and heart rate

Your healthcare provider should check your child carefully for heart problems before starting treatment with methylphenidate hydrochloride extended-release capsules (CD).

Tell your healthcare provider if your child has any heart problems, heart defects, high blood pressure, or has a family history of these problems.

Your healthcare provider should check your child's blood pressure and heart rate regularly during treatment with methylphenidate hydrochloride extended-release capsules (CD).

Call your healthcare provider or go to the nearest hospital emergency room right away if your child has any signs of heart problems such as chest pain, shortness of breath, or fainting during treatment with methylphenidate hydrochloride extended-release capsules (CD).

- **Mental (psychiatric) problems, including:**

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

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

Call your healthcare provider right away if your child has any new or worsening mental symptoms or problems during treatment with methylphenidate hydrochloride extended-release capsules (CD), especially hearing voices, seeing or believing things that are not real, or new manic symptoms.

What are methylphenidate hydrochloride extended-release capsules (CD)?

Methylphenidate hydrochloride extended-release capsules (CD) are a prescription medicine used for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in children 6 to 15 years of age. Methylphenidate hydrochloride extended-release capsules (CD) may help increase attention and decrease impulsiveness and hyperactivity in people with ADHD.

It is not known if methylphenidate hydrochloride extended-release capsules (CD) are safe and effective for use in children younger than 6 years of age or older than 15 years of age.

Methylphenidate hydrochloride extended-release capsules (CD) 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 extended-release capsules (CD) in a safe place to protect it from theft. Never give your methylphenidate hydrochloride extended-release capsules (CD) to anyone else, because it may cause death or harm them. Selling or giving away methylphenidate hydrochloride extended-release capsules (CD) may harm others and is against the law.

Who should not take Methylphenidate hydrochloride extended-release capsules (CD)?

Your child should not take methylphenidate hydrochloride extended-release capsules (CD) if your child:

- is allergic to methylphenidate hydrochloride or any of the ingredients in methylphenidate hydrochloride extended-release capsules (CD). See the end of this Medication Guide for a complete list of ingredients in methylphenidate hydrochloride extended-release capsules (CD).
- has a rare inherited problem with the breaking down, absorbing, and processing of certain types of sugar in the body. Methylphenidate hydrochloride extended-release capsules (CD) contain a type of sugar called sucrose.
- is taking, or has stopped taking within the past 14 days, a medicine called a monoamine oxidase inhibitor (MAOI).

Before starting methylphenidate hydrochloride extended-release capsules (CD) tell your healthcare provider about all your child's medical conditions, including: if your child:

- has heart problems, heart defects, or high blood pressure
- has mental problems including psychosis, mania, bipolar illness, or depression or has a family history of suicide, bipolar illness, or depression

- has circulation problems in fingers and toes
- is pregnant or plan to become pregnant. It is not known if methylphenidate hydrochloride extended-release capsules (CD) will harm the unborn baby.
 - There is a pregnancy registry for females who are exposed to methylphenidate hydrochloride extended-release capsules (CD) during pregnancy. The purpose of the registry is to collect information about the health of females exposed to methylphenidate hydrochloride extended-release capsules (CD) and their baby. If you or your child becomes pregnant during treatment with methylphenidate hydrochloride extended-release capsules (CD), talk to your healthcare provider about registering with the National Pregnancy Registry for Psychostimulants at 1-866-961-2388.
- is breastfeeding or plan to breastfeed. Methylphenidate hydrochloride passes into breast milk. Talk to your healthcare provider about the best way to feed the baby during treatment with methylphenidate hydrochloride extended-release capsules (CD).

Tell your healthcare provider about all the medicines that your child takes, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

Methylphenidate hydrochloride extended-release capsules (CD) and some medicines may interact with each other and cause serious side effects. Sometimes the doses of other medicines will need to be changed during treatment with methylphenidate hydrochloride extended-release capsules (CD). Your healthcare provider will decide whether methylphenidate hydrochloride extended-release capsules (CD) can be taken with other medicines.

Especially tell your healthcare provider if your child takes a medicine used to treat depression called a monoamine oxidase inhibitor (MAOI).

