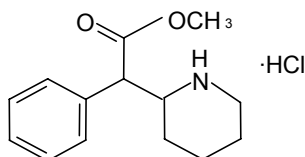


CONCERTA® (methylphenidate HCl)
Extended-release Tablets CII

DESCRIPTION

CONCERTA® is a central nervous system (CNS) stimulant. CONCERTA® is available in four tablet strengths. Each extended-release tablet for once-a-day oral administration contains 18, 27, 36, or 54 mg of methylphenidate HCl USP and is designed to have a 12-hour duration of effect. Chemically, methylphenidate HCl is d,l (racemic) methyl α -phenyl-2-piperidineacetate hydrochloride. Its empirical formula is $C_{14}H_{19}NO_2 \cdot HCl$. Its structural formula is:



Methylphenidate HCl USP is a white, odorless 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. Its molecular weight is 269.77.

CONCERTA® also contains the following inert ingredients: butylated hydroxytoluene, carnauba wax, cellulose acetate, hypromellose, lactose, phosphoric acid, poloxamer, polyethylene glycol, polyethylene oxides, povidone, propylene glycol, sodium chloride, stearic acid, succinic acid, synthetic iron oxides, titanium dioxide, and triacetin.

System Components and Performance

CONCERTA® uses osmotic pressure to deliver methylphenidate HCl at a controlled rate. The system, which resembles a conventional tablet in appearance, comprises an osmotically active trilayer core surrounded by a semipermeable membrane with an immediate-release drug overcoat. The trilayer core is composed of two drug layers containing the drug and excipients, and a push layer containing osmotically active components. There is a precision-laser drilled orifice on the drug-layer end of the tablet. In an aqueous environment, such as the gastrointestinal tract, the drug overcoat dissolves within one hour, providing an initial dose of methylphenidate. Water permeates through the membrane into the tablet core. As the osmotically active polymer excipients expand, methylphenidate is released through the orifice. The membrane controls the rate at which

water enters the tablet core, which in turn controls drug delivery. Furthermore, the drug release rate from the system increases with time over a period of 6 to 7 hours due to the drug concentration gradient incorporated into the two drug layers of CONCERTA[®]. The biologically inert components of the tablet remain intact during gastrointestinal transit and are eliminated in the stool as a tablet shell along with insoluble core components. It is possible that CONCERTA[®] extended-release tablets may be visible on abdominal x-rays under certain circumstances, especially when digital enhancing techniques are utilized.

CLINICAL PHARMACOLOGY

Pharmacodynamics

Methylphenidate HCl is a central nervous system (CNS) stimulant. The mode of therapeutic action in Attention Deficit Hyperactivity Disorder (ADHD) is not known. Methylphenidate is thought to block the reuptake of norepinephrine and dopamine into the presynaptic neuron and increase the release of these monoamines into the extraneuronal space. Methylphenidate is a racemic mixture comprised of the d- and l-isomers. The d-isomer is more pharmacologically active than the l-isomer.

Pharmacokinetics

Absorption

Methylphenidate is readily absorbed. Following oral administration of CONCERTA[®], plasma methylphenidate concentrations increase rapidly reaching an initial maximum at about 1 hour, followed by gradual ascending concentrations over the next 5 to 9 hours after which a gradual decrease begins. Mean times to reach peak plasma concentrations across all doses of CONCERTA[®] occurred between 6 to 10 hours.

CONCERTA[®] qd minimizes the fluctuations between peak and trough concentrations associated with immediate-release methylphenidate tid (see Figure 1). The relative bioavailability of CONCERTA[®] qd and methylphenidate tid in adults is comparable.

FIGURE 1

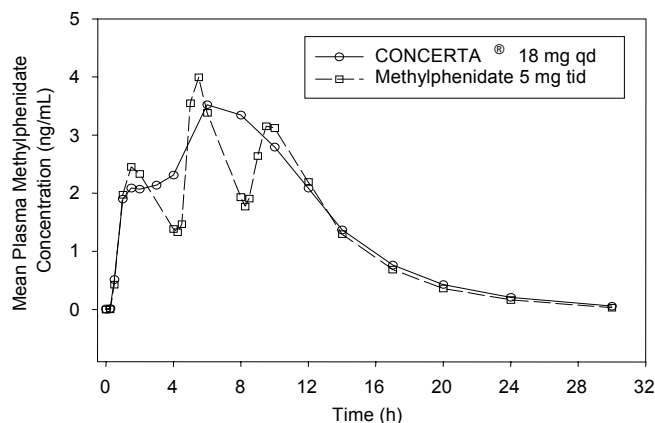


Figure 1. Mean methylphenidate plasma concentrations in 36 adults, following a single dose of CONCERTA® 18 mg qd and immediate-release methylphenidate 5 mg tid administered every 4 hours.

The mean pharmacokinetic parameters in 36 adults following the administration of CONCERTA® 18 mg qd and methylphenidate 5 mg tid are summarized in Table 1.

