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1 INDICATIONS AND USAGE

Dexmethylphenidate hydrochloride extended-release capsules are indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in patients aged 6 years and older.

The effectiveness of dexmethylphenidate hydrochloride extended-release capsules in the treatment of ADHD in patients aged 6 years and older was established in two placebo-controlled studies in patients meeting DSM-IV criteria for ADHD [see Clinical Studies (14)]. A diagnosis of Attention Deficit Hyperactivity Disorder (ADHD; DSM-IV) implies the presence of hyperactive-impulsive or inattentive symptoms that caused impairment and were present before age 7 years. The symptoms must cause clinically significant impairment, e.g., in social, academic, or occupational functioning, and be present in two or more settings, e.g., school (or work) and at home. The symptoms must not be better accounted for by another mental disorder. For the Inattentive Type, at least six of the following symptoms must have persisted for at least 6 months: lack of attention to details/careless mistakes; lack of sustained attention; poor listener; failure to follow through on tasks; poor organization; avoids tasks requiring sustained mental effort; loses things; easily distracted, forgetful. For the Hyperactive-Impulsive Type, at least six of the following symptoms must have persisted for at least 6 months: fidgeting/squirming; leaving seat; inappropriately running/climbing; difficulty with quiet activities; “on the go”; excessive talking; blurting answers; can’t wait turn; intrusive. The Combined Types requires both inattentive and hyperactive-impulsive criteria to be met.

Special Diagnostic Considerations: Specific etiology of this syndrome is unknown, and there is no single diagnostic test. Adequate diagnosis requires the use not only of medical but of special psychological, educational, and social resources. Learning may or may not be impaired. The diagnosis must be based upon a complete history and evaluation of the child and not solely on the presence of the required number of DSM-IV characteristics.

Need for Comprehensive Treatment Program: Dexmethylphenidate hydrochloride extend- ed-release capsules are indicated as an integral part of a total treatment program for ADHD that may include other measures (psychological, educational, social) for patients with this syndrome. Drug treatment may not be indicated for all children with this syndrome. Stimulants are not intended for use in the child who exhibits symptoms secondary to environ- mental factors and/or other primary psychiatric disorders, including psychosis. Appropriate educational placement is essential and psychosocial intervention is often helpful. When remedial measures alone are insufficient, the decision to prescribe stimulant medication will depend upon the physician’s assessment of the chronicity and severity of the child’s symptoms.

Long-Term Use: The effectiveness of dexmethylphenidate hydrochloride extended-release capsules for long-term use, i.e., for more than 7 weeks, has not been systematically evalu- ated in controlled trials. Therefore, the physician who elects to use dexmethylphenidate hydrochloride extended-release capsules for extended periods should periodically rein- force the long-term usefulness of the drug for the individual patient [see Dosage and Admin- istration (2.3)].

2 DOSAGE AND ADMINISTRATION

Dexmethylphenidate hydrochloride extended-release capsules are for oral administration once daily in the morning.

Dexmethylphenidate hydrochloride extended-release capsules may be swallowed as whole capsules or may be administered by sprinkling the capsule contents on a small amount of applesauce (see specific instructions below). Dexmethylphenidate hydro- chloride extended-release capsules and/or their contents should not be crushed, chewed, or divided.

The capsules may be carefully opened and the beads sprinkled over a spoonful of applesauce. The mixture of drug and applesauce should be consumed immediately in its entirety. The drug and applesauce mixture should not be stored for future use.

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

2.1 Patients New to Methylphenidate

The recommended starting dose of dexmethylphenidate hydrochloride extended-release cap- sules for patients who are not currently taking methylphenidate or racemic methylphenidate, or for patients who are on stimulants other than methylphenidate, is 5 mg/day for pediatric patients and 10 mg/day for adult patients.

Dosage may be adjusted in 5 mg increments for pediatric patients and in 10 mg increments for adult patients. In general, dosage adjustments may proceed at approximately weekly inter- vals. The patient should be observed for a sufficient duration at a given dose to ensure that a maximal benefit has been achieved before a dose increase is considered. In dose-response (fixed-dose) studies (pediatric from 10 to 30 mg/day and adult from 20 to 40 mg/day), all doses were effective vs. placebo. There was no clear finding, however, of greater average ben- efits for the higher doses compared to the lower doses. Adverse events and discontinuations, however, were dose dependent. Doses above 30 mg/day in pediatrics and 40 mg/day in adults have not been studied and are not recommended.

2.2 Patients Currently Using Methylphenidate

For patients currently using methylphenidate, the recommended starting dose of dexmethyl- phenidate hydrochloride extended-release capsules is half the total daily dose of racemic methyl- phenidate. Patients currently using dexmethylphenidate hydrochloride tablets may be switched to the same daily dose of dexmethylphenidate hydrochloride extended-release capsules.

2.3 Maintenance/Extended Treatment

There is no body of evidence available from controlled trials to indicate how long the patient with ADHD should be treated with dexmethylphenidate hydrochloride extended-release cap- sules. It is generally agreed, however, that pharmacological treatment of ADHD may be need- ed for extended periods. Nevertheless, the physician who elects to use dexmethylphenidate hydrochloride extended-release capsules for extended periods in patients with ADHD should periodically reevaluate the long-term usefulness of the drug for the individual patient with particular attention to assessing the patient’s functioning without pharmacotherapy. Improve- ment may be sustained when the drug is either temporarily or permanently discontinued.

2.4 Dose Reduction and Discontinuation

If paradoxical aggravation of symptoms or other adverse events occur, the dosage should be reduced, or, if necessary, the drug should be discontinued.

If improvement is not observed after appropriate dosage adjustment over a one month peri- od, the drug should be discontinued.

3 DOSAGE FORMS AND STRENGTHS

30 mg extended-release capsules

4 CONTRAINDICATIONS

4.1 Agitation

Dexmethylphenidate hydrochloride extended-release capsules are contraindicated in patients with marked anxiety, tension, and agitation, since the drug may aggravate these symptoms.

4.2 Hypersensitivity to Methylphenidate

Dexmethylphenidate hydrochloride extended-release capsules are contraindicated in patients known to be hypersensitive to methylphenidate, or other components of the product. Hyper- sensitivity reactions, including angioedema and anaphylactic reactions, have been observed in patients treated with methylphenidate [see Adverse Reactions (6.5 and 6.6)].

