

Jornay PM

(methylphenidate delayed and extended release capsules)

[Full Prescribing Information](#)

[DailyMed Drug Information](#)

Forms/Strengths

- **Capsules:** 20 mg, 40 mg, 60 mg, 80 mg, 100 mg

Dosing

- **Age:** ≥ 6 y/o
- **Onset:** delayed until early morning (~10-12 hours after evening dose)
- **Duration:** 12-14 hours
- **Considerations:** Take in the evening between 6:30-9:30 pm. Capsules can be opened and sprinkled on applesauce.
- **Initial Dose:** 20 mg once daily in the evening
- **Titration:** 20 mg weekly
- **Max Dose:** 60 mg/day

Quick Facts

- Inhibits dopamine/norepinephrine reuptake
- Enhances focus, attention, and impulse control
- Extended-release methylphenidate with delayed-release profile designed for bedtime dosing
- Unique evening dosing provides early morning onset and sustained symptom control throughout the day
- Common side effects: decreased appetite, insomnia, headache, gastrointestinal discomfort

Indications

- **ADHD** (ICD-10: F90.0)
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Off-Label Uses

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How to Take

- Take **once daily in the evening** between **6:30 PM and 9:30 PM** to allow for morning symptom control.
 - Can be taken **with or without food**; high-fat meals may delay absorption.
 - Swallow the **capsule whole**; do not crush or chew.
 - If needed, the **capsule may be opened and sprinkled on applesauce**—consume immediately without chewing.
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Side Effects

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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.
 - 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 **caffeine and other stimulants**, which may amplify side effects.
 - Ensure **adequate hydration and nutrition**, as appetite suppression is common.
 - **Tapering may be required** if discontinuing after long-term use.
 - **Parent Tips for Pediatric Patients:**
 - **Encourage a nutrient-dense diet** to counteract appetite suppression.
 - Administer **exactly as prescribed in the evening** for proper morning symptom control.
 - Monitor **school performance and behavioral changes**.
 - Observe for **sleep disturbances**; adjust timing if necessary.
 - 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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