TABLE 1
Mean ± SD Pharmacokinetic Parameters

Parameters	CONCERTA® (18 mg qd) (n=36)	Methylphenidate (5 mg tid) (n=35)
C_{max} (ng/mL)	3.7 ± 1.0	4.2 ± 1.0
T_{max} (h)	6.8 ± 1.8	6.5 ± 1.8
AUC_{inf} (ng•h/mL)	41.8 ± 13.9	38.0 ± 11.0
$t_{1/2}$ (h)	3.5 ± 0.4	3.0 ± 0.5

No differences in the pharmacokinetics of CONCERTA® were noted following single and repeated once-daily dosing indicating no significant drug accumulation. The AUC and $t_{1/2}$ following repeated once-daily dosing are similar to those following the first dose of CONCERTA® 18 mg.

Dose Proportionality

Following administration of CONCERTA® in single doses of 18, 36, and 54 mg/day to adults, C_{max} and $AUC_{(0-inf)}$ of d-methylphenidate were proportional to dose, whereas l-methylphenidate C_{max} and $AUC_{(0-inf)}$ increased disproportionately with respect to dose.

Following administration of CONCERTA[®], plasma concentrations of the l-isomer were approximately 1/40th the plasma concentrations of the d-isomer.

In a multiple-dose study in adolescent ADHD patients aged 13 to 16 administered their prescribed dose (18 to 72 mg/day) of CONCERTA[®], mean C_{max} and AUC_{TAU} of d- and total methylphenidate increased proportionally with respect to dose.

Distribution

Plasma methylphenidate concentrations in adults and adolescents decline biexponentially following oral administration. The half-life of methylphenidate in adults and adolescents following oral administration of CONCERTA[®] was approximately 3.5 h.

Metabolism and Excretion

In humans, methylphenidate is metabolized primarily by de-esterification to α -phenylpiperidine acetic acid (PPA), which has little or no pharmacologic activity. In adults the metabolism of CONCERTA[®] qd as evaluated by metabolism to PPA is similar to that of methylphenidate tid. The metabolism of single and repeated once-daily doses of CONCERTA[®] is similar.

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

Food Effects

In patients, there were no differences in either the pharmacokinetics or the pharmacodynamic performance of CONCERTA[®] when administered after a high fat breakfast. There is no evidence of dose dumping in the presence or absence of food.

Special Populations

Gender

In healthy adults, the mean dose-adjusted AUC_(0-inf) values for CONCERTA[®] were 36.7 ng•h/mL in men and 37.1 ng•h/mL in women, with no differences noted between the two groups.

Race

In adults receiving CONCERTA[®], dose-adjusted AUC_(0-inf) was consistent across ethnic groups; however, the sample size may have been insufficient to detect ethnic variations in pharmacokinetics.

Age

Increase in age resulted in increased apparent oral clearance (CL/F) (58% increase in adolescents compared to children). Some of these differences could be explained by body weight differences among these populations. This suggests that subjects with higher body weight may have lower exposures of total methylphenidate at similar doses.

The pharmacokinetics of CONCERTA® has not been studied in children less than 6 years of age.

Renal Insufficiency

There is no experience with the use of CONCERTA® in patients with renal insufficiency. After oral administration of radiolabeled methylphenidate in humans, methylphenidate was extensively metabolized and approximately 80% of the radioactivity was excreted in the urine in the form of PPA. Since renal clearance is not an important route of methylphenidate clearance, renal insufficiency is expected to have little effect on the pharmacokinetics of CONCERTA®.

Hepatic Insufficiency

There is no experience with the use of CONCERTA® in patients with hepatic insufficiency.

Clinical Studies

CONCERTA® was demonstrated to be effective in the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in 4 randomized, double-blind, placebo-controlled studies in children and adolescents who met the Diagnostic and Statistical Manual 4th edition (DSM-IV) criteria for ADHD.

Children

Three double blind, active- and placebo-controlled studies were conducted in 416 children aged 6 to 12. The controlled studies compared CONCERTA® given qd (18, 36, or 54 mg), methylphenidate given tid over 12 hours (15, 30, or 45 mg total daily dose), and placebo in two single-center, 3-week crossover studies (Studies 1 and 2) and in a multicenter, 4-week, parallel-group comparison (Study 3). The primary comparison of interest in all three trials was CONCERTA® versus placebo.

Symptoms of ADHD were evaluated by community schoolteachers using the Inattention / Overactivity with Aggression (IOWA) Conners scale. Statistically significant reduction in the Inattention / Overactivity subscale versus placebo was shown consistently across all three controlled studies for CONCERTA®. The scores for CONCERTA® and placebo for the three studies are presented in Figure 2.

FIGURE 2
 Mean (SEM) Community School Teacher IOWA Conners
 Inattention/Overactivity Scores

