

# Ritalin LA

(methylphenidate LA)

[Full Prescribing Information](#)

[DailyMed Drug Information](#)

## Forms/Strengths

- **Capsules:** 10 mg, 20 mg, 30 mg, 40 mg

## Dosing

- **Age:**  $\geq 6$  y/o
- **Onset:** ~ 20-60 min
- **Duration:** 8-12 hours
- **Release Profile:** 50% IR, 50% ER
- **Considerations:** Capsules may be swallowed whole or opened, and the entire contents can be sprinkled on applesauce. Should not be crushed, chewed, or divided.
- **Initial Dose:** 10-20 mg
  - Patients currently using Ritalin: dosage is equivalent to Ritalin dose
- **Titration:** 10 mg weekly
- **Max Dose:** 60 mg/day

## Quick Facts

- Blocks dopamine/norepinephrine reuptake; enhances focus, attention, and impulse control
- Extended-release capsule with a bimodal (immediate and delayed) release profile for consistent, all-day symptom control
- Unique bead-based technology provides rapid onset followed by sustained effect
- Common side effects: decreased appetite, insomnia, headache, gastrointestinal discomfort

# 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.
  - Can be taken **with or without food**; high-fat meals may delay absorption.
  - Swallow the **capsule whole**; do not crush or chew.
  - If needed, the **capsule may be opened and the contents sprinkled on applesauce**—consume immediately without chewing.
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# Side Effects

- Common: Headache, insomnia, upper abdominal pain, decreased appetite, anorexia.
  - Serious: Cardiovascular 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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