

Daytrana

(methylphenidate)

[Full Prescribing Information](#)

[DailyMed Drug Information](#)

Forms/Strengths

- **Patch:** 10 mg/9 hours, 15 mg/9 hours, 20 mg/9 hours, 30 mg/9 hours

Dosing

- **Age:** ≥ 6 y/o
- **Onset:** Approximately 2 hours after application
- **Duration:** 9-hour wear time; continuous release for 9-12 hours
- **Considerations:** Apply the patch to the hip area (alternating sites) 2 hours before the effect is needed. The patch may be removed earlier if shorter duration is desired or if late-day side effects occur. Monitor for skin rash or sensitivity. Discard patches appropriately.
- **Initial Dose:** 10 mg patch applied daily
- **Titration:** 5 mg every 3 - 7 days
- **Max Dose:** 30 mg/day

Quick Facts

- Blocks dopamine/norepinephrine reuptake; improves focus and attention
- Transdermal patch delivers controlled methylphenidate absorption; bypasses gastrointestinal metabolism
- Apply to a clean, dry, non-irritated area on the hip
- Avoid exposure to external heat sources
- Monitor for skin reactions and psychiatric symptoms
- Common side effects: skin irritation, decreased appetite, insomnia, headache

Indications

- **ADHD** (ICD-10: F90.0)
-

Off-Label Uses

- **N/A**
-

How to Take

- Apply the **patch once daily in the morning** to clean, dry skin.
 - Preferred application sites: **hip area (alternating sides daily)**.
 - Press firmly for **30 seconds** to ensure proper adhesion.
 - Wear the patch for **9 hours** unless otherwise directed.
 - Avoid **cutting the patch**, as this may alter drug release.
 - Dispose of used patches by folding them in half and flushing or placing in a secure disposal container.
-

Side Effects

- Common: Decreased appetite, insomnia, nausea, vomiting, weight loss, tics, affect lability, anorexia.
 - Serious: Cardiac issues, increased blood pressure, psychiatric reactions, seizures, priapism, peripheral vasculopathy, chemical leukoderma, contact sensitization
-

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.
-

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.
- Signs of **skin reactions** (severe redness, swelling, blistering).
- 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 **heat exposure (e.g., hot showers, heating pads, strenuous exercise)** as it may increase drug absorption.
- Ensure **adequate hydration and nutrition**, as appetite suppression is common.
- If patch **falls off**, replace with a new one but **remove at the usual time**.

- **Parent Tips for Pediatric Patients:**

- Monitor for **skin irritation**; rotate application sites to prevent reactions.
 - **Encourage a nutrient-dense diet** to counteract appetite suppression.
 - Administer in the **morning before school** for optimal effect.
 - Monitor **school performance and behavioral changes**.
 - Communicate regularly with **teachers and caregivers** about medication effects.
-

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).
-

Revision #22

Created 21 December 2024 13:49:59 by Josh Lejeune NP

Updated 18 February 2025 03:01:00 by Josh Lejeune NP