

**New Jersey Department of Children and Families  
Office of Child Health Services**

**Psychotropic Medication Policy**

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## **Introduction**

Children have the right to safety, respect, justice, education, health and well-being. As a society we have the obligation to protect these values for all of our children.

When children have been removed from their primary homes, whether due to abuse, neglect or other reasons, the state assumes the primary responsibility to safeguard these rights for the children in their care.

The Department of Children and Families (DCF) is New Jersey's state child welfare agency. Through direct services and community contracts DCF is focused on strengthening families and achieving safety, well-being and permanency for all New Jersey's children.

The Department's core values include safety, permanency and well-being. The Division of Youth and Family Services ensures children's safety and works to promote the ability of families to maintain children's safety within their own homes. The Division of Child Behavioral Health Services contracts for and coordinates a range of services that provide behavioral health services to all children in New Jersey according to their needs.

The DCF Office of Child Health Services works with DYFS and DCBHS to ensure that children served by the Department receive high quality, coordinated services to meet their health care needs and assure their well-being.

Children and youth with psychiatric illness have the same right to treatment as children and youth with any other health care need. Respect for the dignity of the child and the family is a prerequisite for treatment. Recognition that the individual with a psychiatric illness has the same intrinsic value as any other person is essential to the work of the Department.

The DCF Psychotropic Medication Policy is a statement of good practice for the treatment of children in out of home care with psychiatric illness, who may require psychopharmacologic therapy as part of the child's treatment. This policy outlines the Department's:

- Basic principles;
- Expectations regarding the development and monitoring of treatment plans;
- Principles for informed consent; and
- Principles governing medication safety.

This Policy needs to be used in conjunction with the regulations contained within the NJ Administrative Code and the regulatory Manual of Requirements under the auspices of the DCF Office of Licensing, Child Care and Youth Residential Licensing and the DCF Office of Licensing, Resource Home Family Licensing.

This is the Department's first comprehensive effort to address use of psychotropic medication. In this regard, we expect that the policy will evolve over time in response to changes in research and practice, as well as feedback from youth and families, providers, and the professional community, and will be informed by on going research and best practices. In developing this policy, the Department reviewed the work of the American Academy of Child and Adolescent Psychiatry (AACAP), the American Academy of Pediatrics (AAP), the Annie E. Casey Foundation, the Child Welfare League of America (CWLA), and the policies of child welfare and mental health agencies in other states. The work products of these organizations have been incorporated throughout this document. DCF acknowledges the efforts of these organizations.

## **Application**

This policy will have impact on two of the Department's operating divisions:

- The Division of Youth and Family Services (DYFS) is New Jersey's child protection and child welfare agency within the Department of Children and Families. Its mission is to ensure the safety, permanency and well-being of children and to support families. DYFS is responsible for investigating allegations of child abuse and neglect and, if necessary, arranging for the child's protection and the family's treatment.
- The Division of Child Behavioral Health Services (DCBHS) serves children and adolescents with emotional and behavioral health care challenges and their families. DCBHS is committed to providing these services based on the needs of the child and family in a family-centered, community-based environment.

This policy applies to children who are in out of home placement through DCF, including children under the custody of DYFS who are in placement in a resource home or licensed congregate care setting, and any child in a DCBHS contracted residential treatment program, including treatment homes, group homes and residential treatment centers.

Although the focus of this manual is on psychotropic medication, the policy and guidelines are provided within the larger context of mental health care provided by the Department.

## **Basic Principles**

This policy is grounded in the Department's values as expressed in the DCF Case Practice Model and DCF's Child Health Values.

DCF has identified essential core values and principles for working with children and families<sup>1</sup>. These values are:

- **Safety:** Child safety and health is paramount in our work, and children are, first and foremost, protected from abuse and neglect.
- **Permanency:** Children do best when they have strong families, preferably their own, and when that is not possible, a stable relative, foster or adoptive family.
- **Well-Being:** We will offer relevant services to children and families to meet their identified needs and promote children’s development, education, physical and mental health.
- Most families have the capacity to change with the support of individualized service responses.
- Where possible, children should be placed in the least restrictive setting within their own communities.
- Government cannot do the job alone; real partnerships with people and agencies involved in a child’s life – for example, families, pediatricians, teachers, child care providers - are essential to ensure child safety, permanency and well-being, and to build strong families.

Child health is a critical part of the recent child welfare reform efforts in New Jersey. Reform efforts around child health, including this manual are grounded in the DCF’s child health values<sup>2</sup>:

- *Child centered care:* Care should be provided in a manner sensitive to the child. When possible, adolescents should be a part of their health care planning.
- *Continuity* of care for children is important and DCF strives to strengthen coordination across systems of care in support of transitions—transitions coming into care, during care, and transitions to permanency.
- *Access* to providers who have the capacity to serve our children, and accessing providers within timeframes that meet the needs of children is critical.
- *Quality:* DCF expects its children to receive high quality healthcare, inclusive of physical, mental/behavioral, and dental health.
- *Integration:* The health care needs of a child need to be integrated into services to the child as a whole.
- *Partnership:* DCF recognizes that to operationalize our child health values the partnership and collaboration of many in our communities is required.

## Treatment Plan

Children who have a mental health need require a variety of interventions to manage their symptoms and develop appropriately. A formal treatment plan is the culmination of the

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<sup>1</sup> New Jersey Department of Children and Families Case Practice Model

<sup>2</sup> NJ DCF Coordinated Health Care Plan For Children in Out of Home Placement

treatment team's work to identify the problem, specify target symptoms and treatment goals, develop interventions that are realistic for the child and family, and provide for reassessment. It represents an agreement to work together toward a mutually agreed upon set of goals.

The treatment plan is developed in collaboration with the child and family based on the findings of the health professional. It is the expectation of the Department that the child or youth who is the focus of treatment be an active partner in the treatment planning process. The unique abilities of the child and the family to learn and change need to be considered in developing a plan that will work. Consideration must also be given to the range of settings that the child is involved in – home, school, work, sports and clubs – to assure that the treatment plan is flexible and robust enough to serve the child across settings.

The treatment plan is guided by the principle that interventions should be child focused and family centered. The interventions that are selected are chosen based on the child's diagnosis, the strengths and needs that the child and family bring to the treatment process, and the resources of the community.

A treatment plan should include appropriate behavior planning, monitoring of symptoms and medication effects, and on-going communication between the prescriber and the child, parents, resource family, caseworker, therapist, pediatrician and other members of the child's treatment team.

The use of psychotropic medication for children constitutes only one strategy within a larger treatment plan to provide for that child's safety and well-being. Except in rare instances –such as an acute psychotic break – medication should be considered only after other, less physiologically intrusive interventions have been tried. When it is necessary to prescribe psychotropic medication to treat a child, the medication should be integrated into the comprehensive treatment plan. The medication trial must be definitive, targeted at specific goals, and undertaken in collaboration with the child, caregiver, and other treatment team members.

Under no circumstances shall psychotropic medication be utilized for purposes of discipline or restraint or the convenience of staff members or resource parents.

#### Components of a Treatment Plan:

The development and execution of a treatment plan includes, but is not limited to, the following individuals: the child; the child's parents; the child's caregiver; the prescriber; mental health treatment providers; DYFS caseworker and/or Care Management Organization; Child Health Unit RN Health Unit, and teachers.