Know the medicines that your child takes. Keep a list of the medicines with you to show your healthcare provider and pharmacist. **Your child should not start taking any new medicines during treatment with methylphenidate hydrochloride extended-release capsules (CD) without talking to your healthcare provider first.**

How should methylphenidate hydrochloride extended-release capsules (CD) be taken?

- Take methylphenidate hydrochloride extended-release capsules (CD) exactly as prescribed by your healthcare provider.
- Your healthcare provider may change the dose if needed.
- Take methylphenidate hydrochloride extended-release capsules (CD) 1 time each day in the morning before breakfast.
- Swallow methylphenidate hydrochloride extended-release capsules (CD) whole with water or other liquids.
- If methylphenidate hydrochloride extended-release capsules (CD) cannot be swallowed whole, the capsule may be opened and the contents sprinkled onto a tablespoonful of applesauce.
 - Follow with a drink of water or other liquid.
 - **Do not** chew the applesauce and medicine mixture.
 - Swallow all the applesauce and medicine mixture right away. **Do not** store the applesauce and medicine mixture.
- Your healthcare provider may sometimes stop methylphenidate hydrochloride extended-release capsules (CD) treatment for a while to check ADHD symptoms.
- **If your child takes too much methylphenidate hydrochloride extended-release capsules (CD), call your poison control center at 1-800-222-1222 or go to your nearest hospital emergency room right away.**

What should be avoided during treatment with methylphenidate hydrochloride extended-release capsules (CD)?

Avoid drinking alcohol during treatment with methylphenidate hydrochloride extended-release capsules (CD). This may cause a faster release of the methylphenidate hydrochloride extended-release capsule (CD) medicine.

What are the possible side effects of methylphenidate hydrochloride extended-release capsules (CD)?

Methylphenidate hydrochloride extended-release capsules (CD) can cause serious side effects, including:

- See **“What is the most important information I should know about methylphenidate hydrochloride extended-release capsules (CD)?”**
- **Painful and prolonged erections (priapism).** Priapism has happened in males who take products that contain methylphenidate. **If your child develops priapism, get medical help right away.**
- **Circulation problems in fingers and toes (peripheral vasculopathy, including Raynaud’s phenomenon).** Signs and symptoms may include:
 - 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 your child has numbness, pain, skin color change, or sensitivity to temperature in the fingers or toes.

Call your healthcare provider right away if your child has any signs of unexplained wounds appearing on the fingers or toes during treatment with methylphenidate hydrochloride extended-release capsules (CD).

- **Slowing of growth (height and weight) in children.** Children should have their height and weight checked often during treatment with methylphenidate hydrochloride extended-release capsules (CD). Methylphenidate hydrochloride extended-release capsules (CD) treatment may be stopped if your child is not growing or gaining weight.

The most common side effects of methylphenidate hydrochloride extended-release capsules (CD) include anorexia and trouble sleeping.

These are not all the possible side effects of methylphenidate hydrochloride extended-release capsules (CD).

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 extended-release capsules (CD)?

- Store methylphenidate hydrochloride extended-release capsules (CD) at room temperature between 68°F to 77°F (20°C to 25°C).
- Store methylphenidate hydrochloride extended-release capsules (CD) in a safe place, like a locked cabinet. Protect from light and moisture.
- Dispose of remaining, unused, or expired methylphenidate hydrochloride extended-release capsules (CD) by a medication take-back program at authorized collection sites such as retail pharmacies, hospital or clinic pharmacies, and law enforcement locations. If no take-back program or authorized collector is available, mix methylphenidate hydrochloride extended-release capsules (CD) 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 extended-release capsules (CD) in the household trash.

Keep methylphenidate hydrochloride extended-release capsules (CD) and all medicines out of the reach of children

General information about the safe and effective use of methylphenidate hydrochloride extended-release capsules (CD).

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

What are the ingredients in methylphenidate hydrochloride extended-release capsules (CD)?

