# Part VI: Summary of the risk management plan

## Summary of risk management plan for Methylphenidate 10/20/30/40/60 mg modified-release hard capsules (methylphenidate)

This is a summary of the risk management plan (RMP) for Methylphenidate modified-release hard capsules. The RMP details important risks of Methylphenidate modified-release hard capsules, how these risks can be minimised, and how more information will be obtained about Methylphenidate modified-release hard capsules' risks and uncertainties (missing information).

Methylphenidate modified-release hard capsules' summary of product characteristics (SmPC) and its package leaflet (PL) give essential information to healthcare professionals and patients on how Methylphenidate modified-release hard capsules should be used.

Important new concerns or changes to the current ones will be included in updates of Methylphenidate modified-release hard capsules' RMP.

### I. The medicine and what it is used for

Methylphenidate modified-release hard capsules are authorised for the treatment of:

- Attention-Deficit/Hyperactivity Disorder (ADHD)

  Methylphenidate is indicated as part of a comprehensive treatment programme for 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 such as an expert paediatrician, a child and adolescent psychiatrist or a psychiatrist.

- Special diagnostic considerations for ADHD in children

  Diagnosis should be made according to DSM criteria or the guidelines in ICD and should be based on a complete history and evaluation of the patient. Diagnosis cannot be made solely on the presence of one or more symptom.

  The specific aetiology of this syndrome is unknown, and there is no single diagnostic test. Adequate diagnosis requires the use of medical and specialised psychological, educational, and social resources.

  A comprehensive treatment programme typically includes psychological, educational and social measures as well as pharmacotherapy and is aimed at stabilising children with a behavioural syndrome characterised by symptoms which may include chronic history of short attention span, distractibility, emotional lability, impulsivity, moderate to severe hyperactivity, minor neurological signs and abnormal EEG. Learning may or may not be impaired.

  Methylphenidate treatment is not indicated in all children with ADHD and the decision to use the medicinal product must be based on a very thorough assessment of the severity and chronicity of the child's symptoms in relation to the child's age.

  Appropriate educational placement is essential, and psychosocial intervention is generally necessary. Where remedial measures alone prove insufficient, the decision to prescribe a stimulant must be based on rigorous assessment of the severity of the child's symptoms. Methylphenidate

should always be used in this way according to the licensed indication and according to prescribing/diagnostic guidelines.

- Special diagnostic considerations for ADHD in adults

  Diagnosis should be made according to DSM criteria or the guidelines in ICD and should be based on a complete history and evaluation of the patient.

  The specific aetiology of this syndrome is unknown, and there is no single diagnostic test. Adults with ADHD have symptom patterns characterised by, restlessness, impatience, and inattentiveness. Symptoms such as hyperactivity tend to diminish with increasing age possibly due to adaptation, neurodevelopment and self-medication. Inattentive symptoms are more prominent and have a greater impact on adults with ADHD. Diagnosis in adults should include a structured patient interview to determine current symptoms. The pre-existence of childhood ADHD is required and has to be determined retrospectively (by patients' records or if not available by appropriate and structured instruments/interviews). Third-party corroboration is desirable and <invented name> should not be initiated when the verification of childhood ADHD symptoms is uncertain. Diagnosis should not be made solely on the presence of one or more symptoms. The decision to use a stimulant in adults must be based on a very thorough assessment and diagnosis should include moderate or severe functional impairment in at least 2 settings (for example, social, academic, and/or occupational functioning), affecting several aspects of an individual's life.

It contains methylphenidate as the active substance and it is given orally.

## II. Risks associated with the medicine and activities to minimise or further characterise the risks

Important risks of Methylphenidate modified-release hard capsules, together with measures to minimise such risks and the proposed studies for learning more about Methylphenidate modified-release hard capsules' risks, are outlined below.

Measures to minimise the risks identified for medicinal products can be:

- Specific information, such as warnings, precautions, and advice on correct use, in the package leaflet and SmPC addressed to patients and healthcare professionals;
- Important advice on the medicine's packaging;
- The authorised pack size — the amount of medicine in a pack is chosen so to ensure that the medicine is used correctly;
- The medicine's legal status — the way a medicine is supplied to the patient (e.g. with or without prescription) can help to minimise its risks.

