# Clinical Policy: Methylphenidate Transdermal System(Daytrana)

Reference Number: PA.CP.PMN.10
Effective Date: 01/18
Last Review Date: 02/17
Line of Business: Medicaid

Coding Implications
Revision Log

**Description**
Methylphenidate (Daytrana®) is a central nervous system (CNS) stimulant.

**FDA approved indication**
Daytrana is indicated for treatment of attention-deficit/hyperactivity disorder (ADHD)

**Policy/Criteria**
** Provider must submit documentation (including office chart notes and lab results) supporting that member has met all approval criteria **

It is the policy of Pennsylvania Health and Wellness® that Daytrana is **medically necessary** when the following criteria are met:

**I. Initial Approval Criteria**

**A. Attention-Deficit/Hyperactivity Disorder (ADHD)**(must meet all)**:**

1. Diagnosis of ADHD or attention-deficit disorder (ADD);
2. Ages ≥ 6 years;
3. Failure of one PDL extended release amphetamine and one PDL oral extended release methylphenidate at maximum indicated doses, each trialed for ≥ 2 weeks, unless member experiences clinically significant adverse effects or has contraindication(s) to all relevant PDL extended release amphetamine and methylphenidate products;
4. Request does not exceed 30 mg per day (1 patch/day).

**Approval duration: 6 months**

**B.** Other diagnoses/indications – Refer to PA.CP.PMN.53 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized)

**II. Continued Therapy**

**A. Attention-Deficit/Hyperactivity Disorder (ADHD)** (must meet all)**:**

1. Currently receiving medication via Pennsylvania Health and Wellness benefit or member has previously met initial approval criteria or Continuity of Care policy, PA.LTSS,PHAR.01, applies;;
2. Member is responding positively to therapy;
3. If request is for a dose increase, new dose does not exceed 30 mg per day (1 patch/day).

**Approval duration: 12 months**

**B. Other diagnoses/indications** (must meet 1 or 2)**:**

1. Currently receiving medication via Pennsylvania Health and Wellness benefit and documentation supports positive response to therapy or Continuity of Care policy, PA.LTSS,PHAR.01, applies;; or
2. Refer to PA.CP.PMN.53 if requested indication is NOT listed under section III (Diagnoses/Indications for which coverage is NOT authorized)

**Approval duration: 12 months**

## III. Diagnoses/Indications for which coverage is NOT authorized:

**A.** Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policy – PA.CP.PMN.53 or evidence of coverage documents

## IV. Appendices/General Information

*Appendix A: Abbreviation Key*
ADD: attention-deficit disorder
ADHD: attention-deficit/hyperactivity disorder
CNS: central nervous system
FDA: Food and Drug Administration
PDL: preferred drug list

## V. Dosage and Administration

- The recommended starting dose for patients new to or converting from another formulation of methylphenidate is 10 mg.
- Daytrana should be applied to the hip area (using alternating sites) 2 hours before an effect is needed and should be removed 9 hours after application. Daytrana may be removed earlier than 9 hours if a shorter duration of effect is desired or late day side effects appear.
- Dosage should be titrated to effect. Dose titration, final dosage, and wear time should be individualized according to the needs and response of the patient.

## VI. Product Availability

Transdermal patch: 10 mg/9 hours, 15 mg/9 hours, 20 mg/9 hours, and 30 mg/9 hours

## VII. References

1. Daytrana Prescribing Information. Miami, FL: Noven Therapeutics, LLC; August 2016. Available at: http://www.daytrana.com/. Accessed November 11, 2016.
2. American Academy of Child and Adolescent Psychiatry. Practice parameter for the assessment and treatment of children and adolescents with Attention-Deficit/Hyperactivity Disorder. J Am Acad Child Adolesc Psychiatry. 2007;46(7):894-921.
3. American Academy of Pediatrics subcommittee on attention-deficit/hyperactivity disorder, steering committee on quality improvement and management. ADHD: clinical practice guideline for the diagnosis, evaluation, and treatment of attention-deficit/hyperactivity disorder in children and adolescents. Pediatrics 2011;128(5):1007-1022.

| Reviews, Revisions, and Approvals | Date | Approval Date |
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