Active Ingredient: methylphenidate hydrochloride

Inactive Ingredients: cetyl alcohol, corn starch, D&C Yellow #10 aluminum lake, dibutyl sebacate, ethylcellulose, FD&C Blue #1 aluminum lake, FD&C Blue #2 aluminum lake, FD&C Red #40 aluminum lake, gelatin, hypromellose, iron oxide black, propylene glycol, shellac glaze, sodium lauryl sulfate, sucrose, and titanium dioxide. Additionally, the 10 mg capsules contain D&C Yellow #10 and FD&C Green #3; the 20 mg capsules contain FD&C Blue #1; the 30 mg capsules contain iron oxide red and iron oxide yellow; the 40 mg capsules contain iron oxide red, and iron oxide yellow; the 50 mg capsules contain FD&C Blue #1.

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Manufactured For: **Teva Pharmaceuticals USA, Inc.**, Parsippany, NJ 07054

For more information call Teva at 1-888-838-2872.

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

Rev. K 5/2022

PRINCIPAL DISPLAY PANEL

NDC 0093-5295-01

Once Daily

Methylphenidate HCl Extended-Release Capsules (CD) CII

10 mg

PHARMACIST: Dispense the accompanying Medication Guide to each patient.

Rx only

100 Capsules



PRINCIPAL DISPLAY PANEL

NDC 0093-5296-01

Once Daily

Methylphenidate HCl Extended-Release Capsules (CD) CII

20 mg

PHARMACIST: Dispense the accompanying Medication Guide to each patient.

Rx only

100 Capsules

GTIN 00300935296012
Each extended-release capsule contains 20 mg methylphenidate hydrochloride, USP.
Usual Dosage: See package insert for full prescribing information.
Do not chew or crush the capsules or the beads inside the capsule.
Store at 20° to 25°C (68° to 77°F) [see USP Controlled Room Temperature].
Dispense in a tight, light-resistant container as defined in the USP Monograph for resistant dosage (as required).
KEEP THIS AND ALL MEDICATIONS OUT OF THE REACH OF CHILDREN.
Manufactured for: Teva Pharmaceuticals USA, Inc. Parsippany, NJ 07054

333-32-101126 Rev. F 7/2020

Serialization Coding Area

NDC 0093-5296-01
Once Daily
Methylphenidate HCl
Extended-Release Capsules (CD)
20 mg
PHARMACIST: Dispense the accompanying Medication Guide to each patient.
Rx only
100 Capsules

teva

PRINCIPAL DISPLAY PANEL

NDC 0093-5297-01

Once Daily

Methylphenidate HCl Extended-Release Capsules (CD) CII

30 mg

PHARMACIST: Dispense the accompanying Medication Guide to each patient.

Rx only

100 Capsules

GTIN 00300935297019
Each extended-release capsule contains 30 mg methylphenidate hydrochloride, USP.
Usual Dosage: See package insert for full prescribing information.
Do not chew or crush the capsules or the beads inside the capsule.
Store at 20° to 25°C (68° to 77°F) [see USP Controlled Room Temperature].
Dispense in a tight, light-resistant container as defined in the USP Monograph for resistant dosage (as required).
KEEP THIS AND ALL MEDICATIONS OUT OF THE REACH OF CHILDREN.
Manufactured for: Teva Pharmaceuticals USA, Inc. Parsippany, NJ 07054

333-32-101127 Rev. F 7/2020

Serialization Coding Area

NDC 0093-5297-01
Once Daily
Methylphenidate HCl
Extended-Release Capsules (CD)
30 mg
PHARMACIST: Dispense the accompanying Medication Guide to each patient.
Rx only
100 Capsules

teva

PRINCIPAL DISPLAY PANEL

NDC 0093-5298-01

Once Daily

Methylphenidate HCl Extended-Release Capsules (CD) CII

40 mg

PHARMACIST: Dispense the accompanying Medication Guide to each patient.

