

Concerta

(methylphenidate ER [OROS])

[Full Prescribing Information](#)

[DailyMed Drug Information](#)

Forms/Strengths

- **Tablets:** 18 mg, 27 mg, 36 mg, 54 mg

Dosing

- **Age:** ≥ 6 y/o
- **Onset:** ~ 30 -60 min
- **Duration:** Up to 12 hours
- **Release Profile:** 22% IR, 78% CR via osmotic delivery
- **Considerations:** Must be swallowed whole; the non-absorbable shell may pass in stool. Administer once daily in the morning, with or without food. Do not chew or crush the tablet.
- **Initial Dose:**
 - **6-12 y/o:** 18 mg daily
 - **13+ y/o:** 18 mg - 36 mg daily
- **Titration:** 18 mg/day at weekly intervals
- **Max Dose:**
 - **6-12 y/o:** 54 mg/day
 - **13+ y/o:** 72 mg/day

Quick Facts

- Blocks dopamine and norepinephrine reuptake; central nervous system stimulant
- Uses OROS technology for immediate release followed by slow, consistent release; minimizes plasma fluctuations
- Can cause psychiatric adverse events; assess for bipolar disorder before starting

- Common side effects: decreased appetite, insomnia, headache, gastrointestinal discomfort
-

Indications

- **ADHD** (ICD-10: F90.0)
-

Off-Label Uses

- **N/A**
-

How to Take

- Take **once daily in the morning** to reduce the risk of insomnia.
 - Can be taken **with or without food**; high-fat meals may delay absorption.
 - Swallow the **tablet whole** with water; do not crush, chew, or split.
 - The **osmotic-controlled release system (OROS)** shell may appear in the stool; this is normal.
-

Side Effects

- Common: Decreased appetite, headache, dry mouth, nausea, insomnia, anxiety, dizziness, weight loss, irritability, hyperhidrosis
 - Serious: Cardiovascular events, psychiatric adverse events, seizures, visual disturbances, growth suppression in children
-

Monitoring / Labs

- **Cardiovascular:** Baseline and routine monitoring of heart rate and blood pressure.
 - **Growth in Pediatrics:** Regular monitoring of height and weight to detect growth suppression.
 - **Psychiatric Symptoms:** Observe for mood changes, anxiety, or psychosis.
 - **Abuse Potential:** Monitor for misuse or diversion.
-

Education

- **When to Call the Doctor:**
 - Severe **mood changes, aggression, or suicidal thoughts**.
 - Chest pain, rapid heartbeat, shortness of breath (**cardiovascular concerns**).
 - Uncontrolled movements, tics, or worsening anxiety.
 - Numbness, coldness, or color changes in fingers or toes (**circulatory issues**).
 - Unexplained weight loss or **delayed growth in pediatric patients**.
 - **Safety Tips:**
 - **Monitor blood pressure and heart rate**, especially in patients with cardiovascular risk.
 - Use caution in patients with **anxiety, bipolar disorder, or psychosis**, as symptoms may worsen.
 - Avoid **caffeine and other stimulants**, which may amplify side effects.
 - Ensure **adequate hydration and nutrition**, as appetite suppression is common.
 - **Tapering may be required** if discontinuing after long-term use.
 - **Parent Tips for Pediatric Patients:**
 - **Encourage a nutrient-dense diet** to counteract appetite suppression.
 - Administer in the **morning before school** for optimal effect.
 - Monitor **school performance and behavioral changes**.
 - Observe for **sleep disturbances**; adjust timing if necessary.
 - Communicate regularly with **teachers and caregivers** about medication effects.
-

Additional Information

- **Contraindications:**
 - **Hypersensitivity** to methylphenidate or formulation components.
 - **Use within 14 days of MAOI therapy** (risk of hypertensive crisis).
 - Symptomatic **cardiovascular disease, moderate-to-severe hypertension, hyperthyroidism, glaucoma**.
 - **History of substance use disorder**, unless benefits outweigh risks.
- **Pregnancy:**
 - **Category C**; use only if benefits outweigh risks.
 - May cause **neonatal withdrawal symptoms** or **low birth weight**.
- **Lactation:**
 - **Excreted in breast milk; not recommended** due to potential infant exposure.
- **Drug Interactions:**
 - **Serotonergic drugs** (e.g., SSRIs, SNRIs, MAOIs) increase **serotonin syndrome risk**.
 - **Acidifying agents** (e.g., ascorbic acid) may reduce drug absorption.
 - **Alkalinizing agents** (e.g., sodium bicarbonate) may increase methylphenidate levels.

- May potentiate **hypertensive effects** of certain medications (e.g., decongestants, beta-agonists).

Revision #22

Created 21 December 2024 13:48:17 by Josh Lejeune NP

Updated 18 February 2025 03:00:31 by Josh Lejeune NP