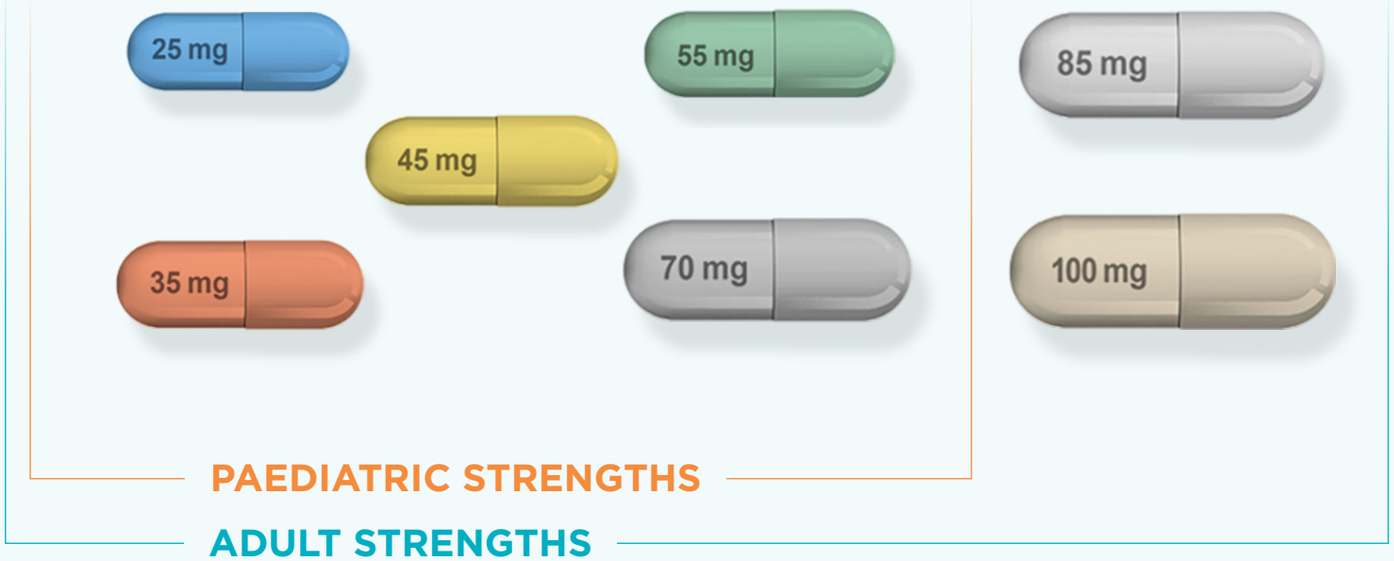
FOQUEST®

METHYLPHENIDATE HYDROCHLORIDE CONTROLLED RELEASE CAPSULES

FLEXIBLE DOSING

ONCE DAILY[1]

Wide range of strengths to assist with titration



PAEDIATRIC STRENGTHS

ADULT STRENGTHS

TITRATION:

- Start FOQUEST® at the **lowest possible dose**.
- If a dose increase is warranted, titrate no less than **5 days apart**.
- Repeat until the **lowest effective dosage is reached**. Individual patient response varies widely.

FOQUEST® (methylphenidate hydrochloride controlled release capsules) is indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in patients ≥6 years of age.

Please see the product monograph for complete dosing and administration instructions.

FOQUEST® DOSING

Patients New to Methylphenidate	Patients Switching to FOQUEST® from Current Methylphenidate for ADHD
Usual starting dose: **25 mg** Once daily in the morning	**Recommended starting dose:** The **next lower strength** based on total methylphenidate daily dose

The effect of FOQUEST® might last into the evening. Instruct patients to take it as soon as possible in the morning to avoid any potential effect on sleep.

MAXIMUM DOSE

Children and adolescents
(6 to <18 years):
70 mg/day

Adults
(≥18 years):
100 mg/day

Please see the product monograph for complete dosing and administration instructions.

