Criteria Based Consultation Prescribing Program
CRITERIA FOR DRUG COVERAGE
methylphenidate transdermal patch (Daytrana®)

Non-formulary **methylphenidate transdermal patch (Daytrana®)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient is under 21 years of age **-AND-**
  Diagnosis of ADHD or ADD

  -OR-
- Patient is under Hospice care

  -OR-
- Diagnosis of ADHD or ADD **-AND-**

1) For patients not currently taking Daytrana®:

- Adequate trial** (7 days) of long-acting amphetamine salt combo, **unless** allergy to an inactive ingredient or past trial and failure of dextroamphetamine regardless of dosage form

  -AND-
- Adequate trial** (7 days) of methylphenidate ER (Metadate CD or Ritalin LA) (must have at least partial response), **unless** history of substance abuse or allergy to an inactive ingredient,

  -AND-
- Adequate trial** (7 days) of methylphenidate ER (Concerta) (must have at least partial response), **unless** unable to swallow whole tablets or allergy to an inactive ingredient.

2) For patients currently taking Daytrana®:

- Adequate trial** (7 days) of methylphenidate ER (Metadate CD or Ritalin LA) (must have at least partial response), **unless** history of substance abuse or allergy to an inactive ingredient or currently taking methylphenidate transdermal patch (Daytrana) with an antipsychotic or mood stabilizer (lithium or an antiepileptic drug used for mood stabilization)

  -AND-
- Adequate trial** (7 days) of methylphenidate ER (Concerta) (must have at least partial response), **unless** unable to swallow whole tablets or allergy to an inactive ingredient.

  -OR-
- Dose change only; patient meets criteria and is already taking the drug

** Adequate trial of a short acting agent is further defined as wearing off that is not resolved by increasing the dose, AND adding a short-acting agent OR increasing frequency to twice daily OR clinically significant side effects related to the dosage form that cannot be resolved by adjusting the dose or timing.