

Methylin

(methylphenidate)

[Full Prescribing Information](#)

[DailyMed Drug Information](#)

Forms/Strengths

- **Liquid (grape flavored):** 5 mg/5 mL, 10 mg/5 mL
- **Chewable:** 2.5 mg, 5 mg, 10 mg

Dosing

- **Age:** ≥ 6 y/o
- **Onset:** ~20-60 min
- **Duration:** 3-4 hours
- **Considerations:** Typically dosed multiple times per day. May be taken with or without food.
 - **Liquid:** Colorless, grape-flavored liquid; store at room temperature.
 - **Chewable:** Grape-flavored chewable tablet.
- **Initial Dose:** 5 mg twice daily (before breakfast and lunch)
- **Titration:** 5-10 mg weekly
- **Max Dose:** 2mg/kg/day up to 60 mg/day

Quick Facts

- Blocks dopamine/norepinephrine reuptake; enhances focus, attention, and impulse control
- Immediate-release formulation provides rapid onset
- Available as tablets and oral solution
- Common side effects: decreased appetite, insomnia, headache, stomach upset

Indications

- **ADHD** (ICD-10: F90.0)
 - **Narcolepsy**: G47.419
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Off-Label Uses

- **Binge Eating Disorder (F50.2)** – Sometimes used to help curb compulsive overeating
 - **Treatment-Resistant Depression (F33.9)** – May improve motivation and energy in certain cases
 - **Cancer-related Fatigue (R53.0)** – Can enhance alertness and reduce severe fatigue
 - **Other Fatigue Syndromes (R53.83)** – May help improve wakefulness in chronic fatigue
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How to Take

- Administer orally, **preferably 30 to 45 minutes before meals**.
 - Take **two to three times daily**, as directed, with doses **at least 4 hours apart**.
 - Can be taken **with or without food**; high-fat meals may delay absorption.
 - **Swallow the tablet whole**; do not crush or chew.
 - If using the **oral solution**, **measure dose carefully** with a provided dosing syringe or cup—do not use household spoons.
 - Avoid taking **late in the day** to prevent insomnia.
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Side Effects

- Common: Insomnia, decreased appetite, headache, abdominal pain, tachycardia, dry mouth
 - Serious: Cardiovascular events (e.g., sudden death in patients with cardiac abnormalities), psychiatric events (e.g., psychosis, mania), priapism, growth suppression in children
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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.
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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.
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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).

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