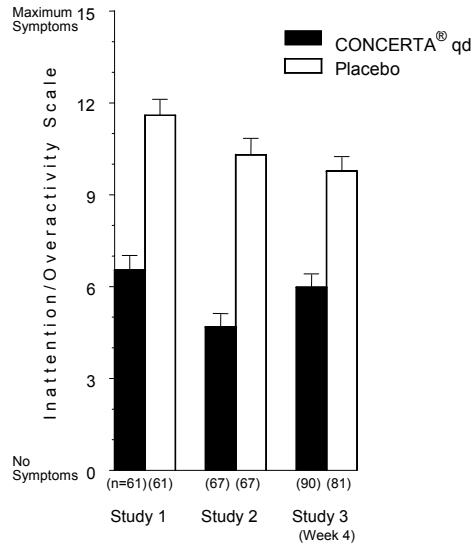


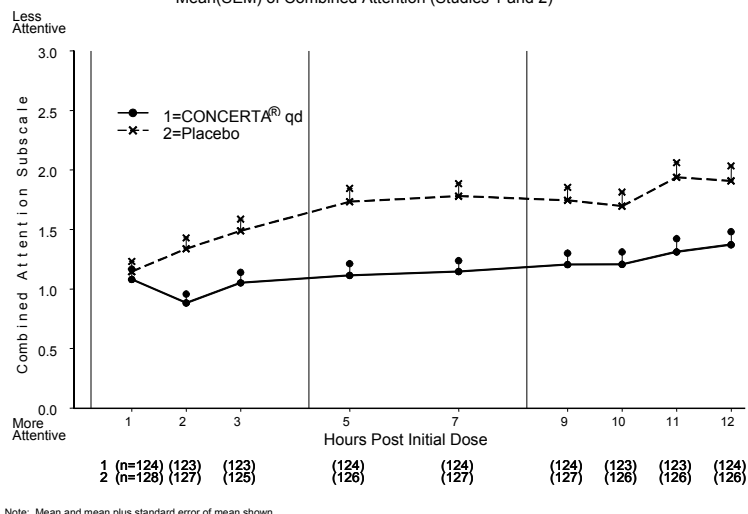
Figure 2. Mean Community School Teacher IOWA Conners Inattention/Overactivity Scores with CONCERTA® once-daily (18, 36, or 54 mg) and placebo. Studies 1 and 2 involved a 3-way crossover of 1 week per treatment arm. Study 3 involved 4 weeks of parallel group treatments with a Last Observation Carried Forward analysis at week 4. Error bars represent the mean plus standard error of the mean.

In Studies 1 and 2, symptoms of ADHD were evaluated by laboratory schoolteachers using the SKAMP* laboratory school rating scale. The combined results from these two studies demonstrated significant improvements in attention and behavior in patients treated with CONCERTA® versus placebo that were maintained through 12 hours after dosing. Figure 3 presents the laboratory schoolteacher SKAMP ratings for CONCERTA® and placebo.

*Swanson, Kotkin, Agler, M-Fynn and Pelham

FIGURE 3

Laboratory School Teacher SKAMP Ratings
Mean(SEM) of Combined Attention (Studies 1 and 2)



Adolescents

In a randomized, double blind, multi-center, placebo-controlled trial (Study 4) involving 177 patients, CONCERTA[®] was demonstrated to be effective in the treatment of ADHD in adolescents aged 13 to 18 at doses up to 72 mg/day (1.4 mg/kg/day). Of 220 patients who entered an open 4-week titration phase, 177 were titrated to an individualized dose (maximum of 72 mg/day) based on meeting specific improvement criteria on the ADHD Rating Scale and the Global Assessment of Effectiveness with acceptable tolerability. Patients who met these criteria were then randomized to receive either their individualized dose of CONCERTA[®] (18 – 72 mg/day, n=87) or placebo (n=90) during a two-week double-blind phase. At the end of this phase, mean scores for the investigator rating on the ADHD Rating Scale demonstrated that CONCERTA[®] was significantly superior to placebo.

INDICATION AND USAGE

Attention Deficit Hyperactivity Disorder (ADHD)

CONCERTA[®] is indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD).

The efficacy of CONCERTA[®] in the treatment of ADHD was established in three controlled trials of children aged 6-12 and in one controlled trial in adolescents aged 13-17. All patients met DSM-IV criteria for ADHD (see CLINICAL PHARMACOLOGY).

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, eg, in social, academic, or occupational functioning, and be present in two or more settings, eg, 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; inappropriate running/climbing; difficulty with quiet activities; "on the go;" excessive talking; blurting answers; can't wait turn; intrusive. The Combined Type 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 of medical and 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 patient and not solely on the presence of the required number of DSM-IV characteristics.

Need for Comprehensive Treatment Program

CONCERTA[®] is 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 patients with this syndrome. Stimulants are not intended for use in patients who exhibit symptoms secondary to environmental 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 patient's symptoms.

Long-Term Use

The effectiveness of CONCERTA[®] for long-term use, ie, for more than 4 weeks, has not been systematically evaluated in controlled trials. Therefore, the physician who elects to use CONCERTA[®] for extended periods should periodically re-evaluate the long-term usefulness of the drug for the individual patient (see DOSAGE AND ADMINISTRATION).

CONTRAINDICATIONS

Agitation

CONCERTA[®] is contraindicated in patients with marked anxiety, tension, and agitation, since the drug may aggravate these symptoms.

Hypersensitivity to Methylphenidate

CONCERTA[®] is contraindicated in patients known to be hypersensitive to methylphenidate or other components of the product.

Glaucoma

CONCERTA[®] is contraindicated in patients with glaucoma.

Tics

CONCERTA[®] is contraindicated in patients with motor tics or with a family history or diagnosis of Tourette's syndrome (see ADVERSE REACTIONS).