A treatment plan includes:

- The child's diagnosis;
- The child's baseline strengths and needs;

- Target symptoms – stated in practical and everyday language as agreed to by the child/family team;
- Treatment Goals – stated in a way that can be measured;
- Treatment interventions, including medications (if part of treatment plan). If medications are utilized, the dosage and medication monitoring schedule must be specified; and
- Periodic Review and Reassessment.

### **Psychotropic Medication**

#### **Psychotropic Medication**

The identification of medications with demonstrated efficacy has increased the tools available to mental health practitioners to treat patients with psychiatric illness. These medications have reduced the morbidity and mortality associated with some illnesses and provided comfort and improvement in function to many. Nevertheless, medication is a physiologically intrusive intervention and so places an increased responsibility on the prescriber to be specific and prudent in recommending its use.

It is the express requirement of the New Jersey Department of Children and Families that psychotropic medication only be prescribed to the children and youth in its care as part of a comprehensive treatment plan that includes other therapeutic interventions and modalities.

**Authorized Prescribers of Psychotropic Medication:** Because of the complex medical and psychiatric needs of children in out of home placements, it is required that psychotropic medications for children in out of home placement only be prescribed by board certified or board eligible specialists in one of the following areas of expertise: psychiatry (child and adolescent recommended), neurodevelopmental pediatrics, or pediatric neurology.

Advanced Practice Nurses (APNs) certified in Psychiatry/Mental Health, may prescribe psychotropic medication pursuant to a joint protocol with a collaborating board eligible specialist in one of the following areas of expertise: psychiatry (child and adolescent recommended), neurodevelopmental pediatrics or pediatric neurology, and as is set forth in N.J.A.C. 13:37-6.3, Standards for Joint Protocol between Advanced Practice Nurses and Collaboration Physicians.

A pediatrician or family physician, Board Certified Pediatric Advanced Practice Nurse, Board Certified Family Advanced Practice Nurse or Board Certified Psychiatric Advanced Practice Nurse may prescribe stimulant medication for uncomplicated Attention Deficit Hyperactivity Disorder. However, if that child is also being treated for another psychiatric disorder by another specialist, the prescriber must coordinate care with that professional.

## **Psychiatric Evaluation and Diagnosis**

When the screening and assessment of a child's need for mental health services identifies the possible need for psychopharmacological intervention as part of the treatment plan, a thorough baseline evaluation is essential to the success of the intervention. With the exception of stimulant medication for uncomplicated ADHD, an initial evaluation and diagnosis by a psychiatrist, neurodevelopmental pediatrician or pediatric neurologist is required before the prescription of psychotropic medication. This baseline evaluation includes:

- **History:** The decision to treat with psychotropic medication should be based on a thorough mental health assessment and psychiatric evaluation that considers the individual's history including development, psychiatric history, medical history, past medications, allergies and drug reactions, and complete current medications including non-psychotropic medications. The contribution of physical illness or trauma history to the child's presentation must be considered. Consultation with other professionals who are treating the child, including teachers, therapists, primary care physicians, or medical specialists may be required.

Psychiatric symptoms must be considered in the context of concurrent developmental and medical problems and medications.

- **Physical Examination:** As part of the decision to initiate a medication trial, a recent physical examination is required and must include height, weight, body mass index, and vital signs. When indicated by history, physical examination or psychiatric evaluation, the child may require medical specialty consultation and testing. Cardiac, endocrinological, neurological or other consultations might be indicated.

Baseline laboratory assessment is advisable both to rule out subtle medical conditions that may contribute to symptoms, and to establish a baseline for possible adverse effect development. A negative pregnancy test should be obtained before initiating medication for a child/adolescent of child-bearing age. A baseline drug screen should be obtained when indicated.

If the prescriber has not conducted this examination, the prescriber is to review the examination records.

- **Mental Status Examination:** The mental status evaluation of a child must be sensitive to the age, developmental stage and current status of the individual child. Child psychiatric diagnosis often requires multiple sessions to gain the trust of the child and allow for a clear picture of the youngster's mental status to be obtained. Ideally the child's history should be elicited first, and then the child interviewed both with and without parents or caregivers present. Often ancillary methods of assessment, including drawing and play therapy, may be required to elicit symptoms.

- **Diagnosis:** In developing a working diagnosis the prescriber must consider the child's symptoms, developmental history, medical history, family history, past experiences, current functioning in all settings, and current mental status.
- **Goals and Target Symptoms:** After a thorough assessment of the child's status has been completed, a working diagnosis is formulated, and specific target symptoms are identified. Target symptoms should be specific; when possible, they should be observable and quantifiable. The use of checklists to establish a baseline and monitor progress is recommended.

The prescriber, child and caregiver should arrive at an agreement about the current severity and frequency of the target symptoms and agree on reasonable goals. It is important for the child and guardian to participate in the discussion of the target symptoms, as they will be the primary persons observing for pharmacological effect. Similarly, teachers and other professionals who have on-going contact with the child may be asked for their observations of medication effects.

- **Initiating Medication:** The decision to treat with psychotropic medication is guided by the child's diagnosis, strengths and needs, and considers the resources of the unique child, family and community.

Medication decisions must be appropriate to the diagnosis of record, based on target symptoms. Medication must be prescribed as part of a treatment strategy that includes other non-pharmacological interventions, and may not be prescribed instead of instituting other non-pharmacological treatments that the individual child needs. Children and adolescents in state custody must have access to a range of effective psychosocial, psychotherapeutic and behavioral treatments as well as pharmacotherapy when indicated.

### **Informed Consent<sup>3</sup> and DCF Policy**

Respect for the independence and autonomy of the child and family is implicit in the requirement for informed consent. It requires that the provider – mental health practitioner or prescriber – inform the patient of the risks and benefits of the proposed treatment and the risks and benefits of alternative treatments, including no treatment. By requiring that the provider discuss the treatment in terms that are understandable and adequate to the “reasonable man”, the principle of informed consent underscores the necessity that the provider understand the patient and tailor the treatment to the individual.

Medication management requires the informed consent of the child's parent(s) or guardian(s) and must address risks and benefits of pharmacological treatment, the

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<sup>3</sup> Informed consent is the requirement that any person who is the object of an intervention has the right to consent to or refuse treatment. When a treatment plan is developed in collaboration including the child, the caregiver and the treatment provider, the consent is built into the process of developing a treatment plan.

potential side effects, the availability of alternatives to medication, the child's prognosis with proposed medication treatment and without medication treatment, and the potential for drug interactions.

The prescriber must provide adequate information to the child, parent, caregiver and guardian for those persons to be able to make an informed choice to consent to medication. This includes information about the anticipated benefits of the medication, its possible risks, the range of doses, initial effects to anticipate, and what would constitute a reasonable trial. Written information should be supplied when available and in the primary language of the family. Information about serious adverse effects to watch for and when and how to contact the prescriber must be discussed. Families and guardians should be provided ample time for questions and discussion before consent is requested.

Prescribers must first seek consent from birth parents or legal guardians. In the absence of parental consent for children who are in out of home placement and under DYFS supervision, DYFS may only consent:

- When parental rights have been terminated;
- A court has provided specific authority to DYFS; or,
- In an emergency and the parents are unavailable.

Children: Children should be included in the discussion about initiating medication. When appropriate by age and mental status they should be included in the consent process.

