

# 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:**  $\geq 6$  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)
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# Off-Label Uses

- **N/A**
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# 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.
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# 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
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# 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.
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# 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.
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## 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).
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