Patients who are considered to need extended treatment with FOQUEST® should undergo periodic evaluation of their cardiovascular status.[1]

FOQUEST® should not be used in patients with symptomatic cardiovascular disease and should generally not be used in patients with known structural cardiac abnormalities.[1]

Do not substitute for immediate release methylphenidate tablets or other controlled release methylphenidate products on a milligram for milligram basis because of differing pharmacokinetic profiles.

PHARMACOKINETICS

Select Long-Acting Medications: Methylphenidate Release by Product and Dosage Strength*

[C] FOQUEST® (methylphenidate hydrochloride)			[C] BIPHENTIN® (methylphenidate hydrochloride)			[C] CONCERTA® (methylphenidate hydrochloride)		
Dosage (mg/day)	Immediate Release (IR) 20% (mg)	Controlled Release (CR) 80% (mg)	Dosage (mg/day)	Immediate Release (IR) 40% (mg)	Controlled Release (CR) 60% (mg)	Dosage (mg/day)	Immediate Release (IR) 22% (mg)	Controlled Release (CR) 78% (mg)
25	5	20	10	4	6	18	4	14
35	7	28	15	6	9	27	6	21
45	9	36	20	8	12	36	8	28
55	11	44	30	12	18	54	12	42
70	14	56	40	16	24			
85	17	68	50	20	30			
100	20	80	60	24	36			
			80	32	48			

Adapted from the FOQUEST®, Biphentin®, and Concerta® product monographs.[1-3]

Please consult respective product monographs for complete dosing information.

FOQUEST® (methylphenidate hydrochloride controlled release capsules) is indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in patients ≥6 years of age.

* Comparative clinical significance is unknown.

Biphentin® (methylphenidate hydrochloride controlled release capsules) is indicated for treatment of Attention-Deficit Hyperactivity Disorder (ADHD) in children (6–11 years of age), adolescents (12–18 years of age), and adults (>18 years of age).

Concerta® (methylphenidate hydrochloride) is indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in children (6–12 years of age), adolescents (13–18 years of age), and adults (>18 years of age).

FOQUEST® CAPSULES A TOUGH PILL TO SWALLOW FOR SOME PATIENTS? TRY SPRINKLING INSTEAD!

FOR PATIENTS WHO HAVE DIFFICULTY SWALLOWING CAPSULES, FOQUEST® CAPSULES CAN BE OPENED AND SPRINKLED.

After opening the capsule, ***entire contents can be sprinkled*** *onto a* ***tablespoon*** *of:*

- *Applesauce*
- *Ice Cream*
- *Yogurt*

Entire mixture should be consumed immediately, or within 10 minutes, without chewing.

Must not be sprinkled in liquids.