Monoamine Oxidase Inhibitors

CONCERTA[®] is contraindicated during treatment with monoamine oxidase (MAO) inhibitors, and also within a minimum of 14 days following discontinuation of a MAO-inhibitor (hypertensive crises may result) (see PRECAUTIONS, Drug Interactions).

WARNINGS

Serious Cardiovascular Events

Sudden Death and Pre-existing Structural Cardiac Abnormalities or Other Serious Heart Problems

Children and Adolescents

Sudden death has been reported in association with CNS stimulant treatment at usual doses in children and adolescents with structural cardiac abnormalities or other serious heart problems. 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 deaths, 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 serious 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.

Hypertension and other Cardiovascular Conditions

Stimulant medications cause a modest increase in average blood pressure (about 2-4 mmHg) and average heart rate (about 3-6 bpm) [see Adverse Reactions-Hypertension], and individuals may have larger increases. 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 compromised by increases in blood pressure or heart rate, e.g., those with pre-existing hypertension, heart failure, recent myocardial infarction, or ventricular arrhythmia.

Assessing Cardiovascular Status in Patients being Treated with Stimulant Medications

Children, adolescents, or adults who are being considered for treatment with stimulant medications, should have a careful history (including assessment for a family history of sudden death or ventricular arrhythmia) and physical exam to assess for the presence of cardiac disease, 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 stimulant treatment should undergo a prompt cardiac evaluation.

Psychiatric Adverse Events

Pre-Existing Psychosis

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

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.

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 psychotic 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 appropriate. In a pooled analysis of multiple short-term, placebo-controlled studies, such symptoms occurred in about 0.1% (4 patients with events out of 3482 exposed to methylphenidate or amphetamine for several weeks at usual doses) of stimulant-treated patients compared to 0 in placebo-treated patients.

Aggression

Aggressive behavior or hostility is often observed in children and adolescents with ADHD, and has been reported in clinical trials and the postmarketing 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 monitored for the appearance of or worsening of aggressive behavior or hostility.

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 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. Published data are inadequate to determine whether chronic use of amphetamines may cause similar suppression of growth, however, it is anticipated that they likely have this effect as well. Therefore, growth should be monitored during treatment with stimulants, and patients who are not growing or gaining height or weight as expected may need to have their treatment interrupted.

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 seizures, the drug should be discontinued.

Visual Disturbance

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

Potential for Gastrointestinal Obstruction

Because the CONCERTA[®] tablet is nondeformable and does not appreciably change in shape in the GI tract, CONCERTA[®] should not ordinarily be administered to patients with preexisting severe gastrointestinal narrowing (pathologic or iatrogenic, for example: esophageal motility disorders, small bowel inflammatory disease, “short gut” syndrome due to adhesions or decreased transit time, past history of peritonitis, cystic fibrosis, chronic intestinal pseudoobstruction, or Meckel’s diverticulum). There have been rare reports of obstructive symptoms in patients with known strictures in association with the ingestion of drugs in nondeformable controlled-release formulations. Due to the controlled-release design of the tablet, CONCERTA[®] should only be used in patients who are able to swallow the tablet whole (see PRECAUTIONS: Information for Patients).

Use in Children Under Six Years of Age

CONCERTA® should not be used in children under six years, since safety and efficacy in this age group have not been established.

DRUG DEPENDENCE

CONCERTA® should be given cautiously to patients with a history of drug dependence or alcoholism. Chronic abusive use can lead to marked tolerance and psychological dependence with varying degrees of abnormal behavior. Frank psychotic episodes can occur, especially with parenteral abuse. Careful supervision is required during withdrawal from abusive use since severe depression may occur. Withdrawal following chronic therapeutic use may unmask symptoms of the underlying disorder that may require follow-up.

PRECAUTIONS

Hematologic Monitoring

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

Information for Patients

Patients should be informed that CONCERTA® should be swallowed whole with the aid of liquids. Tablets should not be chewed, divided, or crushed. The medication is contained within a nonabsorbable shell designed to release the drug at a controlled rate. The tablet shell, along with insoluble core components, is eliminated from the body; patients should not be concerned if they occasionally notice in their stool something that looks like a tablet.

Patient information is printed at the end of this insert. To assure safe and effective use of CONCERTA®, the information and instructions provided in the patient information section should be discussed with patients.

Drug Interactions

CONCERTA® should not be used in patients being treated (currently or within the proceeding 2 weeks) with MAO inhibitors (see CONTRAINDICATIONS, Monoamine Oxidase Inhibitors).

Because of possible increases in blood pressure, CONCERTA® should be used cautiously with vasopressor agents.

Human pharmacologic studies have shown that methylphenidate may inhibit the metabolism of coumarin anticoagulants, anticonvulsants (eg, phenobarbital, phenytoin,

primidone), and some antidepressants (tricyclics and selective serotonin reuptake inhibitors). Downward dose adjustment of these drugs may be required when given concomitantly with methylphenidate. It may be necessary to adjust the dosage and monitor plasma drug concentrations (or, in the case of coumarin, coagulation times), when initiating or discontinuing concomitant methylphenidate.

Serious adverse events have been reported in concomitant use with clonidine, although no causality for the combination has been established. The safety of using methylphenidate in combination with clonidine or other centrally acting alpha-2 agonists has not been systematically evaluated.

