Metyrol XL (methylphenidate hydrochloride) 10 mg, 20 mg, 30 mg, 40 mg and 60 mg modified-release hard capsules Prescribing Information.
Prescribers should consult the SmPC before prescribing.

Presentation: Each modified-release capsule contains 10mg, 20mg, 30mg, 40mg or 60mg methylphenidate hydrochloride respectively.

Also contains 59.7mg, 119.5mg, 179.2mg, 238.9mg and 358.4mg sucrose respectively.

Indications: Indicated as part of a comprehensive treatment programme fo**r** attention-deficit/hyperactivity disorder (ADHD) in children aged 6 years of age and over and adults when remedial measures alone prove insufficient.
Treatment must be initiated and supervised by a physician specialised in the treatment of ADHD. Please refer to the SmPC for full details.

Dosage and administration: *Pre-treatment screening:* Baseline cardiovascular evaluation is necessary. Document concomitant medications, past and present co-morbid medical and psychiatric disorders/symptoms, family history of sudden cardiac/unexplained death, height in children only and weight. *Ongoing monitoring:* Growth (in children/adolescents), weight (adults), psychiatric and cardiovascular status should be continuously monitored. Monitor for the risk of diversion, misuse and abuse of methylphenidate. *Dose titration:* Careful dose titration is necessary. Start at the lowest dose. Adult titration may be initiated with 20mg. Metyrol XL simulates twice daily administration with 50% available as immediate-release, and 50% released after approximately 4 hours. If there is no improvement after dose titration over 1 month, should be discontinued.
Children (6 years and over): Should be taken once daily in the morning. Recommended starting dose is 20mg, or if the clinician judges a lower dose is appropriate, 10mg, or short-acting methylphenidate 10 mg. The maximum daily dose is 60mg.
Adults: Once daily, usually in the morning. Time of the intake may be changed but should not be too late in the morning. Dose titration can be started at 20 mg. Only modified-release formulation should be used. Maximum daily dose is 80mg.
Patients new to methylphenidate: starting dose is 20mg once daily. Dose may be adjusted at weekly intervals in 20 mg increments for adults.
Patients transitioning from childhood methylphenidate treatment to adulthood: Treatment may be continued with the same daily dose. *Periodic assessment of the treatment in ADHD:* Should be discontinued periodically to assess the patient's condition. Treatment may be restarted to control the symptoms. In children, treatment can usually be discontinued during or after puberty. *Switching patient's treatment to Metyrol XL:* Recommended daily dose of Metyrol XL is equal to the total dose of immediate-release methylphenidate administered twice daily. Dose may be adjusted at weekly intervals in 10mg increments. *Long-term use:* No data. If used over 12 months, periodically re-evaluate the long-term usefulness with trial periods off medication to assess patient's functioning without pharmacotherapy. Recommended to de-challenge at least once yearly to assess patient's condition. *Dose reduction and discontinuation:* Stop treatment if the symptoms do not improve over a one-month period.

Method of Administration: Oral use, once daily in the morning. May be administered with or without food. May be swallowed whole or administered by sprinkling the capsule contents on a small amount of food. See SmPC for instructions.

Special Populations: *Paediatric Population*: not for use in patients aged under 6 years. *Elderly:* Should not be used. *Renal impairment:* Use with caution. *Hepatic impairment:* Use with caution.

Fertility, pregnancy and lactation: *Pregnancy:* Not recommended. *Breastfeeding*: Decide whether to discontinue breastfeeding or methylphenidate therapy based on the benefit of breast feeding for the child versus the benefit of methylphenidate therapy for the woman. *Fertility:* No human data available.

Contraindications: Hypersensitivity to active substance or any of the excipients, glaucoma, phaeochromocytoma, during treatment with non-selective, irreversible monoamine oxidase (MAO) inhibitors, or within 14 days of discontinuing a MAO inhibitor, hyperthyroidism or thyrotoxicosis, diagnosis or history of severe depression, anorexia nervosa/anorexic disorders, suicidal tendencies, psychotic symptoms, severe mood disorders, mania, schizophrenia, psychopathic/borderline personality disorder, diagnosis or history of severe and episodic bipolar disorder (that is not well-controlled), pre-existing cardiovascular disorders (including severe hypertension, heart failure, arterial occlusive disease, angina pectoris, haemodynamically significant congenital heart disease, cardiomyopathies, myocardial infarction, potentially life-threatening arrhythmias, and channelopathies), pre-existing cerebrovascular disorders, cerebral aneurysm, vascular abnormalities including vasculitis or stroke or known risk factors for cerebrovascular disorder.