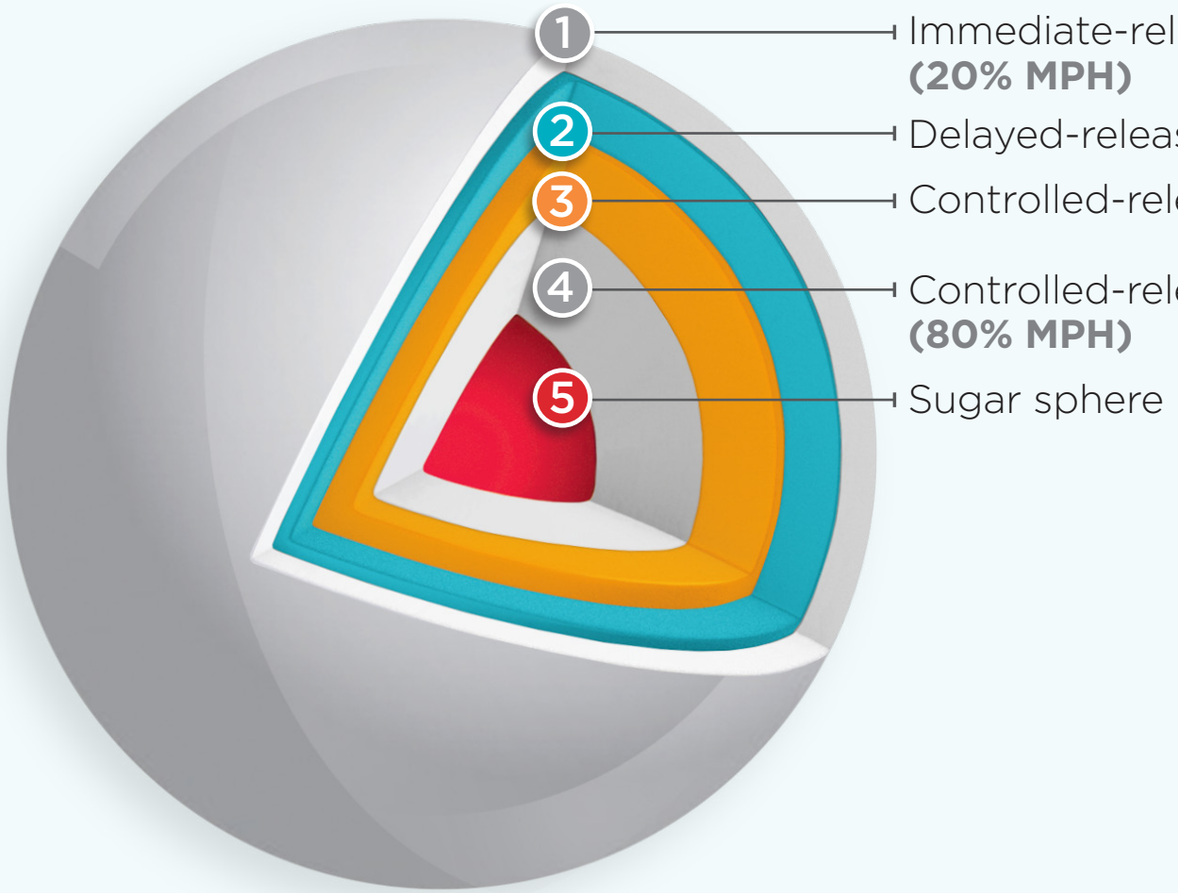
Patient should rinse mouth with water afterwards to ensure that the entire contents are swallowed.

FOQUEST® capsules may also be swallowed whole, with or without food. Never crush or chew the capsule.

FOQUEST®
METHYLPHENIDATE HYDROCHLORIDE CONTROLLED RELEASE CAPSULES

ONCE-DAILY FOQUEST®: ENGINEERED WITH MLR® BEAD TECHNOLOGY

FOQUEST® is designed to provide a biphasic release of MPH from an immediate-release layer of the drug and delayed controlled-release layers of the drug.



20%

of the total dose is contained in an IR layer

80%

(the remainder of the total dose) is in delayed CR layers[1]*

* Clinical significance is unknown.
MLR=multi-layer release.

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LEARN MORE AT FOQUEST.CA

FOQUEST® is indicated as an integral part of a total treatment program for ADHD that may include other measures (i.e., psychological, educational and/or social) for patients with this syndrome. Drug treatment may not be indicated for all patients with this syndrome. Drug treatment is not intended for use in the patient who exhibits symptoms secondary to environmental factors and/or other primary psychiatric disorders, including psychosis. Geriatrics: No data are available to Health Canada; therefore, Health Canada has not authorized an indication for geriatric use. FOQUEST® should not be used in children under 6 years of age. No data are available to Health Canada; therefore, Health Canada has not authorized an indication for pediatric use in patients under 6 years of age. The effectiveness of FOQUEST® has not been evaluated for more than 4 weeks in placebo-controlled clinical trials. If electing to use FOQUEST® for extended periods, the long-term usefulness of the drug for the individual patient should be periodically re-evaluated.

