



Healthcare professional and patient resources



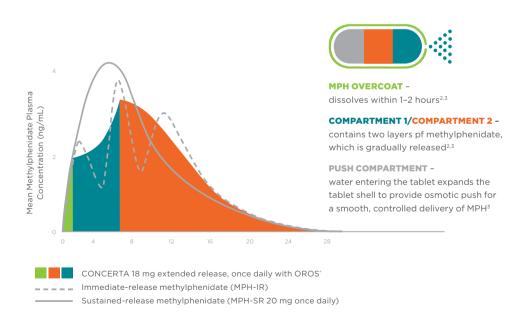
Are all ADHD medications created equally?

Generic medications for attention deficit hyperactivity disorder (ADHD) contain the same active ingredient as the brand name medication. However, there are differences in the delivery and consequently absorption of the active ingredient – potentially resulting in different responses between the brand and generic.¹

CONCERTA is the only ADHD medication with OROS® technology for a rapid[†] and sustained* effect throughout the day^{2-4†}

†Rapid - Initial drug overcoat dissolves in 1-2 hours²

*Sustained - Two internal drug layers are gradually released over the next few hours, with peak concentrations achieved at approximately 6-8 hours²



CONCERTA is recommended as a first-line pharmacologic treatment for ADHD in children and adults⁵⁻⁷

How to write a CONCERTA extended-release prescription^{2,8}



Pill images are actual size. CONCERTA doses approved and available in Australia.² CONCERTA will always have 'alza' written on every tablet.² Please refer to pbs.gov.au for the PBS prescribing criteria.



To ensure your patients are prescribed CONCERTA and not a generic, tick 'Brand substitution not permitted' on every prescription issued.

CONCERTA extended-release dosing²

New patients²



Recommended starting dose of 18 mg once daily

Transitioning patients from methylphenidate 3x daily²

Recommended CONCERTA dose	Previous methylphenidate dose
18 mg once daily	5 mg methylphenidate, three times daily
36 mg once daily	10 mg methylphenidate, three times daily
54 mg once daily	15 mg methylphenidate, three times daily
72 mg once daily	20 mg methylphenidate, three times daily

PBS: Pharmaceutical Benefits Scheme

References: 1. American Academy of Child & Adolescent Psychiatry and American Psychiatric Association. ADHD Parents Medication Guide. Revised 2013. Available at: https://www.aacap.org/App_Themes/AACAP/Docs/resource_centers/adhd/adhd_parents_medication_guide_201305.pdf (accessed February 2021). 2. CONCERTA (methylphenidate hydrochloride) Approved Product Information. 3. Modi NB et al. J Clin Pharmacol 2000.40379. 4. Katzman MA & Sterant T. CNS Drugs 2014;28:1005–33. 5. National Institute for Health and Care Excellence (NICE) guideline. Attention deficit hyperactivity disorder: Diagnosis and Management. 14 March 2018. Available at: https://www.caddra.co.gorg/a/cosessed February 2021). 6. Canadian ADHD Practice Guidelines. Evaluable 1at: https://www.caddra.ca.cacessed February 2021). 7. National Health and Medical Research Council. Australian Government. Clinical practice points on the diagnosis, assessment and management of ADHD in children and adolescents. 2012. Available at: https://www.nhrmc.gov.au/about-us/publications/clinical-practice-points-adhd-children-and-adolescents (accessed February 2013). 8. Pharmaceutical Benefits Scheme. Available at: pbs.gov.au.



DRUG DEPENDENCE: CONCERTA should be given cautiously to patients with a history of drug dependence or alcoholism. Chronic abusive use can lead to marked tolerance and psychological dependence with varying degrees of abnormal behaviour. Frank psychotic episodes can occur, especially with parenteral abuse. Careful supervision is required during withdrawal from abusive use since severe depression may occur. Withdrawal following chronic therapeutic use may unmask symptoms of the underlying disorder that may require follow-up.

PBS Information: This product is listed on the Pharmaceutical Benefits Scheme. Please review Product Information before prescribing (available from http://www.janssen.com.au/Concerta_PI).

CONCERTA® (methylphenidate hydrochloride) Extended-Release Tablets. CONCERTA® Minimum Product Information. Indications: Treatment of ADHD (DSM-IV criteria). Treatment should be commenced by a specialist. Contraindications: hypersensitivity to methylphenidate or any inactive ingredients in this product, poorly-controlled open-angle or angle-closure glaucoma; hyperthyroidism; cardiac arrhythmias; severe angina pectoris; MAOIs (including within 14 days of cessation), phaeochromocytoma, drug dependence, alcohol abuse, uncontrolled hypertension, cardiomyopathies, ischaemic heart disease, myocardial infarctions, severe depression, anorexia nervosa, psychotic-symptoms and suicidal tendency. Precautions: Drug dependence; depression and psychosis; seizures; potential for gastrointestinal obstruction; increased intraocular pressure and glaucoma; motor and verbal tics and worsening of Tourette's syndrome; sudden death and pre-existing structural cardiac abnormalities or other serious heart problems; hypertension and other cardiovascular conditions; aggression, anxiety and agitation; priapism; peripheral vasculopathy including Raynaud's phenomenon; cerebrovascular disorder; haematologic monitoring; long-term suppression of growth, hepatic or renal impairment; pregnancy; lactation; children < 6 years. Adverse Reactions: nasopharyngitis, insomnia, headache, dizziness; cough, pharyngolaryngeal pain; abdominal pain; vomiting; pyrexia; palpitations; tachycardia; vertigo; vision blurred; accommodation disorder; constipation; dry mouth; dyspepsia; nausea; fatigue; irritability; thirst; asthenia; influenza; upper UTI; sinusitis; heart rate increased; weight decreased; alanine aminotransferase increased; anorexia; decreased appetite; muscle tightness; muscle spasms; myalgia; paraesthesia; somnolence; tension headache; tremor; affect lability; aggression; agitation; anxiety; bruxism; confusional state; depression; insomnia; libido disorder; nervousness; restlessness; tension; panic attack; dyspnoea; erectile dysfunction; hypertension; hot flush; feeling jittery; tic; mood swings; rash; diarrhoea; stomach discomfort; hyperhidrosis. For other adverse reactions, see full Pl. Drug Interactions: Monoamine oxidase inhibitors (see Contraindications); vasopressor agents; anticonvulsants e.g. phenobarbitone, phenytoin, primidone; tricyclic antidepressants; selective serotonin reuptake inhibitors; other alpha-2 agonists, other; antipsychotics. Dosage; Treatment should be started on the lowest possible dose. If treatment is restarted following discontinuation of greater than 3 months then dosing will need to be re-titrated. Administer once daily in the morning with or without food. Swallow whole with liquid. Do not crush, divide or chew. Maximum dosage of 54 mg/day for children and 72 mg/day for adults. Presentation: Extended-release tablets 18 mg, 27 mg, 36 mg and 54 mg. Storage Conditions: Store below 25°C. Keep container tightly closed. Date of preparation: 03 December 2020.