4.3 Glaucoma

Dexmethylphenidate hydrochloride extended-release capsules are contraindicated in patients with glaucoma.

4.4 Tics

Dexmethylphenidate hydrochloride extended-release capsules are contraindicated in patients with motor tics or with a family history or diagnosis of Tourette’s syndrome [see Adverse Reactions (6.1)].

4.5 Monoamine Oxidase Inhibitors

Dexmethylphenidate hydrochloride extended-release capsules are contraindicated during treatment with monoamine oxidase inhibitors, and also within a minimum of 14 days follow- ing discontinuation of treatment with a monoamine oxidase inhibitor (hypertensive crises may result).

5 WARNINGS AND PRECAUTIONS

5.1 Sudden Death and Preexisting Structural Cardiac Abnormalities or Other Serious Heart Problems

Children and Adolescents: Sudden death has been reported in association with CNS stimu- lant treatment at usual doses in children and adolescents with structural cardiac abnormal- ities or other serious heart problems. Although some serious heart problems alone carry an increased risk of sudden death, stimulant products generally should not be used in children or adolescents with known serious structural cardiac abnormalities, cardiomyopathy, serious heart rhythm abnormalities, or other serious cardiac problems that may place them at increased vulnerability to the sympathomimetic effects of a stimulant drug.

Adults: Sudden death, stroke, and myocardial infarction have been reported in adults taking stimulant drugs at usual doses for ADHD. Although the role of stimulants in these adult cases is also unknown, adults have a greater likelihood than children of having complicating structural cardiac abnormalities, cardiomyopathy, serious heart rhythm abnormalities, coronary artery disease, or other serious cardiac problems. Adults with such abnormalities should also generally not be treated with stimulant drugs.

5.2 Hypertension and Other Cardiovascular Conditions

Stimulant medications cause a modest increase in average blood pressure (about 2 to 4 mmHg) and average heart rate (about 3 to 6 bpm), and individuals may have larger increas- es. While the mean changes alone would not be expected to have short-term consequences, all patients should be monitored for larger changes in heart rate and blood pressure. Caution is indicated in treating patients whose underlying medical conditions might be complicated by increases in blood pressure or heart rate, e.g., those with preexisting hypertension, heart failure, recent myocardial infarction, or ventricular arrhythmia.

5.3 Assessing Cardiovascular Status in Patients being Treated with Stimulant Medications

Children, adolescents, or adults who are being considered for treatment with stimulant med- ications should have a careful history (including assessment for a family history of sudden death or other vascular abnormalities) and physical examination to assess for the presence of cardiac dis- ease, and should receive further cardiac evaluation if findings suggest such disease (e.g., electrocardiogram and echocardiogram). Patients who develop symptoms such as exertional chest pain, unexplained syncope, or other symptoms suggestive of cardiac disease during treatment should undergo a prompt cardiac evaluation.

5.4 Preexisting Psychosis

Administration of stimulants may exacerbate symptoms of behavior disturbance and thought disorder in patients with a preexisting psychotic disorder.

5.5 Bipolar Illness

Particular care should be taken in using stimulants to treat ADHD in patients with comorbid bipolar disorder because of concern for possible induction of a mixed/manic episode in such patients. Prior to initiating treatment with a stimulant, patients with comorbid depressive symptoms should be adequately screened to determine if they are at risk for bipolar disorder; such screening should include a detailed psychiatric history, including a family history of suicide, bipolar disorder, and depression.

5.6 Emergence of New Psychotic or Manic Symptoms

Treatment emergent psychotic or manic symptoms, e.g., hallucinations, delusional thinking, or
mania in children and adolescents without a prior history of psychiatric illness or mania can be caused by stimulants at usual doses. If such symptoms occur, consideration should be given to a possible causal role of the stimulant, and discontinuation of treatment may be appropri- ate. In a pooled analysis of multiple short-term, placebo-controlled studies, such symptoms occurred in about 0.1% (four patients with events out of 3,482 exposed to methylphenidate or amphetamine for several weeks at usual doses) of stimulant-treated patients compared to 0 in placebo-treated patients.

5.7 Aggression
Aggressive behavior or hostility is often observed in children and adolescents with ADHD, and has been reported in clinical trials and the post marketing experience of some medications indicated for the treatment of ADHD. Although there is no systematic evidence that stimulants cause aggressive behavior or hostility, patients beginning treatment for ADHD should be mon- itored for the appearance of or worsening of aggressive behavior or hostility.

5.8 Long-Term Suppression of Growth
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 chil- dren over 36 months (to the ages of 10 to 13 years), suggests that consistently medicated children, treated for 7 to 10 days, 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. In the 7-week double-blind placebo-controlled study of dexmethylphenidate hydrochloride extended-release capsules, the mean weight gain was greater for patients receiving placebo (+0.4 kg) than for patients receiving dexmethylphenidate hydrochloride extended-release cap- sules (-0.5 kg). Published data are inadequate to determine whether chronic use of amphet- amines may cause a similar suppression of growth, however, it is anticipated that they likely have this effect as well. Therefore, growth should be monitored during treatment with stimu- lants, and patients who are not growing or gaining height or weight as expected may need to have their treatment interrupted.

5.9 Seizures
There is some clinical evidence that stimulants may lower the convulsive threshold in patients with prior history of seizures, in patients with prior EEG abnormalities in absence of seizures, and, very rarely, in patients without a history of seizures and no prior EEG evidence of seizures. In the presence of severe seizures, the drug should be discontinued.

5.10 Peripheral Vasculopathy, Including Raynaud’s Phenomenon
Stimulants, including dexmethylphenidate hydrochloride extended-release capsules, 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 studies 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 evalua- tion (e.g., rheumatology referral) may be appropriate for certain patients.

5.11 Visual Disturbance
Difficulties with accommodation and blurring of vision have been reported with stimulant treatment.

5.12 Use in Children Under 6 Years of Age
Dexmethylphenidate hydrochloride extended-release capsules should not be used in children under 6 years of age, since safety and efficacy in this age group have not been established.

5.13 Hematologic Monitoring
Periodic CBC, differential, and platelet counts are advised during prolonged therapy.

6 ADVERSE REACTIONS
Dexmethylphenidate hydrochloride extended-release capsules were administered to 46 chil- dren and seven adolescents with ADHD for up to 7 weeks and 206 adults with ADHD in clin- ical studies. During the clinical studies, 101 adult patients were treated for at least 6 months.