Carcinogenesis, Mutagenesis, and Impairment of Fertility

In a lifetime carcinogenicity study carried out in B6C3F1 mice, methylphenidate caused an increase in hepatocellular adenomas and, in males only, an increase in hepatoblastomas at a daily dose of approximately 60 mg/kg/day. This dose is approximately 30 times and 4 times the maximum recommended human dose of CONCERTA® on a mg/kg and mg/m² basis, respectively. 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 22 times and 5 times the maximum recommended human dose of CONCERTA® on a mg/kg and mg/m² basis, respectively.

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/day of methylphenidate.

Methylphenidate was not mutagenic in the in vitro Ames reverse mutation assay or the in vitro mouse lymphoma cell forward mutation assay. 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.

Methylphenidate did not impair fertility in male or female mice that were fed diets containing the drug in an 18-week Continuous Breeding study. The study was conducted at doses up to 160 mg/kg/day, approximately 80-fold and 8-fold the highest recommended human dose of CONCERTA® on a mg/kg and mg/m² basis, respectively.

Pregnancy: Teratogenic Effects

Pregnancy Category C: Methylphenidate has been shown to have teratogenic effects in rabbits when given in doses of 200 mg/kg/day, which is approximately 100 times and 40 times the maximum recommended human dose on a mg/kg and mg/m² basis, respectively.

A reproduction study in rats revealed no evidence of harm to the fetus at oral doses up to 30 mg/kg/day, approximately 15-fold and 3-fold the maximum recommended human dose of CONCERTA® on a mg/kg and mg/m² basis, respectively. The approximate plasma exposure to methylphenidate plus its main metabolite PPA in pregnant rats was 2 times that seen in trials in volunteers and patients with the maximum recommended dose of CONCERTA® based on the AUC.

The safety of methylphenidate for use during human pregnancy has not been established. There are no adequate and well-controlled studies in pregnant women. CONCERTA® should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers

It is not known whether methylphenidate is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised if CONCERTA® is administered to a nursing woman.

Pediatric Use

The safety and efficacy of CONCERTA® in children under 6 years old have not been established. Long-term effects of methylphenidate in children have not been well established (see WARNINGS).

ADVERSE REACTIONS

The development program for CONCERTA® included exposures in a total of 2121 participants in clinical trials (1797 patients, 324 healthy adult subjects). These participants received CONCERTA® 18, 36, 54 and/or 72 mg/day. Children, adolescents, and adults with ADHD were evaluated in four controlled clinical studies, three open-label clinical studies and two clinical pharmacology studies. Adverse reactions were assessed by

collecting adverse events, results of physical examinations, vital signs, weights, laboratory analyses, and ECGs.

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, COSTART terminology has been used to classify reported adverse events.

The stated frequencies of adverse events represent the proportion of individuals who experienced, at least once, a treatment-emergent adverse event of the type listed. An event was considered treatment emergent if it occurred for the first time or worsened while receiving therapy following baseline evaluation.

Adverse Findings in Clinical Trials with CONCERTA®

Adverse Events Associated with Discontinuation of Treatment

In the 4-week placebo-controlled, parallel-group trial in children (Study 3) one CONCERTA®-treated patient (0.9%; 1/106) and one placebo-treated patient (1.0%; 1/99) discontinued due to an adverse event (sadness and increase in tics, respectively).

In the 2-week placebo-controlled phase of a trial in adolescents (Study 4), no CONCERTA®-treated patients (0%; 0/87) and 1 placebo-treated patient (1.1%; 1/90) discontinued due to an adverse event (increased mood irritability).

In the two open-label, long-term safety trials (Studies 5 and 6: one 24-month study in children aged 6 to 13 and one 9-month study in child, adolescent and adult patients treated with CONCERTA®) 6.7% (101/1514) of patients discontinued due to adverse events. These events with an incidence of >0.5% included: insomnia (1.5%), twitching (1.0%), nervousness (0.7%), emotional lability (0.7%), abdominal pain (0.7%), and anorexia (0.7%).

Treatment-Emergent Adverse Events Among CONCERTA®-Treated Patients

Table 2 enumerates, for a 4-week placebo-controlled, parallel-group trial (Study 3) in children with ADHD at CONCERTA® doses of 18, 36, or 54 mg/day, the incidence of treatment-emergent adverse events. The table includes only those events that occurred in 1% or more of patients treated with CONCERTA® where the incidence in patients treated with CONCERTA® was greater than the incidence in placebo-treated patients.

The prescriber should be aware that these figures cannot be used to predict 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. Similarly, the cited frequencies cannot be compared with figures obtained from other clinical investigations involving different treatments, uses, and investigators. The cited figures, however, do provide the prescribing physician with some basis for estimating the relative contribution of drug and non-drug factors to the adverse event incidence rate in the population studied.