### **Medication Safety Guidelines for Prescribers**

Every child or adolescent has unique needs that require individualized treatment planning. It is the intent of the Department of Children and Families that children subject to this policy receive necessary mental health care, including psychotropic medications, in a rational, safe and timely manner.

The following represent guidelines for prescribers for prudent and rational psychopharmacological treatment of children and adolescents. In addition, these Guidelines are meant to be utilized by Department of Children and Families' staff to assist in the management of the Informed Consent process and the active participation in treatment plan meetings. The rationale for this treatment must be documented in the child's health record and be thoroughly reviewed during treatment team meetings.

- Preference is given to beginning with medications that have been FDA approved for a child's given age group and diagnosis before progressing to other medications.
- Medications that have more data regarding safety and efficacy are preferred over newly FDA-approved medications. Unless compelling reason exists to do otherwise, a child should have a trial of an FDA approved medication before

- being prescribed medications that have not been approved for use in the pediatric population.
- Medication dosages should be kept within FDA guidelines (when available). Any deviation from FDA guidelines is to be documented with the underlying rationale in the child's treatment records.
  - Treatment with a single medication for a single symptom or disorder should be tried before treatment with multiple medications is considered.
  - The use of two or more medications for the same symptom or disorder is discouraged and requires specific documentation, from the prescriber, in the child's health record. An exception to this principle is when a short acting form of a stimulant is used to augment the benefits of a long acting preparation.
  - Only one medication should be changed at one time. This allows the prescriber to attribute changes to the medication change. An exception to this principle is when a child is being tapered off one medication and onto another.
  - Medications should be initiated at a low dose and increased gradually. The clinical wisdom, "start low and go slow" is particularly relevant when treating children in order to minimize side effects and to observe for therapeutic effects.
  - The decision to treat a child with more than one medication from the same class (e.g. two anti-psychotic medications) should be supported by written documentation in the child's health record from the prescriber and may warrant review by the DCF's Child and Adolescent Psychiatrist.
  - A clinician prescribing more than 3 psychotropic medications to one child must justify and document the rationale for doing so in the child's treatment plan and may warrant review of the DCF's Child and Adolescent Psychiatrist.
  - There should be an effort, over time, to adjust medications doses to the minimum dose at which a medication remains effective and side effects are minimized.
  - Periodic attempts at taking the child off medication should also be tried and, if not, the prescribing clinician is to document the rationale for continuing the medication in the child's treatment plan.

### Monitoring Guidelines

Assessment does not end with initiation of medication. According to best practices which shall be used when monitoring children, once a drug is prescribed, the prescriber must ensure its availability to the child, monitor his or her response, maintain a documentary record of treatment, and review medication use.

Frequent follow-up with the patient and caregiver is essential to an adequate medication trial and the safe administration of medication. On-going assessment of medication tolerability, progress toward goals, functioning in a variety of settings are all re-evaluated over time. The child's progress – or failure to progress - over the course of medication may suggest the need to re-consider the diagnosis.

### **Initiation/Medication Trial**

A child on psychotropic medication should be seen by the prescriber at least once a month when the medication is initiated and until a stable dose and effect is reached. The

child's mental status, response to medication, progress toward treatment goals, any adverse effects, and symptoms of risk (for example, suicidal or homicidal ideation, inappropriate behavior, aggression) should be assessed and documented. Baseline assessments of height, weight, body mass index should be measured and plotted on a growth chart. (This may be done in coordination with the child's pediatrician.) Heart rate, respiratory rate and blood pressure should be measured. If the medication requires other measures, these should be considered at each visit.

If laboratory tests are indicated to monitor therapeutic levels of a medication or are needed to monitor potential organ system damage from a medication, they are to be performed according to recommended guidelines until a baseline is achieved.

### **Maintenance Phase**

Once a child is stabilized on a medication the prescriber should see that child no less often than once every three months. Children in acute settings, displaying unsafe behavior, experiencing significant side-effects, or not responding to a medication trial or in an active phase of a medication trial should be seen more frequently.

If laboratory tests are indicated to monitor therapeutic levels of a medication or to monitor potential organ system damage from a medication these lab studies should be performed every three months at a minimum.

### **Discontinuation Phase**

Except when a child's health and safety are at risk, medications should be discontinued slowly to allow the child to adapt to physiological change. The possibility of discontinuation syndrome and re-emergence of initial symptoms should be considered.

## Appendix A

### **NJ DCF Psychotropic Medication Monitoring Guidelines\***

\* Adapted from the State of Connecticut DCF Monitoring Protocol

## NJ DCF Psychotropic Medication Monitoring Guidelines\*

\* Adapted from the State of Connecticut DCF Monitoring Protocol

<b>Medication</b>	<b>At Baseline</b>	<b>Maintenance Phase Follow-up*</b>
<p><b><u>All Medications</u></b></p>	<p>Full physical examination within 6 months</p> <p>Establish collaborative relationship with primary care provider</p> <p>Full psychiatric assessment, including formulation, diagnosis, treatment plan, target symptoms and treatment goals</p> <p>Developmental, Neurological, other consultation as indicated</p> <p>Baseline laboratory evaluation –</p> <ul style="list-style-type: none"> <li>- CBC, Diff</li> <li>- BUN, CR, Glu. Lytes</li> <li>- Urinalysis</li> <li>- Pregnancy test for girls of childbearing age</li> <li>- Drug screen as indicated</li> </ul> <p>Informed consent</p> <p>Anticipatory guidance re: office practices –</p> <ul style="list-style-type: none"> <li>- CCIS,</li> <li>- how to reach MD between appointments,</li> <li>- when to call, emergency contacts</li> </ul> <p>Anticipatory guidance regarding all medications –</p> <ul style="list-style-type: none"> <li>- interactions with foods</li> <li>- interactions with over the counter medications</li> <li>- interactions with other medications</li> <li>- need for sunscreen</li> <li>- possible problems with heat intolerance</li> <li>- need for adequate hydration</li> <li>- importance of good sleep hygiene</li> <li>- importance of diet and exercise</li> </ul> <p>Anticipatory guidance specific to the medication</p>	<p>Appointment with prescriber at least every 12 weeks</p> <p>Ht, Wt, BMI, growth charted (may be obtained in coordination with pediatrician or primary care provider.)</p> <p>HR, BP</p> <p>Ask re: changes, new problems, new diagnoses, new medications</p> <p>Assess need for dosage adjustment, blood level</p> <p>Assess continued need for medication</p> <p>Consider drug screen, pregnancy test as indicated</p> <p>Assess compliance with other treatment interventions, changes</p> <p>Follow-up on progress toward goals</p> <p>Follow-up on potential adverse effects</p> <p>Continued anticipatory guidance</p> <p>* These guidelines refer to minimums during the maintenance phase. It is expected that the requirements for monitoring during initiation and discontinuation phase will differ.</p>