Adverse events during exposure were obtained primarily by general inquiry and recorded by clinical investigators using terminology of their own choosing. Consequently, it is not possible to provide a meaningful estimate of the proportion of individuals experiencing adverse events without first grouping similar types of events into a smaller number of standardized event categories. In the tables and listings that follow, MedDRA terminology has been used to classify reported adverse events. The stated frequencies of adverse events represent the pro- portion of individuals who experienced, at least once, a treatment-emergent adverse event of any kind and the proportion of patients experiencing these events.

6.1 Adverse Events Associated with Discontinuation of Treatment in Acute Clinical Studies with Dexmethylphenidate Hydrochloride Extended-Release Capsules - Children
Overall, 50 of 684 children treated with dexmethylphenidate hydrochloride immediate-release formulation (7.2%) experienced an adverse event that resulted in discontinuation. The most common reasons for discontinuation were twitching (described as motor or vocal tics), anorex- ia, insomnia, and tachycardia (approximately 1% each). None of the 53 dexmethylenaphidate hydrochloride extended-release capsules-treated pediatric patients discontinued treatment due to adverse events in the 7-week placebo-controlled study.

6.2 Adverse Events Occurring at an Incidence of 5% or More Among Dexmethylphenidate Hydrochloride Extended-Release Capsules-Treated Patients - Children
Table 1 enumerates treatment-emergent adverse events for the placebo-controlled, parallel- group study in children and adolescents with ADHD at flexible dexmethylphenidate hydrochlo- ride extended-release capsules doses of 5 to 30 mg/day. The table includes only those events that occurred in 5% or more of patients treated with dexmethylphenidate hydrochloride extended-release capsules and for which the incidence in patients treated with dexmethylphenidate hydrochloride extended-release capsules was at least twice the incidence in place- bo-treated patients. The prescriber should be aware that these figures cannot be used to pre- dict the incidence of adverse events in the course of usual medical practice where patient characteristics and other factors differ from those which prevailed in the clinical trials. Simi- larly, the cited frequencies cannot be compared with figures obtained from other clinical investigations involving different treatments, uses, and investigators. The cited figures, how- ever, do provide the prescribing physician with some basis for estimating the relative con- tribution of drug and non-drug factors to the adverse event incidence rate in the popula- tion studied.

Table 1: Treatment-Emergent Adverse Events1 Occurring During Double-Blind Treatment – Pediatric Patients

<table>
<thead>
<tr>
<th>Primary System</th>
<th>Organ-Class</th>
<th>Preferred Term</th>
<th>Placebo</th>
<th>N = 47</th>
</tr>
</thead>
<tbody>
<tr>
<td>N = 53</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gastrointestinal Disorders</td>
<td>38%</td>
<td>19%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dyspepsia</td>
<td>8%</td>
<td>4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metabolism and Nutrition Disorders</td>
<td>34%</td>
<td>11%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decreased appetite</td>
<td>30%</td>
<td>9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nervous System Disorders</td>
<td>30%</td>
<td>13%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headache</td>
<td>25%</td>
<td>11%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatric Disorders</td>
<td>26%</td>
<td>15%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td>6%</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1Events, regardless of causality, for which the incidence for patients treated with dexmethylphenidate hydrochloride extended-release capsules was at least 5% and twice the incidence among placebo-treated patients. Incidence has been rounded to the nearest whole number.

6.3 Adverse Events Associated with Discontinuation of Treatment in Clinical Studies with Dexmethylphenidate Hydrochloride Extended-Release Capsules - Adults
In the adult placebo-controlled study, 10.7% of the dexmethylphenidate hydrochloride extended-release capsules-treated patients and 7.5% of the placebo-treated patients dis- continued for adverse events. Among dexmethylphenidate hydrochloride extended-release capsules-treated patients, insomnia (1.8%, n = 3), feeling jittery (1.8%, n = 3), anorexia (1.2%, n = 2), and anxiety (1.2%, n = 2) were the reasons for discontinuation reported by 5% or more of the patients in each treatment group.

6.4 Adverse Events Occurring at an Incidence of 5% or More Among Dexmethylphenidate Hydrochloride Extended-Release Capsules-Treated Patients - Adults
Table 3 enumerates treatment-emergent adverse events for the placebo-controlled, parallel- group study in adults with ADHD at fixed dexmethylphenidate hydrochloride extended- release capsules doses of 20, 30, and 40 mg/day. The table includes only those events that occurred in 5% or more of patients in a dexmethylphenidate hydrochloride extended- release capsules dose group and for which the incidences in patients treated with dexmethylphenidate hydrochloride extended-release capsules appeared to increase with dose. The prescriber should be aware that these figures cannot be used to predict the inci- dence of adverse events in the course of usual medical practice where patient character- istics and other factors differ from those which prevailed in the clinical trials. Similarly, the cited frequencies cannot be compared with figures obtained from other clinical inves- tigations involving different treatments, uses, and investigators. The cited figures, how- ever, do provide the prescribing physician with some basis for estimating the relative con- tribution of drug and non-drug factors to the adverse event incidence rate in the popula- tion studied.
Table 3: Treatment-Emergent Adverse Events1 Occurring During Double-Blind Treatment – Adults

<table>
<thead>
<tr>
<th></th>
<th>Dexmethylphenidate Hydrochloride</th>
<th>Dexmethylphenidate Hydrochloride</th>
<th>Dexmethylphenidate Hydrochloride</th>
<th>Placebo</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Extended-release Capsules 20 mg</td>
<td>Extended-release Capsules 30 mg</td>
<td>Extended-release Capsules 40 mg</td>
<td>N = 57</td>
</tr>
<tr>
<td></td>
<td>N = 54</td>
<td>N = 54</td>
<td>N = 54</td>
<td>N = 53</td>
</tr>
<tr>
<td>No. of Patients with AEs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>84%</td>
<td>94%</td>
<td>85%</td>
<td>68%</td>
</tr>
<tr>
<td>Primary System Organ Class/Adverse Event Preferred Term</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gastrointestinal Disorders</td>
<td>28%</td>
<td>32%</td>
<td>44%</td>
<td>19%</td>
</tr>
<tr>
<td>Dry mouth</td>
<td>7%</td>
<td>20%</td>
<td>20%</td>
<td>4%</td>
</tr>
<tr>
<td>Dyspepsia</td>
<td>5%</td>
<td>9%</td>
<td>5%</td>
<td>2%</td>
</tr>
<tr>
<td>Nervous System Disorders</td>
<td>37%</td>
<td>39%</td>
<td>50%</td>
<td>28%</td>
</tr>
<tr>
<td>Headache</td>
<td>26%</td>
<td>30%</td>
<td>39%</td>
<td>19%</td>
</tr>
<tr>
<td>Psychiatric Disorders</td>
<td>40%</td>
<td>43%</td>
<td>46%</td>
<td>30%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>5%</td>
<td>11%</td>
<td>11%</td>
<td>2%</td>
</tr>
<tr>
<td>Respiratory, Thoracic and Medial Disorders</td>
<td>16%</td>
<td>9%</td>
<td>15%</td>
<td>8%</td>
</tr>
<tr>
<td>Pharyngolaryngeal pain</td>
<td>4%</td>
<td>4%</td>
<td>7%</td>
<td>2%</td>
</tr>
</tbody>
</table>