TABLE 2
Incidence of Treatment-Emergent Events¹ in a 4-Week
Placebo-Controlled Clinical Trial of CONCERTA[®] In Children

Body System	Preferred Term	CONCERTA[®] (n=106)	Placebo (n= 99)
General	Headache	14 %	10 %
	Abdominal pain (stomachache)	7 %	1 %
Digestive	Vomiting	4 %	3 %
	Anorexia (loss of appetite)	4 %	0 %
Nervous	Dizziness	2 %	0 %
	Insomnia	4 %	1 %
Respiratory	Upper Respiratory Tract Infection	8 %	5 %
	Cough Increased	4 %	2 %
	Pharyngitis	4 %	3 %
	Sinusitis	3 %	0 %

¹: Events, regardless of causality, for which the incidence for patients treated with CONCERTA[®] was at least 1% and greater than the incidence among placebo-treated patients. Incidence has been rounded to the nearest whole number.

Table 3 lists the incidence of treatment-emergent adverse events for a 2-week placebo-controlled trial (Study 4) in adolescents with ADHD at CONCERTA[®] doses of 18, 36, 54 or 72 mg/day.

TABLE 3
Incidence of Treatment-Emergent Events¹ in a 2-Week
Placebo-Controlled Clinical Trial of CONCERTA[®] in Adolescents

Body System	Preferred Term	CONCERTA[®] (n=87)	Placebo (n=90)
General	Accidental injury	6 %	3 %
	Fever	3 %	0 %
	Headache	9 %	8 %

Digestive	Anorexia	2 %	0 %
	Diarrhea	2 %	0 %
	Vomiting	3 %	0 %
Nervous	Insomnia	5 %	0 %
Respiratory	Pharyngitis	2 %	1 %
	Rhinitis	3 %	2 %
Urogenital	Dysmenorrhea	2 %	0 %

[†] Events, regardless of causality, for which the incidence for patients treated with CONCERTA[®] was at least 2% and greater than the incidence among placebo-treated patients. Incidence has been rounded to the nearest whole number.

Tics

In a long-term uncontrolled study (n=432 children), the cumulative incidence of new onset of tics was 9% after 27 months of treatment with CONCERTA[®].

In a second uncontrolled study (n=682 children) the cumulative incidence of new onset tics was 1% (9/682 children). The treatment period was up to 9 months with mean treatment duration of 7.2 months.

Hypertension

In the laboratory classroom clinical trials in children (Studies 1 and 2), both CONCERTA[®] qd and methylphenidate tid increased resting pulse by an average of 2-6 bpm and produced average increases of systolic and diastolic blood pressure of roughly 1-4 mm Hg during the day, relative to placebo.

In the placebo-controlled adolescent trial (Study 4), mean increases from baseline in resting pulse rate were observed with CONCERTA[®] and placebo at the end of the double-blind phase (5 and 3 beats/minute, respectively). Mean increases from baseline in blood pressure at the end of the double-blind phase for CONCERTA[®] and placebo-treated patients were 0.7 and 0.7 mm Hg (systolic) and 2.6 and 1.4 mm Hg (diastolic), respectively. (see WARNINGS)

Post-Marketing Experience with CONCERTA[®]:

Post-marketing experiences with CONCERTA[®] have revealed spontaneous reports of the following adverse events: difficulties in visual accommodation, blurred vision, abnormal liver function test (e.g., transaminase elevation), palpitations, arrhythmia, leucopenia, and thrombocytopenia.

Adverse Events with Other Methylphenidate HCl Products

Nervousness and insomnia are the most common adverse reactions reported with other methylphenidate products. Other reactions include hypersensitivity (including skin rash, urticaria, fever, arthralgia, exfoliative dermatitis, erythema multiforme with histopathological findings of necrotizing vasculitis, and thrombocytopenic purpura); anorexia; nausea; dizziness; headache; dyskinesia; drowsiness; blood pressure and pulse changes, both up and down; tachycardia; angina; abdominal pain; weight loss during prolonged therapy. There have been rare reports of Tourette's syndrome. Toxic psychosis has been reported. Although a definite causal relationship has not been established, the following have been reported in patients taking this drug: hepatic coma; isolated cases of cerebral arteritis and/or occlusion; anemia; transient depressed mood; a few instances of scalp hair loss. Very rare reports of neuroleptic malignant syndrome (NMS) have been received, and, in most of these, patients were concurrently receiving therapies associated with NMS. In a single report, a ten-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.

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 above may also occur.

DRUG ABUSE AND DEPENDENCE

Controlled Substance Class

CONCERTA[®], like other methylphenidate products, is classified as a Schedule II controlled substance by federal regulation.

Abuse, Dependence, and Tolerance

See WARNINGS for boxed warning containing drug abuse and dependence information.

OVERDOSAGE

Signs and Symptoms

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

Recommended Treatment

Treatment consists of appropriate supportive measures. The patient must be protected against self-injury and against external stimuli that would aggravate overstimulation already present. Gastric contents may be evacuated by gastric lavage as indicated. Before performing gastric lavage, control agitation and seizures if present and protect the airway. Other measures to detoxify the gut include administration of activated charcoal and a cathartic. Intensive care must be provided to maintain adequate circulation and respiratory exchange; external cooling procedures may be required for hyperpyrexia.

Efficacy of peritoneal dialysis or extracorporeal hemodialysis for CONCERTA® overdose has not been established.

The prolonged release of methylphenidate from CONCERTA® should be considered when treating patients with overdose.

Poison Control Center

As with the management of all overdose, the possibility of multiple drug ingestion should be considered. The physician may wish to consider contacting a poison control center for up-to-date information on the management of overdose with methylphenidate.