Medication	At Baseline	Maintenance Phase Follow-up*
<p><b><u>All Stimulants</u></b></p> <p><u>Amphetamines</u> (Adderall, Adderall XR)</p> <p><u>Dextroamphetamine</u> (Dexedrine, Dextrostat)</p> <p><u>Lisdexamfetamine</u> (Vyvanse)</p> <p><u>Methylphenidate</u> (Concerta; Daytrana; Focalin, Focalin XR; Metadate CD or ER; Methylin; Ritalin, Ritalin LA, Ritalin SR, Ritalin XR)</p>	<p>Height, weight, BMI, Pre-medication growth charts (may be obtained in coordination with pediatrician or primary care provider.)</p> <p>HR, Blood pressure</p> <p>Patient and family cardiac history obtained and pt cardiac status assessed. EKG, ECHO, cardiology consultation as clinically indicated and when family history is not known.</p> <p>Assess for history of psychosis, seizure</p> <p>Assess for tics</p> <p><u>Labs</u> – as above; <u>Negative pregnancy test</u> for girls of childbearing age</p> <p>Consider drug screen</p> <p>Anticipatory Guidance re: target behaviors (improved grades, focus, task persistence), use of over the counter medications and caffeine, and adverse effects (appetite, growth, rebound, sleep, irritability, abuse, etc)</p>	<p>At least q 12 weeks</p> <p>Ht, Wt, BMI, Chart growth (may be obtained in coordination with pediatrician or primary care provider.)</p> <p>HR, BP EKG at 6 months if clinically indicated</p> <p>Assess for psychosis, seizure, neuro status</p> <p>Follow-up on target behaviors – - report cards, job performance - role responsibilities - standardized rating scales</p> <p>Follow-up on adverse effects – - vital sign changes, exertional sx - sleep, appetite, irritability, - rebound - tics?</p> <p>Assure compliance with other treatment modalities</p> <p>Continued anticipatory guidance</p> <p>* These guidelines refer to minimums during the maintenance phase. It is expected that the requirements for monitoring during initiation and discontinuation phase will differ.</p>

Medication	At Baseline	Maintenance Phase Follow-up*
<p><b><u>Non-Stimulant ADHD Medications</u></b></p> <p><u>Atomoxetine</u> (Strattera)</p> <p><u>Bupropion</u> (Wellbutrin, Wellbutrin SR, XL)</p> <p><u>Note:</u> Do not use Wellbutrin with <u>Zyban</u>. Zyban contains the same medication as Wellbutrin.</p> <p><u>Note:</u> Other medications – such as desipramine and provigil are sometimes used for ADHD; their monitoring guidelines are found elsewhere.</p>	<p>Height, weight, BMI, Pre-medication growth charts (may be obtained in coordination with pediatrician or primary care provider.)</p> <p>HR, Blood pressure</p> <p>Cardiac status assessed for Atomoxetine..</p> <p>Assess for past or current suicidal ideation, impulse or behavior</p> <p>Assess for history of seizure, eating disorder - consider pre-treatment EEG for <b>Bupropion</b></p> <p><u>Labs</u> – As above; and Liver Function Tests, <u>Negative pregnancy test</u> for girls of childbearing age</p> <p>Assess for tics</p> <p>Consider drug screen</p> <p>Anticipatory Guidance re: target behaviors (improved grades, focus, task persistence), use of over the counter medications and caffeine, and adverse effects (appetite, sleep, irritability, depression, seizure etc)</p>	<p>At least q 12 weeks</p> <p>Ht, Wt, BMI, Chart growth (may be obtained in coordination with pediatrician or primary care provider.)</p> <p>HR, BP</p> <p><b>Assess for depressed mood, suicidal ideation and impulses –</b> There is an increased risk of suicidal ideation and impulses in children and adolescents on these medications – these symptoms are most marked when initiating or stopping medication or changing dose.</p> <p>LFTs every 3 – 6 months for Atomoxetine, or as clinically indicated.</p> <p>Follow-up on target behaviors – - report cards, job performance - role responsibilities - standardized rating scales</p> <p>Follow-up on adverse effects – - vital sign changes - sleep, appetite, mood - tics, rash with Bupropion</p> <p>Assure compliance with other treatment modalities</p> <p>Continued anticipatory guidance</p> <p>* These guidelines refer to minimums during the maintenance phase. It is expected that the requirements for monitoring during initiation and discontinuation phase will differ.</p>

Medication	At Baseline	Maintenance Phase Follow-up*
<b>All Lithium Medications</b>	<b>Monitor for Sexual Activity</b>	<b>Monitor for Sexual Activity</b>
<p><b><u>All Lithium Medications</u></b></p> <p>Lithium Carbonate, Lithium Citrate, Lithobid, Eskalith, Eskalith CR</p>	<p>Height, weight, BMI, Pre-medication growth charts (may be obtained in coordination with pediatrician or primary care provider.)</p> <p>HR, Blood pressure, EKG Cardiac Clearance</p> <p>Observe for baseline tremor</p> <p><u>Labs</u> – As above; and Thyroid Panel with TSH, UA, <u>Pregnancy test</u> for girls of childbearing age</p> <p>Anticipatory Guidance</p> <ul style="list-style-type: none"> <li>- re: target symptoms</li> <li>- need for medication and lab monitoring</li> <li>- re: use of OTC medications, esp NSAIDS and caffeine</li> <li>- re: drug-drug interactions</li> <li>- re: risk of birth defects</li> <li>- re: adverse effects</li> </ul>	<p>At least q 12 weeks</p> <p>Ht, Wt, BMI, Chart growth (may be obtained in coordination with pediatrician or primary care provider.)</p> <p>HR, BP EKG 6 – 12 months, or as clinically indicated.</p> <p><u>Labs</u> - CBC, Lytes, BUN/Cr, Free T4, TSH, UA every 4 – 6 months</p> <p><u>Lithium</u> blood levels at each dose change until therapeutic, then every 3 months, and as clinically indicated.</p> <p>Follow-up</p> <ul style="list-style-type: none"> <li>- on target behaviors</li> <li>- on adverse effects <ul style="list-style-type: none"> <li>- GI effects</li> <li>- Acne</li> <li>- Tremors</li> <li>- Sx of Lithium Toxicity</li> </ul> </li> </ul> <p>Assure compliance with other treatment modalities</p> <p>Continued anticipatory guidance, especially re: symptoms of Lithium toxicity, need for hydration in heat, need for sun block, benefits of mood monitoring, sleep hygiene</p> <p>These guidelines refer to minimums during the maintenance phase. It is expected that the requirements for monitoring during initiation and discontinuation phase will differ.</p>

Medication	At Baseline	Maintenance Phase Follow-up*
<b>Anti-Convulsants</b>	<b>Monitor for Sexual Activity</b>	<b>Monitor for Sexual Activity</b>
<p><u>Valproic Acid</u> (Depakote, Depakote ER, Depakene)</p>	<p>Height, weight, BMI, Pre-medication growth charts (may be obtained in coordination with pediatrician or primary care provider.)</p> <p>HR, Blood pressure <u>Labs</u> – As above; and Liver Function Tests, Amylase, Thyroid Panel with TSH, UA; <u>Negative Pregnancy test</u> for girls of childbearing age</p> <p>Anticipatory Guidance</p> <ul style="list-style-type: none"> <li>- re: target symptoms</li> <li>- need for medication and lab monitoring</li> <li>- <b>Do not discontinue abruptly</b></li> <li>- re: use of OTC medications,</li> <li>- re: drug-drug interactions</li> <li>- lifestyle choices, weight</li> <li>- discussion of contraception</li> <li>- re: adverse effects <ul style="list-style-type: none"> <li>- menstrual changes</li> <li>- insulin resistance</li> </ul> </li> </ul>	<p>At least q 12 weeks</p> <p>Ht, Wt, BMI, Chart growth (may be obtained in coordination with pediatrician or primary care provider.)</p> <p>HR, BP</p> <p><u>Labs</u> - CBC&amp;diff; LFTs; Ammonia if sx's of encephalopathy; Amylase if GI symptoms; Blood levels at each dose change until therapeutic, then every 3 months, and as clinically indicated.</p> <p>Follow-up</p> <ul style="list-style-type: none"> <li>- on target behaviors</li> <li>- on adverse effects (GI effects, encephalopathy, menstrual changes) <ul style="list-style-type: none"> <li>- Do not discontinue abruptly</li> </ul> </li> </ul> <p>Assure compliance with other treatment modalities</p> <p>Continued anticipatory guidance, especially re: sx of toxicity, pregnancy, PCOS</p> <p>* These guidelines refer to minimums during the maintenance phase. It is expected that the requirements for monitoring during initiation and discontinuation phase will differ.</p>