1Events, regardless of causality, for which the incidence was at least 5% in a dexmethylphenidate hydrochloride extended-release capsules group and which appeared to increase with randomized dose. Incidence has been rounded to the nearest whole number.

Table 4 summarizes changes in vital signs and weight that were recorded in the adult study (N = 218) of dexmethylphenidate hydrochloride extended-release capsules in the treatment of ADHD.

Table 4: Changes (Mean ± SD) in Vital Signs and Weight by Randomized Dose During Double-Blind Treatment – Adults

<table>
<thead>
<tr>
<th></th>
<th>Dexmethylphenidate Hydrochloride</th>
<th>Dexmethylphenidate Hydrochloride</th>
<th>Dexmethylphenidate Hydrochloride</th>
<th>Placebo</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Extended-release Capsules 20 mg</td>
<td>Extended-release Capsules 30 mg</td>
<td>Extended-release Capsules 40 mg</td>
<td>N = 57</td>
</tr>
<tr>
<td></td>
<td>N = 54</td>
<td>N = 54</td>
<td>N = 54</td>
<td>N = 53</td>
</tr>
<tr>
<td>Pulse (bpm)</td>
<td>3.1 ± 11.1</td>
<td>4.3 ± 11.7</td>
<td>6 ± 10.1</td>
<td>1.4 ± 9.3</td>
</tr>
<tr>
<td>Diastolic BP (mmHg)</td>
<td>-0.2 ± 8.2</td>
<td>1.2 ± 8.9</td>
<td>2.1 ± 8</td>
<td>0.3 ± 7.8</td>
</tr>
<tr>
<td>Weight (kg)</td>
<td>-1.4 ± 2</td>
<td>-1.2 ± 1.9</td>
<td>-1.7 ± 2.3</td>
<td>-0.1 ± 3.9</td>
</tr>
</tbody>
</table>

6.5 Post-Marketing Experience

The following additional adverse reactions have been identified during postapproval use of dexmethylphenidate hydrochloride extended-release capsules. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency.

Immunologic System Disorders: hypersensitivity reactions, including angioedema and anaphylaxis

6.6 Adverse Events with Other Methylphenidate Hydrochloride Dosage Forms

Nervousness and insomnia are the most common adverse reactions reported with other methylphenidate products. In children, loss of appetite, abdominal pain, weight loss during prolonged therapy, insomnia, and tachycardia may occur more frequently, however, any of the other adverse reactions listed below may also occur.

Other reactions include:

Cardiac: angina, arrhythmia, palpitations, pulse increased or decreased, tachycardia

Gastrointestinal: abdominal pain, nausea

Immune: hypersensitivity reactions including skin rash, urticaria, fever, arthralgia, exfoliative dermatitis, erythema multiforme with histopathological findings of necrotizing vasculitis, and thrombocytopenic purpura

Metabolism/Nutrition: anorexia, weight loss during prolonged therapy

Nervous System: dizziness, drowsiness, dyskinesia, headache, rare reports of Tourette's syndrome, tonic spasms

Vascular: blood pressure increased or decreased, cerebral arteritis and/or occlusion

Although a definite causal relationship has not been established, the following have been reported in patients taking methylphenidate:

Blood/Lymphatic: leukopenia and/or anemia

Hepatobiliary: abnormal liver function, ranging from transaminase elevation to hepatic coma

Psychiatric: transient depressed mood, aggressive behavior

Skin/Subcutaneous: scalp hair loss

Very rare reports of neurologic malignant syndrome (NMS) have been received, and, in most of these, patients were concurrently receiving therapies associated with NMS. In a single report, a 10-year-old boy who had been taking methylphenidate for approximately 18 months experienced an NMS-like event within 45 minutes of ingesting his first dose of venlafaxine. It is uncertain whether this case represented a drug-drug interaction, a response to either drug alone, or some other cause.

7 DRUG INTERACTIONS

Dexmethylphenidate hydrochloride extended-release capsules should not be used in patients being treated (currently or within the preceding 2 weeks) with MAO Inhibitors (see Contraindications (4.5)). Because of possible effects on blood pressure, dexmethylphenidate hydrochloride extended-release capsules should be used cautiously with pressor agents.

Methylphenidate may decrease the effectiveness of drugs used to treat hypertension.

Dexmethylphenidate is metabolized primarily to d-ritalinic acid by de-esterification and not through oxidative pathways.

The effects of gastrointestinal pH alterations on the absorption of dexmethylphenidate from dexmethylphenidate hydrochloride extended-release capsules have not been studied. Since the modified release characteristics of dexmethylphenidate hydrochloride extended-release capsules are pH dependent, the coadministration of antacids or acid suppressants could alter the release of dexmethylphenidate.

Human pharmacologic studies have shown that racemic methylphenidate may inhibit the metabolism of coumarin anticoagulants, anticonvulsants (e.g., phenobarbital, phenytoin, primidone), and tricyclic drugs (e.g., imipramine, clomipramine, desipramine). Downward dose adjustments of these drugs may be required when given concomitantly with methylphenidate. It may be necessary to adjust the dosage and monitor plasma drug concentration (or, in the case of coumarin, coagulation times), when initiating or discontinuing methylphenidate.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Teratogenic Effects. Pregnancy Category C: There are no adequate and well controlled studies of dexmethylphenidate in pregnant women. Dexmethylphenidate did not cause major malformations in rats or rabbits; however, it did cause delayed skeletal ossification and decreased postweaning weight gain in rats. Dexmethylphenidate hydrochloride extended-release capsules should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

In studies conducted in rats and rabbits, dexmethylphenidate was administered orally at doses of up to 20 and 100 mg/kg/day, respectively, during the period of organogenesis. No evidence of teratogenic activity was found in either the rat or rabbit study; however, delayed fetal skull ossification was observed at the highest dose level in rats. When dexmethylphenidate was administered to rats throughout pregnancy and lactation at doses of up to 20 mg/kg/day, postweaning body weight gain was decreased in male offspring at the highest dose, but no other effects on postnatal development were observed. At the highest doses tested, plasma levels (AUCs) of dexmethylphenidate in pregnant rats and rabbits were approximately 5 and 1 times, respectively, those in adults dosed with 20 mg/day.