DOSAGE AND ADMINISTRATION

CONCERTA® should be administered orally once daily in the morning with or without food.

CONCERTA® must be swallowed whole with the aid of liquids, and must not be chewed, divided, or crushed (see PRECAUTIONS: Information for Patients).

Based on an assessment of clinical benefit and tolerability, doses may be increased at weekly intervals for patients who have not achieved an optimal response at a lower dose.

Patients New to Methylphenidate

The recommended starting dose of CONCERTA® for patients who are not currently taking methylphenidate, or for patients who are on stimulants other than methylphenidate, is 18 mg once daily.

Patient Age	Recommended Starting Dose	Maximum Dosage
Children 6-12 years of age	18 mg/day	54 mg/day
Adolescents 13-17 years of age	18 mg/day	72 mg/day not to exceed 2 mg/kg/day

Patients Currently Using Methylphenidate

The recommended dose of CONCERTA® for patients who are currently taking methylphenidate bid or tid, at doses of 10 to 45 mg/day is provided in Table 4. Dosing recommendations are based on current dose regimen and clinical judgment. Initial conversion dosage should not exceed 54 mg daily. After conversion, dosages may be adjusted to a maximum of 72 mg/day taken once daily in the morning. In general, dosage adjustment may proceed at approximately weekly intervals.

TABLE 4
Recommended Dose Conversion from
Methylphenidate Regimens to CONCERTA®

Previous Methylphenidate Daily Dose	Recommended CONCERTA® Starting Dose
5 mg Methylphenidate bid or tid	18 mg q am
10 mg Methylphenidate bid or tid	36 mg q am
15 mg Methylphenidate bid or tid	54 mg q am

Other methylphenidate regimens: Clinical judgment should be used when selecting the starting dose.

A 27 mg dosage strength is available for physicians who wish to prescribe between the 18 mg and 36 mg dosages.

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 CONCERTA®. It is generally agreed, however, that pharmacological treatment of ADHD may be needed for extended periods.

Nevertheless, the physician who elects to use CONCERTA® for extended periods in patients with ADHD should periodically re-evaluate the long-term usefulness of the drug for the individual patient with trials off medication to assess the patient's functioning without pharmacotherapy. Improvement may be sustained when the drug is either temporarily or permanently discontinued.

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 period, the drug should be discontinued.

HOW SUPPLIED

CONCERTA[®] (methylphenidate HCl) Extended-release Tablets are available in 18 mg, 27 mg, 36 mg, and 54 mg dosage strengths. The 18 mg tablets are yellow and imprinted with “alza 18”. The 27 mg tablets are gray and imprinted with “alza 27”. The 36 mg tablets are white and imprinted with “alza 36”. The 54 mg tablets are brownish-red and imprinted with “alza 54”. All four dosage strengths are supplied in bottles containing 100 tablets.

18 mg 100 count bottle	NDC 17314-5850-2
27 mg 100 count bottle	NDC 17314-5853-2
36 mg 100 count bottle	NDC 17314-5851-2
54 mg 100 count bottle	NDC 17314-5852-2

Storage

Store at 25°C (77°F); excursions permitted to 15-30°C (59-86°F) [see USP Controlled Room Temperature]. Protect from humidity.

REFERENCE

American Psychiatric Association. Diagnosis and Statistical Manual of Mental Disorders. 4th ed. Washington DC: American Psychiatric Association 1994.

Rx Only.

For more information call 1-888-440-7903 or visit www.concerta.net

Manufactured by
ALZA Corporation, Mountain View, CA 94043

Distributed and Marketed by
McNeil Pediatrics
Division of McNeil-PPC, Inc., Fort Washington, PA 19034

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INFORMATION FOR PATIENTS TAKING CONCERTA® OR THEIR PARENTS OR CAREGIVERS

CONCERTA® (methylphenidate HCl) Extended-release Tablets CII

This information is for patients taking CONCERTA® Extended-release Tablets CII for the treatment of Attention Deficit Hyperactivity Disorder, or their parents or caregivers.

Please read this before you/your child start taking CONCERTA®. Remember, this information does not take the place of your doctor's instructions. If you have any questions about this information or about CONCERTA®, talk to your doctor or pharmacist.

What is CONCERTA®?

CONCERTA® is a once-a-day treatment for Attention Deficit Hyperactivity Disorder, or ADHD. CONCERTA® contains the drug methylphenidate, a central nervous system stimulant that has been used to treat ADHD for more than 30 years. CONCERTA® is taken by mouth, once each day in the morning.

What is Attention Deficit Hyperactivity Disorder?

ADHD has three main types of symptoms: inattention, hyperactivity, and impulsiveness. Symptoms of inattention include not paying attention, making careless mistakes, not listening, not finishing tasks, not following directions, and being easily distracted. Symptoms of hyperactivity and impulsiveness include fidgeting, talking excessively, running around at inappropriate times, and interrupting others. Some patients have more symptoms of hyperactivity and impulsiveness while others have more symptoms of inattentiveness. Some patients have all three types of symptoms.

Many people have symptoms like these from time to time, but patients with ADHD have these symptoms more than others their age. Symptoms must be present for at least 6 months to be certain of the diagnosis.