Together, these measures constitute *routine risk minimisation* measures.

In the case of Methylphenidate modified-release hard capsules, these measures are supplemented with *additional risk minimisation measures* mentioned under relevant important risks, below.

In addition to these measures, information about adverse reactions is collected continuously and regularly analysed so that immediate action can be taken as necessary. These measures constitute *routine pharmacovigilance activities*.

### *II.A List of important risks and missing information*

Important risks of Methylphenidate modified-release hard capsules are risks that need special risk management activities to further investigate or minimise the risk, so that the medicinal product can be safely taken. Important risks can be regarded as identified or potential. Identified risks are concerns for which there is sufficient proof of a link with the use of Methylphenidate modified-release hard capsules. Potential risks are concerns for which an association with the use of this medicine is possible based on available data, but this association has not been established yet and needs further evaluation. Missing information refers to information on the safety of the medicinal product that is currently missing and needs to be collected (e.g. on the long-term use of the medicine);

**** only relevant for products with paediatric indications***

***+ only relevant for products with adult indications***

| **List of important risks and missing information** | |
|---|---|
| Important identified risks | Psychosis/Mania<br>Decreased rate of growth*<br>Aggression<br>Depression<br>Serious cardiovascular events<br>Verbal or motoric tics<br>Drug abuse/Drug dependence<br>Withdrawal syndrome<br>Reduced weight gain*<br>Seizures<br>Cerebrovascular Disorders<br>Neonatal toxicity+ |
| Important potential risks | Suicidality<br>Sexual maturation (delayed) |
| Missing information | Long-term effects |

### *II.B Summary of important risks*

| **Important identified risk: Serious cardiovascular events** | |
|---|---|
| Risk minimisation measures | Routine risk minimisation measures:<br>SmPC section 4.3, 4.4, 4.8.<br>PL Section 2, 4.<br>Other routine risk minimisation measures beyond the Product Information:<br>Legal status: Prescription only medicine.<br>Additional risk minimisation measures: |

| **Important identified risk: Serious cardiovascular events** | |
|---|---|
| | • Prescriber checklist 1.<br>• Prescriber checklist 2.<br>• Chart for ongoing monitoring during methylphenidate treatment. |

| **Important identified risk: Psychosis/Mania** | |
|---|---|
| Risk minimisation measures | Routine risk minimisation measures:<br>SmPC section 4.3, 4.4, 4.8.<br>PL Section 2, 4.<br>Other routine risk minimisation measures beyond the Product Information:<br>Legal status: Prescription only medicine.<br>Additional risk minimisation measures:<br>• Prescriber checklist 1.<br>• Prescriber checklist 2. |

| **Important identified risk: Verbal or motoric tics** | |
|---|---|
| Risk minimisation measures | Routine risk minimisation measures:<br>SmPC section 4.4, 4.8.<br>PL Section 2, 4.<br>Other routine risk minimisation measures beyond the Product Information:<br>Legal status: Prescription only medicine.<br>Additional risk minimisation measures:<br>• Prescriber checklist 1.<br>• Prescriber checklist 2. |

| **Important identified risk: Depression** | |
|---|---|
| Risk minimisation measures | Routine risk minimisation measures:<br>SmPC section 4.3, 4.4, 4.8.<br>PL Section 2, 4.<br>Other routine risk minimisation measures beyond the Product Information: |

| **Important identified risk: Depression** | |
|---|---|
| | Legal status: Prescription only medicine.<br>Additional risk minimisation measures:<br>• Prescriber checklist 1.<br>• Prescriber checklist 2. |

| **Important identified risk: Aggression** | |
|---|---|
| Risk minimisation measures | Routine risk minimisation measures:<br>SmPC section 4.4, 4.8.<br>PL Section 2, 4.<br>Other routine risk minimisation measures beyond the Product Information:<br>Legal status: Prescription only medicine.<br>Additional risk minimisation measures:<br>• Prescriber checklist 1.<br>• Prescriber checklist 2. |