Racemic methylphenidate has been shown to have teratogenic effects in rabbits when given in doses of 200 mg/kg/day throughout organogenesis.

8.2 Labor and Delivery

Dexmethylphenidate hydrochloride extended-release capsules have not been studied in labor and delivery.

8.3 Nursing Mothers

It is not known whether dexmethylphenidate is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised if dexmethylphenidate hydrochloride extended-release capsules are administered to a nursing woman. Information from four published case reports on the use of racemic methylphenidate during breast-feeding suggest that at maternal doses of 35 to 80 mg/day, milk concentrations of methylphenidate range from undetectable to 15.4 ng/mL. Based on these limited data, the calculated infant daily dose for an exclusively breastfed infant would be about 0.4 to 2.9 mcg/kg/day or about 0.2% to 0.7% of the maternal weight adjusted dose.

8.4 Pediatric Use

The safety and efficacy of dexmethylphenidate hydrochloride extended-release capsules in children under 6 years of age have not been established. Long-term effects of dexmethylphenidate in children have not been well established (see Warnings and Precautions (5.11)).

In a study conducted in young rats, racemic methylphenidate was administered orally at doses of 5, 10, and 20 mg/kg/day for 5 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 maximum recommended human dose [MRHD] of racemic methylphenidate 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 racemic MRHD on a mg/kg basis). The no effect level for juvenile neurobehavioral development in rats was 5 mg/kg/day (half the racemic MRHD on a mg/kg basis). The clinical significance of the long-term behavioral effects observed in rats is unknown.

8.5 Geriatric Use

Dexmethylphenidate hydrochloride extended-release capsules have not been studied in the geriatric population.

9 DRUG ABUSE AND DEPENDENCE

9.1 Controlled Substance Class

Dexamethasone hydrochloride extended-release capsules, like other methylphenidate products, are classified as a Schedule II controlled substance by Federal regulation.

9.2 Abuse, Dependence, Tolerance

See complete boxed warning for drug abuse and dependence information at the beginning of Full Prescribing Information.

10 OVERDOSE

10.1 Signs and Symptoms

Signs and symptoms of acute methylphenidate overdose, resulting principally from over-stimulation of the CNS and from excessive sympathomimetic effects, may include the following: vomiting, agitation, tremors, hypertension, muscle twitching, convulsions (may be followed by coma), euphoria, confusion, hallucinations, delirium, sweating, flushing, headache, hyperventilation, tachycardia, palpitations, cardiac arrhythmias, hypertension, mydriasis, and
Dexmethylphenidate hydrochloride, the active ingredient in dexmethylphenidate hydrochloride extended-release capsules, is a central nervous system (CNS) stimulant.

**12.1 Mechanism of Action**

Dexmethylphenidate is a white crystalline 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.

**Inactive Ingredients:** amino methacrylate copolymer, black iron oxide, gelatin, hypromellose, methacrylic acid copolymer type A, red iron oxide, sodium lauryl sulfate, sugar spheres, talc, titanium dioxide, triethyl citrate and yellow iron oxide.

The imprinting ink contains the following: ammonium hydroxide, black iron oxide, D&C Yellow No. 10 Aluminum Lake, FD&C Blue No. 1 Aluminum Lake, FD&C Blue No. 2 Aluminum Lake, FD&C Red No. 40 Aluminum Lake, propylene glycol and shellac glaze.

**12.2 Pharmacodynamics**

**Food Effects:** Administration times relative to meals and meal composition may need to be individually titrated.

No food effect study was performed with dexmethylphenidate hydrochloride extended-release capsules. However, the effect of food has been studied in adults with racemic methylphenidate in the same type of extended-release formulation. The findings of that study are considered applicable to dexmethylphenidate hydrochloride extended-release capsules. After a high fat breakfast, there was a longer lag time until absorption began and variable delays in the time until the first peak concentration, the time until the peak maximum, and the time until the second peak. The first peak concentration and the extent of absorption were unchanged after food relative to the fasting state, although the second peak was approximately 25% lower. The effect of a high fat lunch was not examined. There is no evidence of dose dumping in the presence or absence of food. There were no differences in the plasma concentration-time profile, when administered with applesauce, compared to administration in the fasting condition. The results are expected not to differ for dexmethylphenidate hydrochloride extended-release capsules. For patients unable to swallow the capsule, the contents may be sprinkled on applesauce and administered as directed, single-dose, five-period, cross-over study with administration of single doses of 5 mg, 10 mg, 20 mg, 30 mg and 40 mg to healthy adults. Results confirmed dose proportionality within this dose range.

**Dose Proportionality:** Dose proportionality of dexmethylphenidate hydrochloride extended-release capsules was evaluated in a double-blind, placebo- and open-label active (moxifloxacin)-controlled study following single doses of dexmethylphenidate hydrochloride extended-release capsules 40 mg in 75 healthy volunteers. ECGs were collected up to 12 h post-dose. frederica’s method for heart rate correction was employed to derive the corrected QT interval (QTC). The maximum mean prolongation of QTC intervals was < 5 ms, and the upper limit of the 90% confidence interval 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 relationship.

**12.3 Pharmacokinetics**

**Absorption:** Dexmethylphenidate hydrochloride extended-release capsules produce a b-modal release profile. Each bead-filled dexmethylphenidate hydrochloride extended-release capsule contains half the dose as immediate-release beads and half as entericoated, delayed-release beads, thus providing an immediate release of dexmethylphenidate and a second delayed release of dexmethylphenidate. Dexmethylphenidate hydrochloride extended-release capsules are available as 30 mg extended-release capsules. Dexmethylphenidate hydrochloride extended-release capsules 30 mg provide in a single dose the same amount of dexmethylphenidate as a dose of 15 mg of dexmethylphenidate given b.i.d. as tablets.