How does CONCERTA® work?

Part of the CONCERTA® tablet dissolves right after it is swallowed in the morning, giving an initial dose of methylphenidate. The remaining drug is slowly released with an increasing rate during the day to continue to help lessen the symptoms of ADHD. Methylphenidate, the active ingredient in CONCERTA®, helps increase attention and decrease impulsiveness and hyperactivity in patients with ADHD.

Who should NOT take CONCERTA®?

CONCERTA® should not be taken if you/your child:

- Have significant anxiety, tension, or agitation since CONCERTA® may make these conditions worse.
- Are allergic to methylphenidate or any of the other ingredients in CONCERTA®.
- Have glaucoma, an eye disease.
- Have tics or Tourette's syndrome, or a family history of Tourette's syndrome.

Talk to your doctor if you believe any of these conditions apply to you/your child.

How should CONCERTA® be taken?

Do not chew, crush, or divide the tablets. Swallow CONCERTA® tablets whole with the help of water or other liquids, such as milk or juice.

Take CONCERTA® once each day in the morning.

CONCERTA® may be taken before or after eating.

Take the dose prescribed by your doctor. Your doctor may adjust the amount of drug taken until it is right for you/your child. From time to time, your doctor may interrupt treatment to check symptoms while you/your child are not taking the drug.

What are the possible side effects of CONCERTA®?

In the clinical studies with patients using CONCERTA®, the most common side effects were headache, stomach pain, sleeplessness, and decreased appetite. Other side effects seen with methylphenidate, the active ingredient in CONCERTA®, include nausea, vomiting, dizziness, nervousness, tics, allergic reactions and increased blood pressure.

This is not a complete list of possible side effects. Ask your doctor about other side effects. If any side effect develops, talk to your doctor.

What must I discuss with my doctor before taking CONCERTA®?

Talk to your doctor **before** taking CONCERTA® if you/your child:

- Are being treated for depression or have symptoms of depression such as feelings of sadness, worthlessness, and hopelessness.
- Have motion tics (hard-to-control, repeated twitching of any parts of the body) or verbal tics (hard-to-control repeating of sounds or words).
- Have someone in your family with motion tics, verbal tics, or Tourette's syndrome.
- Have abnormal thoughts or visions, hear abnormal sounds, or have been diagnosed with psychosis.
- Have been diagnosed with bipolar disorder.
- Have had seizures (convulsions, epilepsy) or abnormal EEGs (electroencephalograms).
- Have high blood pressure or any heart problems or defects.

- Have a narrowing or blockage of the gastrointestinal tract (esophagus, stomach, or small or large intestine).

Tell your doctor immediately if any of the above conditions or symptoms develop while taking CONCERTA®.

Can CONCERTA® be taken with other medicines?

Tell your doctor about **all** medicines that you/your child are taking. Your doctor should decide whether CONCERTA® can be taken with other medicines. These include:

Other medicines that a doctor has prescribed.

Medicines that you buy yourself without a prescription.

Any herbal remedies.

CONCERTA® should not be taken with monoamine oxidase (MAO) inhibitors.

While on CONCERTA®, do not start taking a new medicine or herbal remedy before checking with your doctor.

CONCERTA® may change the way the body reacts to certain medicines. These include medicines used to treat depression, prevent seizures, or prevent blood clots (commonly called “blood thinners”). Your doctor may need to change the dose of these medicines if they are taken with CONCERTA®.

Other Important Safety Information

Abuse of methylphenidate can lead to dependence. Tell your doctor if you/your child have ever abused or been dependent on alcohol or drugs, or if you/your child are now abusing or dependent on alcohol or drugs.

Before taking CONCERTA®, tell your doctor if you/your child are pregnant or plan on becoming pregnant. If methylphenidate is taken, it may be in breast milk. Tell your doctor if you/your child are nursing a baby.

Psychosis (abnormal thinking or hallucinations) and manic symptoms (abnormal, extreme moods or excessive activity) have occurred in clinical studies of stimulants.

Tell your doctor if blurred vision occurs while taking CONCERTA®.

Tell your doctor if aggressive behavior or hostility appears or worsens.

Slower growth (weight gain and/or height) has been reported with long-term use of methylphenidate in children. Your doctor will be carefully watching your/your child's height and weight. If you/your child are not growing or gaining weight as your doctor expects, your doctor may stop CONCERTA[®] treatment.

Call your doctor ***immediately*** if you/your child take more than the amount of CONCERTA[®] prescribed by your doctor.

What else should I know about CONCERTA[®]?

CONCERTA[®] has not been studied in children under 6 years of age.

The CONCERTA[®] tablet does not dissolve completely after all the drug has been released, and you/your child may sometimes notice it in your/your child's stool. This is normal.

CONCERTA[®] may be a part of the overall treatment for ADHD. Your doctor may also recommend counseling or other therapy.

As with all medicines, never share CONCERTA[®] with anyone else and take only the number of CONCERTA[®] tablets prescribed by your doctor.

CONCERTA[®] should be stored in a safe place at room temperature (between 59°-86° F). Do not store this medicine in hot, damp, or humid places.

Keep out of the reach of children.

For more information call 1-888-440-7903 or visit www.concerta.net

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