Rx only

100 Capsules

GTIN 00300935298016
Each extended-release capsule contains 40 mg methylphenidate hydrochloride, USP.
Usual Dosage: See package insert for full prescribing information.
Do not chew or crush the capsules or the beads inside the capsule.
Store at 20° to 25°C (68° to 77°F) [see USP Controlled Room Temperature].
Dispense in a tight, light-resistant container as defined in the USP Monograph for resistant dosage (as required).
KEEP THIS AND ALL MEDICATIONS OUT OF THE REACH OF CHILDREN.
Manufactured for: Teva Pharmaceuticals USA, Inc. Parsippany, NJ 07054

333-32-101128 Rev. E 7/2020

Serialization Coding Area

NDC 0093-5298-01
Once Daily
Methylphenidate HCl
Extended-Release Capsules (CD)
40 mg
PHARMACIST: Dispense the accompanying Medication Guide to each patient.
Rx only
100 Capsules

teva

PRINCIPAL DISPLAY PANEL

NDC 0093-5292-01

Once Daily

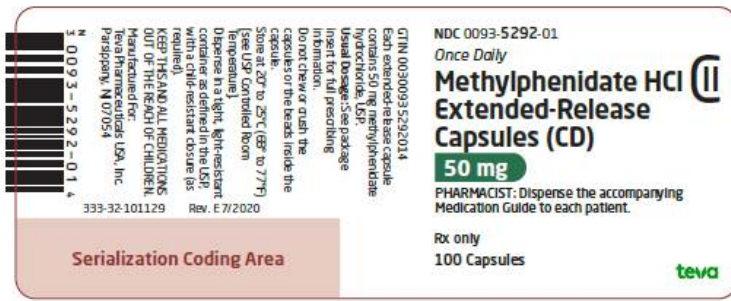
Methylphenidate HCl Extended-Release Capsules (CD) CII

50 mg

PHARMACIST: Dispense the accompanying Medication Guide to each patient.

Rx only

100 Capsules



PRINCIPAL DISPLAY PANEL

NDC 0093-5293-01
Once Daily
 Methyphenidate HCl Extended-Release Capsules (CD) CII
 60 mg
 PHARMACIST: Dispense the accompanying Medication Guide to each patient.
 Rx only
 100 Capsules



METHYLPHENIDATE HYDROCHLORIDE (CD)

methylphenidate hydrochloride capsule, extended release

Product Information			
Product Type	HUMAN PRESCRIPTION DRUG	Item Code (Source)	NDC:0093-5295
Route of Administration	ORAL	DEA Schedule	CII
Active Ingredient/Active Moiety			
Ingredient Name	Basis of Strength	Strength	
METHYLPHENIDATE HYDROCHLORIDE (UNII: 4B35C438HI) (METHYLPHENIDATE - UNII: 207Z2Z9QZ49)	METHYLPHENIDATE HYDROCHLORIDE	10 mg	
Inactive Ingredients			
Ingredient Name	Strength		
CETYL ALCOHOL (UNII: 936JST6JCN)			
STARCH, CORN (UNII: 08232NY3SJ)			
D&C YELLOW NO. 10 ALUMINUM LAKE (UNII: CQ3XH3DET6)			
DIBUTYL SEBACATE (UNII: 4W5IH7FLNY)			
ETHYLCELLULOSE, UNSPECIFIED (UNII: 7Z8S9VYZ4B)			
FD&C BLUE NO. 1 ALUMINUM LAKE (UNII: J9EA3S2JM)			
FD&C BLUE NO. 2--ALUMINUM LAKE (UNII: 4AQJ3LG584)			
FD&C RED NO. 40 (UNII: WZB9127XOA)			
GELATIN, UNSPECIFIED (UNII: 2G86QN327L)			
HYPROMELLOSE 2910 (5 MPA.S) (UNII: R75537T0T4)			
FERROSFERRIC OXIDE (UNII: XM0M87F357)			
PROPYLENE GLYCOL (UNII: 6DC9Q167V3)			
SHELLAC (UNII: 46N107B710)			
SODIUM LAURYL SULFATE (UNII: 368GB5141J)			
SUCROSE (UNII: C151H8M554)			
TITANIUM DIOXIDE (UNII: 15FIX9V2JP)			
D&C YELLOW NO. 10 (UNII: 35SW5USQ3G)			

FD&C GREEN NO. 3 (UNII: 3P3ONR601S)

Product Characteristics

Color	white, green (light green)	Score	no score
Shape	CAPSULE	Size	16mm
Flavor		Imprint Code	93;5295;93;5295
Contains			

Packaging

#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:0093-5295-01	100 in 1 BOTTLE; Type 0: Not a Combination Product	09/27/2012	

Marketing Information

Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date
ANDA	ANDA077707	09/27/2012	