Dexmethylphenidate hydrochloride, the d-threo enantiomer of racemic methylphenidate hydrochloride, is a central nervous system (CNS) stimulant.

Dexmethylphenidate hydrochloride is Methyl (2R)-phenyl-2-(2R)-piperidin-2-ylacetate hydrochloride. Its molecular formula is C11H18O2ClH. Its molecular weight is 263.77 and its structural formula is:

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CH3
O
\(\text{HCl}\)
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Dexmethylphenidate hydrochloride is a white crystalline 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.

**Inactive Ingredients:** amino methacrylate copolymer, black iron oxide, gelatin, hypromellose, methacrylic acid copolymer type A, red iron oxide, sodium lauryl sulfate, sugar spheres, talc, titanium dioxide, triethyl citrate and yellow iron oxide.

The imprinting ink contains the following: ammonium hydroxide, black iron oxide, D&C Yellow No. 10 Aluminum Lake, FD&C Blue No. 1 Aluminum Lake, FD&C Blue No. 2 Aluminum Lake, FD&C Red No. 40 Aluminum Lake, propylene glycol and shellac glaze.

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**Dose Proportionality:** Dose proportionality of dexmethylphenidate hydrochloride extended-release capsules was evaluated in a double-blind, placebo- and open-label active (moxifloxacin)-controlled study following single doses of dexmethylphenidate hydrochloride extended-release capsules 40 mg in 75 healthy volunteers. ECGs were collected up to 12 h post-dose. Frederica’s method for heart rate correction was employed to derive the corrected QT interval (QTC). The maximum mean prolongation of QTC intervals was < 5 ms, and the upper limit of the 90% confidence interval 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 relationship.

**12.3 Pharmacokinetics**

**Absorption:** Dexmethylphenidate hydrochloride extended-release capsules produce a b-modal release profile (i.e., two distinct peaks approximately 4 hours apart) when orally administered to healthy adults. The initial rate of absorption for dexmethylphenidate hydrochloride extended-release capsules is similar to that of dexmethylphenidate hydrochloride tablets as shown by the similar rate parameters between the two formulations, i.e., first peak concentration (Cmax1), and time to the first peak (tmax1), which is reached in 1.5 hours (typical range 1 to 4 hours). The mean time to the interpeak minimum (tmin2) is slightly shorter, and time to the second peak (tmax2) is slightly longer for dexmethylphenidate hydrochloride extended-release capsules given once daily (about 6.5 hours, range 4.5 to 7 hours) compared to dexmethylphenidate hydrochloride tablets given in two doses 4 hours apart (see Figure 1).

Dexmethylphenidate hydrochloride extended-release capsules given once daily exhibit a lower second peak concentration (Cmax2), higher interpeak minimum concentrations (Cmin2), and fewer peak and trough fluctuations than dexmethylphenidate hydrochloride tablets given in two doses 4 hours apart. This is due to an earlier onset and more prolonged absorption from the delayed-release beads (see Figure 1).

The AUC (expressed after administration of dexmethylphenidate hydrochloride extended-release capsules given once daily is equivalent to the same total dose of dexmethylphenidate hydrochloride tablets given in two doses 4 hours apart. The variability in Cmax, Cmin, and AUC is similar between dexmethylphenidate hydrochloride extended-release capsules and dexmethylphenidate hydrochloride IR with approximately a 3-fold range in each.

Radiolabeled racemic methylphenidate is well absorbed after oral administration with approximately 90% of the radioactivity recovered in urine. However, due to first pass metabolism the mean absolute bioavailability of dexmethylphenidate when administered in various formulations was 22% to 25%.

**Figure 1:** Mean Dexmethylphenidate Plasma Concentration-Time Profiles After Administration of 1 x 20 mg Dexmethylphenidate Hydrochloride Extended-Release Capsules (n = 24) and 2 x 10 mg Dexmethylphenidate Hydrochloride Immediate-Release Tablets (n = 28)
hydrochloride immediate-release tablets were similar for boys and girls.

Race: There is insufficient experience with the use of dexmethylphenidate hydrochloride extended-release capsules to detect ethnic variations in pharmacokinetics.

Age: The metabolism and disposition of dexmethylphenidate hydrochloride extended-release capsules administration have not been studied in children less than 18 years of age. When a similar formulation of racemic methylphenidate was examined in 15 children between 10 and 12 years of age and three children with ADHD between 7 and 9 years of age, the time to the first peak was similar, although the time until the peak minimum, and the time until the second peak were delayed and more variable in children compared to adults. After administration of the same dose to children and adults, concentrations in children were approximately twice the concentrations observed in adults. This higher exposure is almost completely due to smaller body size as no relevant age-related differences in dexmethylphenidate pharmacokinetic parameters (i.e., clearance and volume of distribution) are observed after normalizing to dose and weight.

Renal Insufficiency: There is no experience with the use of dexmethylphenidate hydrochloride extended-release capsules in patients with renal insufficiency. After oral administration of radiolabeled racemic methylphenidate in humans, methylphenidate was extensively metabolized and only about 5% of the radioactivity was excreted in the urine in the form of racemic ritalinic acid which is pharmacologically inactive. Very little unchanged drug is excreted in the urine, thus renal insufficiency is expected to have little effect on the pharmacokinetics of dexmethylphenidate hydrochloride extended-release capsules.

Hepatic Insufficiency: There is no experience with the use of dexmethylphenidate hydrochloride extended-release capsules in patients with hepatic insufficiency (see Drug Interactions (11)).

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, and Impairment of Fertility

Carcinogenesis: Lifetime carcinogenicity studies have not been carried out with dexmethylphenidate. In a lifetime carcinogenicity study carried out in B6C3F1 mice, racemic 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. Hepatoblastomas 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.

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

Mutagenesis: Dexmethylphenidate was not mutagenic in the in vitro Ames reverse mutation assay, the in vitro mouse lymphoma cell forward mutation assay, or the in vivo mouse bone marrow micronucleus test.

Racemic methylphenidate was not mutagenic in the in vitro Ames reverse mutation assay or the in vitro mouse lymphoma cell forward mutation assay, and was negative in vivo in the mouse bone marrow micronucleus assay. However, sister chromatid exchanges and chromosome aberrations were increased, indicative of a weak clastogenic response, in an in vitro assay of racemic methylphenidate in cultured Chinese Hamster Ovary (CHO) cells.