Click here to consult the product monograph for important information relating to:

- Contraindications in persons with known hypersensitivity or idiosyncrasy to sympathomimetic amines; thyrotoxicosis; advanced arteriosclerosis; symptomatic cardiovascular disease; moderate to severe hypertension; glaucoma; history of drug abuse; during or within 14 days following administration of monoamine oxidase inhibitors
- The most serious warning and precaution regarding drug dependence
- Other relevant warnings and precautions regarding: potential for misuse and dependence; long-term effects of methylphenidate; use in patients who: are involved in strenuous exercise or activities, use other stimulants, or have a family history of sudden/cardiac death; risk of sudden death, stroke and myocardial infarction; use of CNS stimulants in patients with cardiovascular or cerebrovascular conditions; use in patients with hypertension; risk associated with misuse; taking alcohol; long-term suppression of growth; increase in seizure frequency, onset or exacerbation of motor or verbal tics; impairment in ability to operate machinery or vehicles; visual disturbances; psychiatric effects, including not for treatment of depression, or for use in treatment or prevention of normal fatigue states; exacerbation of psychosis symptoms in patients with pre-existing psychotic disorder; need to screen for risk of bipolar disorder in patients with comorbid depressive symptoms; need to monitor patients for: signs of suicide-related behaviour; new psychotic or manic episodes, aggressive behaviour, marked anxiety, or agitation; serotonin syndrome and monitoring in patients on concomitant serotonergic agents; precautions regarding priapism, peripheral vasculopathy, including Raynaud's phenomenon; use in pregnancy or breastfeeding; periodic laboratory testing during prolonged therapy
- Conditions of clinical use, adverse reactions, drug interactions, and dosing information which have not been discussed in this piece

The product monograph is also available by calling us at 1-833-744-0005.

Biphentin® is indicated as an integral part of a total treatment program for ADHD that may include other measures (i.e., psychological, educational, and/or social) for patients with this syndrome. Effectiveness for more than 4 weeks has not been systematically evaluated in placebo-controlled trials. Physicians electing to use Biphentin® for extended periods should periodically re-evaluate the long-term usefulness of the drug for the individual patient.

Click here to consult the product monograph for important information discussing:

- contraindications in patients with anxiety, tension, agitation, thyrotoxicosis, advanced arteriosclerosis, symptomatic cardiovascular disease, moderate to severe hypertension, glaucoma, motor tics, or with a family history or diagnosis of Tourette's syndrome; concomitant use of an MAO inhibitor and within a minimum of 14 days following discontinuation of an MAO inhibitor
- the most serious warnings and precautions regarding drug dependence/tolerance, the potential for abuse, and the need for cautious prescribing, particularly in those with a history of drug dependence or alcoholism because such patients may increase dose on their own initiative, the need for careful supervision during drug withdrawal, and possible need for long-term follow-up
- other relevant warnings and precautions regarding: non-interchangeability with other controlled release methylphenidate preparations; misuse of CNS stimulants; the theoretical risk of sudden/cardiac death; risk of sudden cardiac death in: patients with pre-existing structural cardiac abnormalities or other serious heart problems, patients who are involved in strenuous exercise or activities, patients who are using other stimulants or medications for ADHD, or patients who have a family history of sudden cardiac death; cardiovascular effects, pre-existing cardiovascular and cerebral vascular conditions, hypertension; long-term suppression of growth, endogenous or exogenous depression, normal fatigue states, pre-existing psychosis, bipolar disorder, emergence of new psychotic or manic symptoms, aggression, suicidal behaviour and ideation, serotonin syndrome, neurologic effects, ophthalmologic effects, priapism, peripheral vasculopathy including Raynaud's phenomenon, pregnancy and lactation, an element of agitation, driving and heavy machinery, drug interactions, monitoring and laboratory tests during prolonged therapy
- conditions of clinical use, adverse reactions, drug interactions, and dosing instructions

References: 1. ᶜFOQUEST® Product Monograph, Elvium Life Sciences, September 28, 2022. **2.** ᶜBiphentin® Product Monograph, Elvium Life Sciences, September 2, 2021. **3.** ᶜConcerta® Product Monograph, Janssen Inc., May 13, 2022.

ELVIUM LIFE SCIENCES

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REVIEWED BY PAAB

INNOVATIVE MEDICINES CANADA

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