

Cotempla XR-ODT

(methylphenidate XR-ODT)

[Full Prescribing Information](#)

[DailyMed Drug Information](#)

Forms/Strengths

- **ODT:** 8.6 mg, 17.3 mg, 25.9 mg

Dosing

- **Age:** 6-17 y/o
- **Onset:** ~ 30-60 min
- **Duration:** ~ 8 hours
- **Release Profile:** 25% IR, 75% ER
- **Considerations:** Grape-flavored, allow to dissolve in saliva. Advise to take consistently either with food or without food.
- **Initial Dose:** 17.3 mg
- **Titration:** 8.6 mg - 17.3 mg weekly
- **Max Dose:** 51.8 mg

Quick Facts

- Increases synaptic norepinephrine and dopamine through amphetamine action
- Enhances focus, attention, and impulse control
- Extended-release ODT with dual-phase release: immediate onset and sustained effect
- Unique orally disintegrating tablet—dissolves on the tongue without water
- Common side effects: decreased appetite, insomnia, headache, dry mouth

Indications

- **ADHD age 6-17** (ICD-10: F90.0)
-

Off-Label Uses

- **ADHD after age 17** (ICD-10: F90.0)
-

How to Take

- Take **once daily in the morning** to minimize the risk of insomnia.
 - **Orally disintegrating tablet (ODT)** should be placed on the tongue and allowed to dissolve completely—do not chew or crush.
 - Can be taken **with or without food**.
 - Ensure hands are **dry before handling** the tablet.
-

Side Effects

- **Common:**
 - Decreased appetite, weight loss
 - Insomnia
 - Stomach pain, nausea
 - Headache
 - Irritability
 - **Serious:**
 - Cardiovascular events: Sudden death in patients with structural cardiac abnormalities or arrhythmias.
 - Psychiatric symptoms: New or worsening anxiety, psychosis, or manic symptoms.
 - Growth suppression in children (monitor height and weight).
 - Peripheral vasculopathy, including Raynaud's phenomenon.
-

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 13:48:29 by Josh LeJeune NP

Updated 18 February 2025 03:00:50 by Josh LeJeune NP