Impairment of Fertility: Racemic 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 of up to 160 mg/kg/day.

14 CLINICAL STUDIES

The effectiveness of dexmethylphenidate hydrochloride extended-release capsules in the treatment of ADHD was established in randomized, double-blind, placebo-controlled studies in children and adolescents and in adults who met Diagnostic and Statistical Manual 4th edition (DSM-IV) criteria for ADHD (see Indications and Usage (11)).

14.1 Children and Adolescents

The effectiveness of dexmethylphenidate hydrochloride extended-release capsules was established in a randomized, double-blind, placebo-controlled, parallel-group study in 103 pediatric patients (ages 6 to 12, n = 86; ages 13 to 17, n = 17) who met DSM-IV criteria for ADHD. Patients were randomized to receive either a flexible dose of dexmethylphenidate hydrochloride extended-release capsules (20, 30, or 40 mg/day) or placebo once daily for 5 weeks. Patients randomized to dexmethylphenidate hydrochloride extended-release capsules were initiated on a 10 mg/day starting dose and titrated in increments of 10 mg/week to the randomly assigned fixed dose. Patients were maintained on their fixed dose (20, 30 or 40 mg/day) for a minimum of 2 weeks.

Signs and symptoms of ADHD were evaluated by comparing the mean change from baseline to endpoint for dexmethylphenidate hydrochloride extended-release capsules- and placebo-treated patients using an intent-to-treat analysis of the primary efficacy outcome measure, the investigator-administered DSM-IV Attention-Deficit/Hyperactivity Disorder Rating Scale (DSM-IV ADHD RS).

All three dexmethylphenidate hydrochloride extended-release capsules doses were statistically significantly superior to placebo. There was no obvious increase in effectiveness with increasing dose.

15 REFERENCES


16 HOW SUPPLIED/STORAGE AND HANDLING

Dexmethylphenidate Hydrochloride Extended-Release Capsules are available containing 30 mg of dexmethylphenidate hydrochloride.

The 30 mg capsule is a light brown opaque cap and white opaque body, hard-shell gelatin capsule filled with white to off-white beads. The capsule is axially printed with MYLAN over DE 30 in black ink on cap and body. They are available as follows:

NDC 0378-4084-93 bottles of 30 capsules
NDC 0378-4084-01 bottles of 100 capsules
NDC 0378-4084-05 bottles of 500 capsules

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 using a child-resistant closure.

PHARMACIST: Dispense a Medication Guide with each prescription.

17 PATIENT COUNSELING INFORMATION

Information for Patients: Prescribers or other health professionals should inform patients, their families, and their caregivers about the benefits and risks associated with treatment with dexmethylphenidate and should counsel them in the appropriate use. A patient Medication Guide is available for dexmethylphenidate hydrochloride extended-release capsules. The prescriber or health professional should instruct patients, their families, and their caregivers to read the Medication Guide and should assist them in understanding its contents. Patients should be given the opportunity to discuss the contents of the Medication Guide and to obtain releasers to assist you before you or your child starts taking it and each time you get a refill. There may be new information. This Medication Guide does not take the place of talking to your health professional about what you should expect while taking this drug.

MEDIATION GUIDE

DEXMETHYLPHENIDATE HYDROCHLORIDE EXTENDED-RELEASE CAPSULES
(dex meph' "ii fen" i date hye 'dro klor" id) 30 mg

Read the Medication Guide that comes with dexmethylphenidate hydrochloride extended-release capsules before you or your child starts taking it and each time you get a refill. There may be new information. This Medication Guide does not take the place of talking to your 

Page 6 of 8
doctor about your or your child’s treatment with dexmethylphenidate hydrochloride extended-release capsules.

What is the most important information I should know about dexmethylphenidate hydrochloride extended-release capsules?
The following have been reported with use of dexmethylphenidate hydrochloride and other stimulant medicines.

1. Heart-related problems:
- sudden death in patients who have heart problems or heart defects
- stroke and heart attack in adults
- increased blood pressure and heart rate

Tell your doctor if you or your child have any heart problems, heart defects, high blood pressure, or a family history of these problems.

Your doctor should check you or your child carefully for heart problems before starting dexmethylphenidate hydrochloride extended-release capsules.

Your doctor should check your or your child’s blood pressure and heart rate regularly during treatment with dexmethylphenidate hydrochloride extended-release capsules.

Call your doctor right away if you or your child has any signs of heart problems such as chest pain, shortness of breath, or fainting while taking dexmethylphenidate hydrochloride extended-release capsules.

2. Mental (Psychiatric) problems:
- tics or Tourette’s syndrome
- mental problems including psychosis, mania, bipolar illness, or depression
- heart problems, heart defects, high blood pressure
- your child. Before starting dexmethylphenidate hydrochloride extended-release capsules.

Dexmethylphenidate hydrochloride extended-release capsules may not be right for you less than 6 years old because it has not been studied in this age group.

Dexmethylphenidate hydrochloride extended-release capsules should not be used in children who are taking or have taken within the past 14 days an anti-depression medicine called a monoamine oxidase inhibitor (MAOI).

Your doctor may adjust the dose until it is right for you or your child.

Tell your doctor if you or your child have any new or worsening mental symptoms or problems while taking dexmethylphenidate hydrochloride extended-release capsules, especially seeing or hearing things that are not real, believing things that are not real, or are suspicious.

3. Circulation problems in fingers and toes (Peripheral vasculopathy, including Raynaud’s phenomenon): fingers or toes may feel numb, cool, painful, and/or may change color from pale, to blue, to red.

Tell your doctor if you have or your child has numbness, pain, skin color change, or sensitivity to temperature in your fingers or toes.

Call your doctor right away if you or your child has any signs of unexplained wounds appearing on fingers or toes while taking dexmethylphenidate hydrochloride extended-release capsules.

What are dexmethylphenidate hydrochloride extended-release capsules?

Dexmethylphenidate hydrochloride extended-release capsules are a central nervous system stimulant prescription medicine. It is used for the treatment of attention deficit and hyperactivity disorder (ADHD). Dexmethylphenidate hydrochloride extended-release capsules may help increase attention and decrease impulsiveness and hyperactivity in patients with ADHD.

Dexmethylphenidate hydrochloride extended-release capsules should be used as a part of a total treatment program for ADHD that may include counseling or other therapies.