Medication	At Baseline	Maintenance Phase Follow-up*
<b>Anticonvulsants</b>	<b>Monitor Sexual Activity</b>	<b>Monitor Sexual Activity</b>
<p>Carbamazepine (Tegretol, Carbatrol, Trileptal)</p>	<p>Height, weight, BMI, Pre-medication growth charts (may be obtained in coordination with pediatrician or primary care provider.)</p> <p>HR, Blood pressure  <u>Labs</u> – As above; and Liver Function Tests, Amylase, Thyroid Panel with TSH, UA;  <u>Negative Pregnancy test</u> for girls of childbearing age            HLA-B1502 antigen in Asian population</p> <p>Anticipatory Guidance</p> <ul style="list-style-type: none"> <li>- re: target symptoms</li> <li>- need for medication and lab monitoring</li> <li>- <b>Do not discontinue abruptly</b></li> <li>- re: use of OTC medications,</li> <li>- re: drug-drug interactions</li> <li>- lifestyle choices, weight</li> <li>- discussion of contraception</li> <li>- re: adverse effects               <ul style="list-style-type: none"> <li>- Hyponatremia</li> <li>- Neutropenia</li> <li>- Aplastic Anemia</li> <li>- Thyroid changes</li> </ul> </li> </ul>	<p>At least q 12 weeks</p> <p>Ht, Wt, BMI, Chart growth (may be obtained in coordination with pediatrician or primary care provider.)</p> <p>HR, BP</p> <p><u>Labs</u> - CBC&amp;diff, platelets; BUN/Cr, Lytes, LFTs and Blood levels at each dose change until therapeutic, then every 3 months, and as clinically indicated. Free T4 and TSH yearly and as clinically indicated</p> <p>Follow-up</p> <ul style="list-style-type: none"> <li>- on target behaviors</li> <li>- on adverse effects (GI effects, encephalopathy, menstrual changes)               <ul style="list-style-type: none"> <li>- Do not discontinue abruptly</li> </ul> </li> </ul> <p>Assure compliance with other treatment modalities</p> <p>Continued anticipatory guidance, especially re: sx of toxicity, pregnancy, low Na and anemia</p> <p>* These guidelines refer to minimums during the maintenance phase. It is expected that the requirements for monitoring during initiation and discontinuation phase will differ.</p>

Medication	At Baseline	Maintenance Phase Follow-up*
<b>Anticonvulsants</b>	<b>Monitor Sexual Activity</b>	<b>Monitor Sexual Activity</b>
Lamotrigine (Lamictal)	<p>Height, weight, BMI, Pre-medication growth charts (may be obtained in coordination with pediatrician or primary care provider.)</p> <p>HR, Blood pressure</p> <p><u>Labs</u> – As above; and CR, Liver Function Tests, Amylase, UA; <u>Pregnancy test</u> for girls of childbearing age HLA-B1502 antigen in Asian population</p> <p>Anticipatory Guidance</p> <ul style="list-style-type: none"> <li>- re: target symptoms</li> <li>- need for medication and lab monitoring</li> <li>- Do not discontinue abruptly</li> <li>- re: use of OTC medications,</li> <li>- re: drug-drug interactions – especially Valproic Acid</li> <li>- re: adverse effects - especially</li> </ul> <p><b>RASH – call MD immediately if rash develops</b></p>	<p>At least q 12 weeks</p> <p>Ht, Wt, BMI, Chart growth (may be obtained in coordination with pediatrician or primary care provider.)</p> <p>HR, BP</p> <p><u>Labs</u> - CBC q 3 – 6 months and as clinically indicated;</p> <p>Follow-up</p> <ul style="list-style-type: none"> <li>- on target behaviors</li> <li>- on adverse effects : RASH and BP allergic reaction</li> </ul> <p>Assure compliance with other treatment modalities</p> <p>Continued anticipatory guidance, especially re: sx of toxicity, suicidal ideation, pregnancy</p> <p>Do not discontinue abruptly</p> <p>* These guidelines refer to minimums during the maintenance phase. It is expected that the requirements for monitoring during initiation and discontinuation phase will differ.</p>

MEDICATION	AT BASELINE	Maintenance Phase FOLLOW-UP*
<b>ANTIHYPERTENSIVES</b>		
<p><u>Beta Blockers</u></p> <p>Atenolol (Tenormin) Metoprolol (Lopressor, Toprol) Nadolol (Corgard) Propranolol (Inderal)</p>	<p>Establish consultation with primary care provider; especially important in patients with asthma and diabetes</p> <p>Height, weight, BMI Pre-medication growth charts (may be obtained in coordination with pediatrician or primary care provider.)</p> <p>HR, Blood pressure</p> <p>EKG, Cardiac consultation if clinically indicated</p> <p><u>Labs</u> – As above; Negative <u>Pregnancy test</u> for girls of childbearing age</p> <p>Anticipatory Guidance</p> <ul style="list-style-type: none"> <li>- re: target symptoms</li> <li>- re: orthostatic hypotension</li> <li>- Do not discontinue abruptly</li> <li>- need for medication</li> <li>- re: use of OTC medications,</li> <li>- re: drug-drug interactions – especially in patients with asthma and diabetes</li> </ul>	<p>At least q 12 weeks</p> <p>Ht, Wt, BMI, Chart growth (may be obtained in coordination with pediatrician or primary care provider.)</p> <p>HR, BP</p> <p><u>Labs</u> - Free T4 and TSH yearly and as clinically indicated</p> <p>Follow-up</p> <ul style="list-style-type: none"> <li>- on target behaviors</li> <li>- on adverse effects : orthostatic hypotension, rebound hypertension</li> </ul> <p>Assure compliance with other treatment modalities</p> <p>Do not discontinue abruptly</p>
<p>Alpha-2 Agonists Clonidine (Catapres) Guanfacine (Tenex) Guanfacine DR (Intuniv)</p>	<p>Height, weight, BMI Pre-medication growth charts (may be obtained in coordination with pediatrician or primary care provider.)</p> <p>HR, Blood pressure, EKG</p> <p>EKG, Cardiac consultation if clinically indicated</p> <p><u>Labs</u> – As above; Negative <u>Pregnancy test</u> for girls of childbearing age</p> <p>Anticipatory Guidance</p> <ul style="list-style-type: none"> <li>- re: target symptoms</li> <li>- re: orthostatic hypotension</li> <li>- re: rebound hypertension</li> <li>- Do not discontinue abruptly</li> <li>- need for medication</li> <li>- re: use of OTC medications,</li> <li>- re: drug-drug interactions –</li> </ul>	<p>At least q 12 weeks</p> <p>Ht, Wt, BMI, Chart growth (may be obtained in coordination with pediatrician or primary care provider.)</p> <p>HR, BP, EKG</p> <p><u>Labs</u> - Free T4 and TSH yearly and as clinically indicated</p> <p>Follow-up</p> <ul style="list-style-type: none"> <li>- on target behaviors</li> <li>- on adverse effects : orthostatic hypotension, rebound hypertension</li> </ul> <p>Assure compliance with other treatment modalities</p> <p>Do not discontinue abruptly</p> <p>* These guidelines refer to minimums during the maintenance phase. It is expected that the requirements for monitoring during initiation and discontinuation phase will differ.</p>