Special warnings and precautions: *Cardiovascular status:* Patients should have a careful history and physical exam to assess for the presence of cardiac disease. During treatment, if patients develop any symptoms suggestive of cardiac disease, they should undergo specialist cardiac evaluation. Use with caution in patients whose underlying medical conditions might be compromised by increases in blood pressure or heart rate. Blood pressure and pulse should be recorded at each adjustment of dose and then at least every 6 months. *Sudden death and pre-existing cardiac structural abnormalities or other serious cardiac disorders:* Sudden death has been reported in children with the use of stimulants. Stimulants are not recommended in patients with known cardiac abnormalities, cardiomyopathy, serious heart rhythm abnormalities or other serious cardiac problems. *Misuse and cardiovascular events:* Misuse of stimulants may be associated with sudden death and other serious

cardiovascular events. *Cerebrovascular disorders:* Patients with risk factors should be assessed at every visit. *Psychiatric disorders:* Should be monitored at every adjustment of dose, then at least every 6 months, and at every visit. May exacerbate symptoms of behavioral disturbance and thought disorder. Treatment-emergent psychotic symptoms or mania can be caused. Emergence or worsening of aggressive or hostile behaviour can be caused with stimulants. Emergent suicidal ideation or behavior should be evaluated. Associated with onset or exacerbation of motor and verbal tics. Monitoring should be at every adjustment of dose and then at least every 6 months or every visit. Associated with worsening of pre-existing anxiety, agitation or tension. Should be monitored regularly. Take care in comorbid bipolar patients. Close monitoring is essential. *Growth and weight loss:* growth, weight and appetite should be recorded in children. Weight should be monitored in adults. *Seizures:* use with caution. *Abuse, misuse and diversion:* carefully monitor for the risk of diversion, misuse and abuse. . *Withdrawal:* careful supervision is required. *Fatigue:* Should not be used to prevent or treat normal fatigue. *Choice of methylphenidate formulation:* must be decided by the specialist. *Hematological effects:* Patients requiring long-term therapy should be monitored. *Priapism:* Prolonged and painful erections have been reported. *Drug screening:* May induce a false positive lab test for amphetamines. *Effects in case of misuse as doping agent:* can lead to positive results. *Contains sucrose:* patients with rare hereditary problems of fructose intolerance, glucose galactose malabsorption or sucrase-isomaltose insufficiency should not take this product.

Drug Interactions: Caution combining with other medicines, especially medicines with a narrow therapeutic window, coumarin anticoagulants, anticonvulsants some antidepressants, anti-hypertensive medicinal products, medicinal products that elevate blood pressure, alcohol, halogenated anaesthetics, dopaminergic medicinal products.

Effects on ability to drive/use machines: Can cause dizziness, drowsiness and visual disturbances. May have a moderate influence. Patients should be warned of these possible effects.

Undesirable effects: Nasopharyngitis, gastroenteritis, anaemia, leukopenia, thrombocytopenia, thrombocytopenic purpura, pancytopenia, hypersensitivity reactions such as angioneurotic oedema, anaphylactic reactions, auricular swelling, bullous conditions, exfoliative conditions, urticaria, pruritus , rashes and eruptions, decreased appetite, anorexia, moderately reduced weight and height gain during prolonged used in children, weight decrease in adults, insomnia, nervousness, anorexia affect lability, aggression, agitation, anxiety, depression, irritability, abnormal behaviour, restlessness, sleep disorder, libido decreased, panic attack, stress, bruxism, psychotic disorders, auditory, visual and tactile hallucinations, suicidal ideation, worsening of pre-existing tics or Tourette's syndrome, suicidal attempt, headache, tremor, dizziness, dyskinesia, psychomotor hyperactivity, somnolence, sedation, akathisia, dyspemia, neuroleptic malignant syndrome, cerebrovascular disorders, diplopia, Arrhythmia, palpitations, tachycardia , chest pain, angina pectoris, cardiac arrest, myocardial infarction, Supraventricular tachycardia, bradycardia, ventricular extrasystoles, extrasystoles , hypertension, peripheral coldness, cerebral arteritis and/or occlusion, Raynaud's phenomenon, cough, pharyngolatyngeal pain, dyspnoea, nausea, dry mouth, abdominal pain, diarrhoea, stomach discomfort, vomiting, dyspepsis, toothache, abnormal liver function including coma, hyperhidrosis, alopecia, pruritus, rash, urticaria, arthralgia, erectile dysfunction, pyrexia, growth retardation during prolonged use in children, feeling jittery, fatigue, thirst, sudden cardiac death, chest discomfort, hyperpyrexia, changes in blood pressure and heart rate, weight decreased, white blood count abnormal. See SmPC for full list of adverse events.

Pack size and UK list price:
Metyrol XL 10 mg capsules **(**PL 17780/1103), pack size: 30, £ 17.94
Metyrol XL 20 mg capsules (PL 17780/1104), pack size: 30, £ 21.54
Metyrol XL 30mg capsules (PL 17780/1105), pack size: 30, £ 25.12
Metyrol XL 40mg capsules (PL 17780/1106), pack size:30, £43.07
Metyrol XL 60mg capsules (PL 17780/1107), pack size:30, £50.24

Legal category: POM

Marketing Authorisation Holder: Zentiva Pharma UK Limited, 12 New Fetter Lane, London, EC4A 1JP, United Kingdom

Date of Preparation: 25 May 2022 **Ref:** 19790

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Zentiva via email to PV-United-Kingdom@zentiva.com or via phone on 0800 090 2408.