Dexmethylphenidate hydrochloride is a federally controlled substance (CII) because it can be abused or lead to dependence. Keep dexmethylphenidate hydrochloride extended-release capsules in a safe place to prevent misuse and abuse. Selling or giving new dexmethylphenidate hydrochloride extended-release capsules may harm others, and is against the law.

Tell your doctor if you or your child have (or have a family history of) ever abused or been dependent on alcohol, prescription medicines or street drugs.

Who should not take dexmethylphenidate hydrochloride extended-release capsules?

Dexmethylphenidate hydrochloride extended-release capsules should not be taken if you or your child:
- are very anxious, tense, or agitated
- have an eye problem called glaucoma
- have tics or Tourette’s syndrome, or a family history of Tourette’s syndrome. Tics are hard to control repeated movements or sounds.
- are taking or have taken within the past 14 days an anti-depression medicine called a monoamine oxidase inhibitor or MAOI.
- are allergic to anything in dexmethylphenidate hydrochloride extended-release capsules.

See the end of this Medication Guide for a complete list of ingredients.

Dexmethylphenidate hydrochloride extended-release capsules should not be used in children less than 6 years old because it has not been studied in this age group.

Dexmethylphenidate hydrochloride extended-release capsules may not be right for you or your child.

Before starting dexmethylphenidate hydrochloride extended-release capsules tell your or your child’s doctor about all health conditions (or a family history of) including:
- heart problems, heart defects, high blood pressure
- mental problems including psychosis, mania, bipolar illness, or depression
- tics or Tourette’s syndrome
- seizures or have had an abnormal brain wave test (EEG)
- circulation problems in fingers or toes

Tell your doctor if you or your child is pregnant, planning to become pregnant, or breast-feeding.

Can dexmethylphenidate hydrochloride extended-release capsules be taken with other medicines?

Tell your doctor about all of the medicines that you or your child take including prescription and nonprescription medicines, vitamins, and herbal supplements. Dexmethylphenidate hydrochloride extended-release capsules 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 dexmethylphenidate hydrochloride extended-release capsules.

Your doctor will decide whether dexmethylphenidate hydrochloride extended-release capsules can be taken with other medicines.

Especially tell your doctor if you or your child takes:
- anti-depression medicines including MAOIs
- seizure medicines
- blood thinner medicines
- blood pressure medicines
- antacids
- cold or allergy medicines that contain decongestants

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

Do not start any new medicine while taking dexmethylphenidate hydrochloride extended-release capsules without talking to your doctor first.

How should dexmethylphenidate hydrochloride extended-release capsules be taken?

Take dexmethylphenidate hydrochloride extended-release capsules exactly as prescribed. Your doctor may adjust the dose until it is right for you or your child.

Take dexmethylphenidate hydrochloride extended-release capsules once each day in the morning. Dexmethylphenidate hydrochloride extended-release capsules are extended-release capsules. It releases medicine into your body throughout the day.

Dexmethylphenidate hydrochloride extended-release capsules can be taken with or without food. Taking dexmethylphenidate hydrochloride extended-release capsules with food may slow the time it takes for the medicine to start working.

Swallow dexmethylphenidate hydrochloride extended-release capsules whole with water or other liquids. Do not chew, crush, or divide the capsules or the beads in the capsule. If you or your child cannot swallow the capsule, open it and sprinkle the small beads of medicine over a spoonful of applesauce or swallow it right away without chewing.

From time to time, your doctor may stop dexmethylphenidate hydrochloride extended-release capsules treatment for a while to check ADHD symptoms.

Your doctor may do regular checks of the blood, heart, and blood pressure while taking dexmethylphenidate hydrochloride extended-release capsules. Children should have their height and weight checked often while taking dexmethylphenidate hydrochloride extended-release capsules. Dexmethylphenidate hydrochloride extended-release capsules treatment may be stopped if a problem is found during these check-ups.

If you or your child takes too much dexmethylphenidate hydrochloride extended-release capsules or overdoses, call your doctor or poison control center right away, or get emergency treatment.

What are possible side effects of dexmethylphenidate hydrochloride extended-release capsules?

See “What is the most important information I should know about dexmethylphenidate hydrochloride extended-release capsules?” for information on reported heart and mental problems.

Other serious side effects include:
- serious allergic reactions (symptoms can be difficulty breathing, swelling of the face, neck and throat, rashes and hives, fever)
- slowing of growth (height and weight) in children
- seizures, mainly in patients with a history of seizures
- eyesight changes or blurred vision

Common side effects include:
- headache
- upset stomach
- trouble sleeping
- anxiety
- decreased appetite
- dry mouth
- dizziness
- nervousness

Talk to your doctor or your child’s doctor if these side effects are bothersome or do not go away. This is not a complete list of possible side effects. Ask your doctor or pharmacist for more information.

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 dexmethylphenidate hydrochloride extended-release capsules?

Store dexmethylphenidate hydrochloride extended-release capsules in a safe place at 20°C to 25°C (68° to 77°F).

Keep dexmethylphenidate hydrochloride extended-release capsules and all medicines out of the reach of children.
General information about dexmethylphenidate hydrochloride extended-release capsules

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use dexmethylphenidate hydrochloride extended-release capsules for a condition for which it was not prescribed. Do not give dexmethylphenidate hydrochloride extended-release capsules to other people, even if they have the same condition. It may harm them and it is against the law.

This Medication Guide summarizes the most important information about dexmethylphenidate hydrochloride extended-release capsules. If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information about dexmethylphenidate hydrochloride extended-release capsules that was written for healthcare professionals. For more information about dexmethylphenidate hydrochloride extended-release capsules call Mylan Pharmaceuticals Inc. at 1-877-446-3679 (1-877-4-INFO-RX).

What are the ingredients in dexmethylphenidate hydrochloride extended-release capsules?
Active ingredient: dexmethylphenidate hydrochloride
Inactive ingredients: amino methacrylate copolymer, black iron oxide, gelatin, hypromellose, methacrylic acid copolymer type A, red iron oxide, sodium lauryl sulfate, sugar spheres, talc, titanium dioxide, triethyl citrate and yellow iron oxide.

The imprinting ink contains the following: ammonium hydroxide, black iron oxide, D&C Yellow No. 10 Aluminum Lake, FD&C Blue No. 1 Aluminum Lake, FD&C Blue No. 2 Aluminum Lake, FD&C Red No. 40 Aluminum Lake, propylene glycol and shellac glaze.

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