MEDICATION	AT BASELINE	Maintenance Phase FOLLOW-UP*
<b>ANTIDEPRESSANTS</b>	<b>RISK FOR SUICIDE</b>	<b>RISK FOR SUICIDE</b>
<p><u>Tricyclic Antidepressants</u>  Amitriptyline (Elavil)  Clomipramine (Anafranil)  Desipramine (Norpramin)  Doxepin (Sinequan)  Imipramine (Tofranil)  Nortriptyline (Aventyl, Pamelor)</p>	<p><u>Avoid if Possible – Not First Line</u></p> <p>Height, weight, BMI, Pre-medication growth charts (may be obtained in coordination with pediatrician or primary care provider.)</p> <p>HR, Blood pressure</p> <p>Baseline EKG; Cardiac consultation if clinically indicated</p> <p><u>Labs</u> – As above + LFTs; Negative <u>Pregnancy test</u> for girls of childbearing age</p> <p>Anticipatory Guidance</p> <ul style="list-style-type: none"> <li>- re: target symptoms</li> <li>- re: take med as prescribed (OD)</li> <li>- re: risk of suicide/impulsivity</li> <li>- re:risk of mania, cycling</li> <li>- re: need for medication</li> <li>- re:drug-drug interactions – especially with medications that may affect QTc</li> </ul>	<p>At least q 12 weeks</p> <p>Ht, Wt, BMI, Chart growth (may be obtained in coordination with pediatrician or primary care provider.)</p> <p>HR, BP</p> <p><u>Labs</u> - LFTs at 6 weeks, repeat at target dose; blood levels for norpramin</p> <p>EKG at maintenance and at dose changes; also q yr and when clinically indicated</p> <p>Follow-up</p> <ul style="list-style-type: none"> <li>- on target behaviors</li> <li>- standardized rating scales</li> <li>- on adverse effects : especially risk for suicidal thinking and impulses at dose initiation, change and discontinuation.</li> </ul> <p>Assure compliance with other treatment modalities</p> <p>Do not discontinue abruptly</p> <p>* These guidelines refer to minimums during the maintenance phase. It is expected that the requirements for monitoring during initiation and discontinuation phase will differ.</p>

MEDICATION	AT BASELINE	Maintenance Phase*
<b>ANTIDEPRESSANTS</b>	<b>RISK FOR SUICIDE</b>	<b>RISK FOR SUICIDE</b>
<u>Serotonin Reuptake Inhibitors (SSRIs)</u> Citalopram (Celexa) Escitalopram (Lexapro) Fluoxetine (Prozac, Sarafem) Fluvoxamine (Luvox) Sertraline (Zoloft)	Height, weight, BMI, Pre-medication growth charts (may be obtained in coordination with pediatrician or primary care provider.)  HR, Blood pressure  <u>Labs</u> – As above; Negative <u>Pregnancy test</u> for girls of childbearing age  Anticipatory Guidance <ul style="list-style-type: none"> <li>- re: target symptoms</li> <li>- re: risk of suicide/impulsivity</li> <li>- re: risk of mania, cycling</li> <li>- re: need for medication</li> <li>- re: drug-drug interactions –</li> </ul>	At least q 12 weeks  Ht, Wt, BMI, Chart growth (may be obtained in coordination with pediatrician or primary care provider.)  HR, BP  <u>Labs</u> – annual follow-up  Follow-up <ul style="list-style-type: none"> <li>- on target symptoms</li> <li>- standardized rating scales</li> <li>- on adverse effects including agitation, sexual dysfunction, akathisia, serotonin syndrome.</li> <li>- risk for suicidal thinking and impulses at dose initiation, change and discontinuation.</li> </ul> Assure compliance with other treatment modalities  Do not discontinue abruptly
<u>Miscellaneous</u> Bupropion (Wellbutrin) Mirtazapin (Remeron) Trazodone (Desyrel)	Height, weight, BMI, Pre-medication growth charts may be obtained in coordination with pediatrician or primary care provider.)  HR, Blood pressure  <u>Labs</u> – As above; LFTs for mirtazapine; <u>Negative pregnancy test</u> for girls of childbearing age  For <u>Bupropion</u> : EEG if history of sz or clinically indicated;  Anticipatory Guidance <ul style="list-style-type: none"> <li>- re: target symptoms</li> <li>- re: risk of suicide/impulsivity</li> <li>- re: risk of mania, cycling</li> <li>- Risk of seizure, tics (Bupropion)</li> <li>- Risk of priapism (Trazodone)</li> <li>- re: need for medication</li> </ul> re: drug-drug interactions especially Wellbutrin with Zyban both are Bupropion	At least q 12 weeks  Ht, Wt, BMI, Chart growth may be obtained in coordination with pediatrician or primary care provider.)  HR, BP  <u>Labs</u> – annual follow-up  Follow-up <ul style="list-style-type: none"> <li>- on target symptoms</li> <li>- standardized rating scales</li> <li>- on adverse effects including agitation, sexual dysfunction, akathisia,</li> <li>- risk for suicidal thinking and impulses at dose initiation, change and discontinuation.</li> </ul> Assure compliance with other treatment modalities  Do not discontinue abruptly  * These guidelines refer to minimums during the maintenance phase. It is expected that the requirements for monitoring during initiation and discontinuation phase will differ.