| **Important identified risk: Drug abuse/Drug dependence** | |
|---|---|
| Risk minimisation measures | Routine risk minimisation measures:<br>Routine risk minimisation measures:<br>SmPC section 4.4, 4.8.<br>Other routine risk minimisation measures beyond the Product Information:<br>Legal status: Prescription only medicine.<br>Additional risk minimisation measures:<br>• Prescriber checklist 1.<br>• Prescriber checklist 2. |

| **Important identified risk: Withdrawal syndrome** | |
|---|---|
| Risk minimisation measures | Routine risk minimisation measures:<br>SmPC section 4.4.<br>Other routine risk minimisation measures beyond the Product Information:<br>Legal status: Prescription only medicine. |

| **Important identified risk: Withdrawal syndrome** | |
|---|---|
| | Additional risk minimisation measures:<br>• Prescriber checklist 1.<br>• Prescriber checklist 2. |

| **Important identified risk: Reduced weight gain** | |
|---|---|
| Risk minimisation measures | Routine risk minimisation measures:<br>SmPC section 4.4, 4.6, 4.8.<br>PL Section 3, 4.<br>Other routine risk minimisation measures beyond the Product Information:<br>Legal status: Prescription only medicine.<br>Additional risk minimisation measures:<br>• Prescriber checklist 1.<br>• Prescriber checklist 2.<br>• Chart for ongoing monitoring during methylphenidate |

| **Important identified risk: Decreased rate of growth** | |
|---|---|
| Risk minimisation measures | Routine risk minimisation measures:<br>SmPC section 4.4, 4.8.<br>PL Section 4.<br>Other routine risk minimisation measures beyond the Product Information:<br>Legal status: Prescription only medicine.<br>Additional risk minimisation measures:<br>• Prescriber checklist 1.<br>• Prescriber checklist 2.<br>• Chart for ongoing monitoring during methylphenidate treatment |

| **Important identified risk: Seizures** | |
|---|---|
| Risk minimisation measures | Routine risk minimisation measures:<br>SmPC section 4.4.<br>PL Section 2. |

| **Important identified risk: Seizures** | |
|---|---|
| | Other routine risk minimisation measures beyond the Product Information:<br>Legal status: Prescription only medicine.<br>Additional risk minimisation measures:<br>• Prescriber checklist 1. |

| **Important identified risk: Cerebrovascular disorders** | |
|---|---|
| Risk minimisation measures | Routine risk minimisation measures:<br>SmPC section 4.3, 4.4, 4.8.<br>PL Section 2, 4.<br>Other routine risk minimisation measures beyond the Product Information:<br>Legal status: Prescription only medicine.<br>Additional risk minimisation measures:<br>• Prescriber checklist 1.<br>• Prescriber checklist 2. |

| **Important identified risk: Neonatal toxicity** | |
|---|---|
| Risk minimisation measures | Routine risk minimisation measures:<br>SmPC section 4.6.<br>PL Section 2.<br>Other routine risk minimisation measures beyond the Product Information:<br>Legal status: Prescription only medicine.<br>Additional risk minimisation measures:<br>• Prescriber checklist 1.<br>• Prescriber checklist 2. |

| **Important identified risk: Suicidality** | |
|---|---|
| Risk minimisation measures | Routine risk minimisation measures:<br>SmPC section 4.3, 4.4, 4.8.<br>PL Section 4. |

| **Important identified risk: Suicidality** | |
|---|---|
| | Other routine risk minimisation measures beyond the Product Information:<br>Legal status: Prescription only medicine.<br>Additional risk minimisation measures:<br>• Prescriber checklist 1.<br>• Prescriber checklist 2. |

| **Important identified risk: Sexual maturation delayed** | |
|---|---|
| Risk minimisation measures | Routine risk minimisation measures:<br>NA.<br>Other routine risk minimisation measures beyond the Product Information:<br>Legal status: Prescription only medicine.<br>Additional risk minimisation measures:<br>None. |

***II.C Post-authorisation development plan***

*II.C.1 Studies which are conditions of the marketing authorisation*

There are no studies which are conditions of the marketing authorisation or specific obligation of Methylphenidate modified-release hard capsules.

*II.C.2 Other studies in post-authorisation development plan*

There are no studies required for Methylphenidate modified-release capsules.