METHYLPHENIDATE HYDROCHLORIDE (CD)

methylphenidate hydrochloride capsule, extended release

Product Information

Product Type	HUMAN PRESCRIPTION DRUG	Item Code (Source)	NDC:0093-5296
Route of Administration	ORAL	DEA Schedule	CII

Active Ingredient/Active Moiety

Ingredient Name	Basis of Strength	Strength
METHYLPHENIDATE HYDROCHLORIDE (UNII: 4B35C438HI) (METHYLPHENIDATE - UNII:207ZZ9QZ49)	METHYLPHENIDATE HYDROCHLORIDE	20 mg

Inactive Ingredients

Ingredient Name	Strength
CETYL ALCOHOL (UNII: 936JST6JCN)	
STARCH, CORN (UNII: O8232NY35J)	
D&C YELLOW NO. 10 ALUMINUM LAKE (UNII: CQ3XH3DET6)	
DIBUTYL SEBACATE (UNII: 4W5IH7FLNY)	
ETHYLCELLULOSE, UNSPECIFIED (UNII: 7Z8S9VYZ4B)	
FD&C BLUE NO. 1 ALUMINUM LAKE (UNII: J9EQA3S2JM)	
FD&C BLUE NO. 2--ALUMINUM LAKE (UNII: 4AQJ3LG584)	
FD&C RED NO. 40 (UNII: WZB9127XOA)	
GELATIN, UNSPECIFIED (UNII: 2G86QN327L)	
HYPROMELLOSE 2910 (5 MPA.S) (UNII: R75537T0T4)	
FERROSFERRIC OXIDE (UNII: XM0M87F357)	
PROPYLENE GLYCOL (UNII: 6DC9Q167V3)	
SHELLAC (UNII: 46N107B71O)	
SODIUM LAURYL SULFATE (UNII: 368GB5141J)	
SUCROSE (UNII: C151H8M554)	
TITANIUM DIOXIDE (UNII: 15FIX9V2JP)	
FD&C BLUE NO. 1 (UNII: H3R47K3TBD)	

Product Characteristics

Color	white, blue (light turquoise blue)	Score	no score
Shape	CAPSULE	Size	16mm
Flavor		Imprint Code	93;5296;93;5296
Contains			

Packaging

#	Item Code	Package Description	Marketing Start	Marketing End
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#	Item Code	Package Description	Date	Date
1	NDC:0093-5296-01	100 in 1 BOTTLE; Type 0: Not a Combination Product	09/27/2012	

Marketing Information			
Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date
ANDA	ANDA077707	09/27/2012	

METHYLPHENIDATE HYDROCHLORIDE (CD)				
methylphenidate hydrochloride capsule, extended release				
Product Information				
Product Type	HUMAN PRESCRIPTION DRUG	Item Code (Source)	NDC:0093-5297	
Route of Administration	ORAL	DEA Schedule	CII	
Active Ingredient/Active Moiety				
Ingredient Name	Basis of Strength	Strength		
METHYLPHENIDATE HYDROCHLORIDE (UNII: 4B35C438HI) (METHYLPHENIDATE - UNII:207ZZ9QZ49)	METHYLPHENIDATE HYDROCHLORIDE	30 mg		
Inactive Ingredients				
Ingredient Name	Strength			
CETYL ALCOHOL (UNII: 936JST6JCN)				
STARCH, CORN (UNII: O8232NY35J)				
D&C YELLOW NO. 10 ALUMINUM LAKE (UNII: CQ3XH3DET6)				
DIBUTYL SEBACATE (UNII: 4W5IH7FLNY)				
ETHYLCELLULOSE, UNSPECIFIED (UNII: 7Z8S9VYZ4B)				
FD&C BLUE NO. 1 ALUMINUM LAKE (UNII: J9EQA3S2JM)				
FD&C BLUE NO. 2--ALUMINUM LAKE (UNII: 4AQJ3LG584)				
FD&C RED NO. 40 (UNII: WZB9127XOA)				
GELATIN, UNSPECIFIED (UNII: 2G86QN327L)				
HYPROMELLOSE 2910 (5 MPA.S) (UNII: R75537T0T4)				
FERROSO FERRIC OXIDE (UNII: XM0M87F357)				
PROPYLENE GLYCOL (UNII: 6DC9Q167V3)				
SHELLAC (UNII: 46N107B710)				
SODIUM LAURYL SULFATE (UNII: 368GB5141J)				
SUCROSE (UNII: C151H8M554)				
TITANIUM DIOXIDE (UNII: 15FIX9V2JP)				
FERRIC OXIDE RED (UNII: 1K09F3G675)				
FERRIC OXIDE YELLOW (UNII: EX438O2MRT)				
Product Characteristics				
Color	white, brown (light brown)	Score	no score	
Shape	CAPSULE	Size	18mm	
Flavor		Imprint Code	93;5297;93;5297	
Contains				
Packaging				
#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:0093-5297-01	100 in 1 BOTTLE; Type 0: Not a Combination Product	09/27/2012	
Marketing Information				
Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date	
ANDA	ANDA077707	09/27/2012		