MEDICATION	AT BASELINE	Maintenance Phase FOLLOW-UP*
<b>ANTIPSYCHOTICS</b>		
<p><u>Conventional</u>  Chlorpromazine (Thorazine)  Fluphenazine (Prolixin)  Haloperidol (haldol)  Loxapine (Loxitane)  Molindone (Moban)  Perphenazine (Trilafon)  Trifluoperazine Stelazine)  Thiothixene (Navane)</p> <p><u>Pimozide (Orap) – not recommended</u></p>	<p>Height, weight, BMI, Pre-medication growth charts (may be obtained in coordination with pediatrician or primary care provider.)</p> <p>HR, Blood pressure</p> <p>AIMS</p> <p><u>Labs</u> – As above, fasting lipid panel, fasting glucose, LFTs, Thyroid panel, prolactin level ; <u>Negative pregnancy test</u> for girls of childbearing age</p> <p>EKG, cardiac consult if clinically indicated</p> <p>Anticipatory Guidance</p> <ul style="list-style-type: none"> <li>- re: target symptoms</li> <li>- re: hyperthermia</li> <li>- re: need for sunblock</li> <li>- Neuroleptic malignant syndrome</li> <li>- EPS</li> </ul>	<p>Every month for 1<sup>st</sup> 3 months, then at least every 12 weeks:</p> <p>Ht, Wt, BMI, Chart growth (may be obtained in coordination with pediatrician or primary care provider.)  HR, BP</p> <p>AIMS</p> <p><u>Labs</u> – CBC, Diff, Glu, BUN,Cr, LFTs every 6 months; prolactin level if clinically indicated</p> <p>EKG when target dose attained, with dosage changes and q 6 -12 months as indicated</p> <p>Follow-up</p> <ul style="list-style-type: none"> <li>- on target symptoms</li> <li>- on adverse effects including indicators of prolactin rise – galactorrhea, amenorrhea, bone fracture breast sx)</li> </ul> <p>Assure compliance with other treatment modalities</p>
<p><u>Atypical</u>  Aripiprazole(Abilify)  Olanzapine (Zyprexa)  Quetiapine (Seroquel)  Risperidone (Risperdal)  Ziprasidone (Geodon)</p>	<p>Height, weight, BMI, Pre-medication growth charts (may be obtained in coordination with pediatrician or primary care provider.)</p> <p>HR, Blood pressure</p> <p>AIMS</p> <p><u>Labs</u> – As above, fasting lipid panel, fasting glucose, LFTs, Thyroid panel, prolactin level ; <u>Pregnancy test</u> for girls of childbearing age</p> <p>EKG, cardiac consult if clinically indicated</p> <p>Anticipatory Guidance</p> <ul style="list-style-type: none"> <li>- re: target symptoms</li> <li>- re: diet, exercise, lifestyle</li> <li>- re: suicidal ideation (Abilify)</li> <li>- re: hyperthermia</li> <li>- re: need for sunblock</li> <li>- Neuroleptic malignant syndrome</li> </ul>	<p>Every month for 1<sup>st</sup> 3 months, then at least every 12 weeks:</p> <p>Ht, Wt, BMI, Chart growth (may be obtained in coordination with pediatrician or primary care provider.)</p> <p>HR, BP</p> <p>AIMS</p> <p><u>Labs</u> – CBC, Diff, Glu, BUN,Cr, LFTs every 6 months; prolactin level if clinically indicated</p> <p>EKG when target dose attained, with dosage changes and q 6 -12 months as indicated</p> <p>Follow-up</p> <ul style="list-style-type: none"> <li>- on target symptoms</li> <li>- re: lifestyle, weight changes</li> <li>- on adverse effects including</li> </ul>

	<p>- EPS</p>	<p>indicators of prolactin rise – galactorrhea, amenorrhea, bone fracture breast sx)</p> <p>.</p> <p>Assure compliance with other treatment modalities</p>
<p><u>Clozapine</u> Clozaril FazaClo ODT</p>	<p>Height, weight, BMI, Pre-medication growth charts (may be obtained in coordination with pediatrician or primary care provider.)</p> <p>HR, Blood pressure</p> <p>AIMS</p> <p><u>Labs</u> – As above, fasting lipid panel, fasting glucose, LFTs, Thyroid panel, prolactin level ; <u>Pregnancy test</u> for girls of childbearing age</p> <p>EKG, cardiac consult if clinically indicated</p> <p>Anticipatory Guidance</p> <ul style="list-style-type: none"> <li>- re: target symptoms</li> <li>- re: diet, exercise, lifestyle</li> <li>- re: suicidal ideation (Abilify)</li> <li>- re: hyperthermia</li> <li>- re: need for sunblock</li> <li>- Neuroleptic malignant syndrome</li> <li>- EPS</li> </ul>	<p>Every month for 1<sup>st</sup> 3 months, then at least every 12 weeks:</p> <p>Ht, Wt, BMI, Chart growth (may be obtained in coordination with pediatrician or primary care provider.)</p> <p>HR, BP</p> <p>AIMS</p> <p><u>Labs</u> – CBC, Diff, Glu, BUN,Cr, LFTs every 6 months; prolactin level if clinically indicated</p> <p>EKG when target dose attained, with dosage changes and q 6 -12 months as indicated</p> <p>Follow-up</p> <ul style="list-style-type: none"> <li>- on target symptoms</li> <li>- re: lifestyle, weight changes</li> <li>- on adverse effects including indicators of prolactin rise – galactorrhea, amenorrhea, bone fracture breast sx)</li> </ul> <p>.</p> <p>Assure compliance with other treatment modalities</p> <p>* These guidelines refer to minimums during the maintenance phase. It is expected that the requirements for monitoring during initiation and discontinuation phase will differ.</p>

**May 17, 2011**

**Appendix B**

**Psychotropic Medication Prescribing Parameters  
(Revised May 17, 2011)**

May 17, 2011

**Appendix: Psychotropic Medication Prescribing Parameters**

The New Jersey Department of Children and Families has a responsibility to assure that each and every child under our care receives the health care necessary to support that child's development and well-being.

The Psychotropic Medication Prescribing Parameters are to be used in prescribing for children in DCF out of home placement and in considering consent for treatment. The parameters include FDA approved indications for psychotropic medications by diagnosis and age. Off-label uses, when included, are provided for information only. Few psychotropic medications are approved by the FDA for the treatment of psychiatric disorders in children and adolescents; even fewer are approved for children under 6 years old. DCF recognizes that individual children and youth may present with exceptional needs that extend beyond these parameters.

The responsibility for the treatment of individuals with medical needs falls squarely on the clinical team providing the treatment. These parameters are intended to provide information about approved medications but they are not intended to replace or supersede the clinical judgment, expertise and responsibility of the clinicians providing treatment to children, adolescents and young adults under DCF care and supervision.

The Prescribing Parameters are to be used in conjunction with the Psychotropic Medication Policy and the Psychotropic Medication Monitoring Guidelines to assure the safe use of these medications.

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p><u>Generic</u> Alprazolam</p> <p><u>Brand Name</u> Niravam</p> <p>Xanax</p> <p>Xanax XR</p>	<p>Anxiety, Generalized Anxiety Disorder (Alprazolam, Niravam, Xanax) (18 years old)</p> <p>Panic Disorder, with or without Agoraphobia (Alprazolam, Niravam, Xanax, Xanax XR) (18 years old)</p> <p>Safety and effectiveness of Alprazolam in individuals below 18 years of age have not been established.</p>	<p>Benzo- diazepine</p>	<p>Alprazolam: 0.25 to 6 mg/day</p> <p>Niravam: 0.25 tid up to 4 mg/day in divided doses</p> <p>Xanax: 0.25 to 6 mg/day</p> <p>Xanax XR: 0.5 to 6 mg/day</p>	<p><u>Contraindications:</u></p> <ul style="list-style-type: none"> <li>- Known hypersensitivity to alprazolam or other benzodiazepines</li> <li>- In acute narrow angle glaucoma</li> <li>- With ketoconazole and itraconazole</li> </ul> <p><u>Warnings:</u> Dependence and Withdrawal Reactions, Including Seizures, Status Epilepticus, Interdose Symptoms; Must discontinue gradually</p> <p>CNS Depression and Impaired Performance – do not use with alcohol, other CNS depressants</p> <p><u>Pregnancy Category D</u> Interaction with Drugs that Inhibit Metabolism via CYP450 3A -possible significant interactions with ketoconazole, itraconazole, nefazodone, fluvoxamine, erythromycin, cimetidine, oral contraceptives, imipramine, desipramine, carbamazepine and others</p> <p><u>Precautions:</u> Caution with Patients with Concomitant Illness – especially those with impaired renal, hepatic or pulmonary function</p> <p>Monitor for suicide, mania</p> <p>Monitor for uricosuric effect</p>

