

# Quillivant XR

(methylphenidate XR suspension)

[Full Prescribing Information](#)

[DailyMed Drug Information](#)

## Forms/Strengths

- **Liquid (Fruit-flavored):** 25 mg/5 mL

## Dosing

- **Age:**  $\geq 6$  y/o
- **Onset:** ~ 45 min
- **Duration:** ~ 12 hours
- **Release Profile:** 20% IR, 80% ER
- **Considerations:** Fruit-flavored; Shake bottle vigorously for at least 10 seconds before administering. May be taken with or without food. Store at room temperature. Suspension expires four months after reconstitution.
- **Initial Dose:** 20 mg
- **Titration:** 10-20 mg weekly
- **Max Dose:** 60 mg/day

## Quick Facts

- Blocks dopamine/norepinephrine reuptake; enhances focus, attention, and impulse control
- Extended-release oral suspension with dual-phase release for immediate and sustained effect
- Unique liquid formulation ideal for patients who have difficulty swallowing pills
- Common side effects: decreased appetite, insomnia, stomach upset, headache

# Indications

- **ADHD** (ICD-10: F90.0)
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# Off-Label Uses

- **N/A**
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# How to Take

- Take **once daily in the morning** to minimize the risk of insomnia.
  - **Shake the bottle well** for at least **10 seconds** before each dose to ensure proper mixing.
  - **Measure the dose accurately** using the provided oral dosing syringe—do not use household spoons.
  - Can be taken **with or without food**; high-fat meals may delay absorption.
  - Avoid taking **late in the day** to prevent sleep disturbances.
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# Side Effects

- Common: Decreased appetite, insomnia, nausea, vomiting, abdominal pain, weight loss, anxiety, dizziness, irritability, tachycardia, increased blood pressure.
  - Serious: Cardiac events, psychiatric symptoms, priapism, peripheral vasculopathy, growth suppression, glaucoma, tics.
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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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