METHYLPHENIDATE HYDROCHLORIDE (CD)

methylphenidate hydrochloride capsule, extended release

Product Information

Product Type	HUMAN PRESCRIPTION DRUG	Item Code (Source)	NDC:0093-5298
Route of Administration	ORAL	DEA Schedule	CII

Active Ingredient/Active Moiety

Ingredient Name	Basis of Strength	Strength
METHYLPHENIDATE HYDROCHLORIDE (UNII: 4B3SC438HI) (METHYLPHENIDATE - UNII:207ZZ9QZ49)	METHYLPHENIDATE HYDROCHLORIDE	40 mg

Inactive Ingredients

Ingredient Name	Strength
CETYL ALCOHOL (UNII: 936JST6JCN)	
STARCH, CORN (UNII: O8232NY3SJ)	
D&C YELLOW NO. 10 ALUMINUM LAKE (UNII: CQ3XH3DET6)	
DIBUTYL SEBACATE (UNII: 4W5IH7FLNY)	
ETHYLCELLULOSE, UNSPECIFIED (UNII: 7Z8S9VYZ4B)	
FD&C BLUE NO. 1 ALUMINUM LAKE (UNII: J9EQA3S2JM)	
FD&C BLUE NO. 2--ALUMINUM LAKE (UNII: 4AQJ3LG584)	
FD&C RED NO. 40 (UNII: WZB9127XOA)	
GELATIN, UNSPECIFIED (UNII: 2G86QN327L)	
HYPROMELLOSE 2910 (5 MPA.S) (UNII: R75537T0T4)	
FERROSFERRIC OXIDE (UNII: XM0M87F357)	
PROPYLENE GLYCOL (UNII: 6DC9Q167V3)	
SHELLAC (UNII: 46N107B71O)	
SODIUM LAURYL SULFATE (UNII: 368GB5141J)	
SUCROSE (UNII: C151H8M554)	
TITANIUM DIOXIDE (UNII: 15FIX9V2JP)	
FERRIC OXIDE RED (UNII: 1K09F3G675)	
FERRIC OXIDE YELLOW (UNII: EX438O2MRT)	

Product Characteristics

Color	white, brown (light brown)	Score	no score
Shape	CAPSULE	Size	19mm
Flavor		Imprint Code	93;5298;93;5298
Contains			

Packaging

#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:0093-5298-01	100 in 1 BOTTLE; Type 0: Not a Combination Product	09/27/2012	

Marketing Information

Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date
ANDA	ANDA078873	09/27/2012	

METHYLPHENIDATE HYDROCHLORIDE (CD)

methylphenidate hydrochloride capsule, extended release

Product Information

Product Type	HUMAN PRESCRIPTION DRUG	Item Code (Source)	NDC:0093-5292
Route of Administration	ORAL	DEA Schedule	CII

Active Ingredient/Active Moiety

Ingredient Name	Basis of Strength	Strength
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METHYLPHENIDATE HYDROCHLORIDE (UNII: 4B3SC438HI) (METHYLPHENIDATE - UNII:207ZZ9QZ49)		METHYLPHENIDATE HYDROCHLORIDE	50 mg	
Inactive Ingredients				
Ingredient Name		Strength		
CETYL ALCOHOL (UNII: 936JST6JCN)				
STARCH, CORN (UNII: O8232NY3SJ)				
D&C YELLOW NO. 10 ALUMINUM LAKE (UNII: CQ3XH3DET6)				
DIBUTYL SEBACATE (UNII: 4W5IH7FLNY)				
ETHYLCELLULOSE, UNSPECIFIED (UNII: 7Z8S9VYZ4B)				
FD&C BLUE NO. 1 ALUMINUM LAKE (UNII: J9EQA3S2JM)				
FD&C BLUE NO. 2--ALUMINUM LAKE (UNII: 4AQJ3LG584)				
FD&C RED NO. 40 (UNII: WZB9127XOA)				
GELATIN, UNSPECIFIED (UNII: 2G86QN327L)				
HYPROMELLOSE 2910 (5 MPA.S) (UNII: R75537T0T4)				
FERROSO FERRIC OXIDE (UNII: XM0M87F357)				
PROPYLENE GLYCOL (UNII: 6DC9Q167V3)				
SHELLAC (UNII: 46N107B71O)				
SODIUM LAURYL SULFATE (UNII: 368GB5141J)				
SUCROSE (UNII: C151H8M554)				
TITANIUM DIOXIDE (UNII: 15FIX9V2JP)				
FD&C BLUE NO. 1 (UNII: H3R47K3TBD)				
Product Characteristics				
Color	white, blue (light blue)	Score	no score	
Shape	CAPSULE	Size	22mm	
Flavor		Imprint Code	93;5292;93;5292	
Contains				
Packaging				
#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:0093-5292-01	100 in 1 BOTTLE; Type 0: Not a Combination Product	09/27/2012	
Marketing Information				
Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date	
ANDA	ANDA078873	09/27/2012		

METHYLPHENIDATE HYDROCHLORIDE (CD) methyphenidate hydrochloride capsule, extended release			
Product Information			
Product Type	HUMAN PRESCRIPTION DRUG	Item Code (Source)	NDC:0093-5293
Route of Administration	ORAL	DEA Schedule	CII
Active Ingredient/Active Moiety			
Ingredient Name		Basis of Strength	Strength
METHYLPHENIDATE HYDROCHLORIDE (UNII: 4B3SC438HI) (METHYLPHENIDATE - UNII:207ZZ9QZ49)		METHYLPHENIDATE HYDROCHLORIDE	60 mg
Inactive Ingredients			
Ingredient Name		Strength	
CETYL ALCOHOL (UNII: 936JST6JCN)			
STARCH, CORN (UNII: O8232NY3SJ)			
D&C YELLOW NO. 10 ALUMINUM LAKE (UNII: CQ3XH3DET6)			
DIBUTYL SEBACATE (UNII: 4W5IH7FLNY)			
ETHYLCELLULOSE, UNSPECIFIED (UNII: 7Z8S9VYZ4B)			
FD&C BLUE NO. 1 ALUMINUM LAKE (UNII: J9EQA3S2JM)			
FD&C BLUE NO. 2--ALUMINUM LAKE (UNII: 4AQJ3LG584)			

FD&C RED NO. 40 (UNII: WZB9127XOA)	
GELATIN, UNSPECIFIED (UNII: 2G86QN327L)	
HYPROMELLOSE 2910 (5 MPA.S) (UNII: R75537T0T4)	
FERROSFERRIC OXIDE (UNII: XM0M87F357)	
PROPYLENE GLYCOL (UNII: 6DC9Q167V3)	
SHELLAC (UNII: 46N107B71O)	
SODIUM LAURYL SULFATE (UNII: 368GB5141J)	
SUCROSE (UNII: C151H8M554)	
TITANIUM DIOXIDE (UNII: 15FIX9V2JP)	

Product Characteristics

Color	white	Score	no score
Shape	CAPSULE	Size	22mm
Flavor		Imprint Code	93;5293;93;5293
Contains			

Packaging

#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:0093-5293-01	100 in 1 BOTTLE; Type 0: Not a Combination Product	09/27/2012	

Marketing Information

Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date
ANDA	ANDA078873	09/27/2012	

Labeler - Teva Pharmaceuticals USA, Inc. (001627975)