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p>Generic Amantadine</p> <p>Brand Name Symmetrel</p>	<p>Influenza A Prophylaxis and Treatment</p> <p>Parkinson's Disease/Syndrome</p> <p>Drug-Induced Extrapyramidal Reactions</p> <p><u>Minimum Age:</u> 12 years old (Pediatric Dosing information only available for Influenza indications)</p>	<p>Antiviral</p>	<p>Parkinson's Syndrome and Extra-pyramidal Reactions:</p> <p>100 mg twice a day for adolescents</p>	<p><u>Warnings:</u> Death has been reported in overdose - cardiac, respiratory, renal or CNS toxicity</p> <p>Suicide Attempts</p> <p>CNS effects, including seizure, blurring of vision</p> <p>Monitor for serious cardiac effects; CHF has been reported with amantadine</p> <p>Anticholinergic effects: Mydriasis; Do not give in angle-closure glaucoma</p> <p><u>Precautions:</u> Neuroleptic Malignant Syndrome in dose reduction, discontinuation</p> <p>Monitor for increased liver functions</p> <p>Possible risk for melanoma</p> <p>Potential for drug interactions, especially with thioridazine (possible increased tremor), quinine or quinidine, others</p>

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p>Generic Amitriptyline</p> <p><u>Brand Name</u> Elavil</p> <p>Endep</p> <p>Vanatrip</p>	<p>Depression (12 years old)</p> <p><u>Not</u> recommended for children under 12 years old.</p>	<p>Tricyclic Anti-depressant</p>	<p><u>Adolescents:</u> 10 mg tid up to 50 mg/day</p> <p><u>Adults:</u> 75 mg/day in divided doses up to 150 mg a day in divided doses</p>	<p><u>Black Box Warning: Suicidality and Antidepressant Drugs –</u> In short-term studies of major depressive disorder and other psychiatric disorders, antidepressants increased the risk compared to placebo of suicidal thinking and behavior in children, adolescents and young adults.</p> <p><u>Contraindications:</u></p> <ul style="list-style-type: none"> <li>- Hypersensitivity to amitriptyline</li> <li>- With or within 14 days of MAOI use</li> <li>- With Cisapride</li> <li>- Acute recovery MI</li> </ul> <p><u>Warnings:</u> Clinical Worsening and Suicide Risk</p> <p>Screen for Bipolar Disorder</p> <p>Caution in patients with concomitant illness:</p> <ul style="list-style-type: none"> <li>- With guanethidine or similar compounds</li> <li>- Seizure (lowers threshold)</li> <li>- Glaucoma, Urinary Retention (anticholinergic properties)</li> <li>- Cardiovascular Disease must be monitored; risk of arrhythmias, MI, stroke and tachycardia</li> <li>- Hyperthyroid</li> <li>- Caution in hepatic and renal dysfunction</li> </ul> <p>May enhance effects of alcohol and other CNS depressants; delirium with disulfuram</p> <p><u>Precautions:</u> May exacerbate psychosis Interaction with medications metabolized by P450 2D6, including fluoxetine and other ssri's. Also interactions with Guanethidine, thyroid medications</p> <p>With anticholinergic agents, risk of hyperpyrexia, paralytic ileus</p> <p>Serious in overdose; follow levels: narrow therapeutic index</p>

<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p>Generic Amphetamine and Dextroamphetamine (Mixed Salts)</p> <p><u>Brand Name</u> Adderall</p> <p>Adderall XR</p>	<p>Attention Deficit Hyperactivity Disorder:</p> <p>Adderall (3 years old)</p> <p>Adderall XR (6 years old)</p> <p>Narcolepsy (6 years old)</p>	Stimulant	<p><u>ADHD:</u> <u>Adderall</u></p> <p>2.5 to 20 mg per day (ages 3 years and up)</p> <p>5 mg – 40 mg per day (ages 6 years and older)</p> <p><u>Adderall XR:</u> 5 mg – 30 mg per day in children 6 years and older</p> <p>10 mg – 40 mg/day for Adolescents (doses over 20 mg/day rarely more effective)</p> <p>10 mg – 60 mg/day for Adults (doses over 20 mg/day rarely more effective)</p> <p><u>Narcolepsy:</u> 5 – 60 mg/day (dosage by age, weight)</p>	<p><u>Black Box Warnings: High Potential for abuse and dependence</u> <u>Misuse may cause sudden death and serious cardiovascular events</u></p> <p><u>Contraindications:</u></p> <ul style="list-style-type: none"> <li>- Cardiovascular - advanced arteriosclerosis, symptomatic cardiovascular disease, moderate to severe hypertension</li> <li>- Hyperthyroidism</li> <li>- Hypersensitivity to sympathomimetic amines</li> <li>- Glaucoma</li> <li>- Agitated states</li> <li>- History of drug abuse</li> <li>- During or within 14 days MAOI use</li> </ul> <p><u>Warnings and Precautions:</u> <u>Serious Cardiovascular Events:</u></p> <ul style="list-style-type: none"> <li>- Sudden death has been reported in association with CNS stimulant treatment at usual doses in children and adolescents with structural cardiac abnormalities or other serious heart problems.</li> <li>- Sudden death, MI and stroke have been reported in adults taking stimulant medications at usual doses for ADHD.</li> <li>- Hypertension and other cardiovascular conditions</li> <li>- Assessing CV status: personal and family history, physical exam and further evaluation; developing symptoms require prompt cardiac evaluation</li> </ul> <p>Psychiatric Adverse Effects: Including Pre-existing Psychosis, Bipolar Illness, Emergence of new psychotic or manic symptoms, aggression</p> <p>Long-Term Suppression of Growth; Careful follow-up of weight and height in children recommended</p> <p>Seizures</p> <p>Visual disturbance – Problems with accommodation, blurring of vision</p> <p><u>Precautions:</u></p> <ul style="list-style-type: none"> <li>- Tics, Tourette's syndrome</li> <li>- Potential for Drug Interactions (extensive list including acidifying agents)</li> </ul>

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p>Generic Aripiprazole</p> <p>Brand Name Abilify</p>	<p>Irritability Associated with Autism (6 – 17 years)</p> <p>Bipolar Mixed/Manic Monotherapy and Adjunctive Therapy (10 years old)</p> <p>Schizophrenia (13 years old)</p> <p>Adjunctive Treatment of Major Depressive Disorder (18 years old)</p> <p>Agitation Associated with Schizophrenia and Bipolar Mania (18 years old)</p> <p>Abilify is not approved for use in treating depression in the pediatric population.</p>	<p>Atypical Antipsychotic</p>	<p>2 – 30 mg/day</p> <p>Maximum for autism = 15 mg/day</p> <p>Maximum for adjunctive treatment of depression = 15 mg/day</p>	<p><u>Black Box Warning: Suicidality and Antidepressant Drugs</u> – In short-term studies of major depressive disorder and other psychiatric disorders, antidepressants increased the risk compared to placebo of suicidal thinking and behavior in children, adolescents and young adults.</p> <p><u>Warnings:</u> Clinical Worsening of Depression and Suicide Risk</p> <p>Screen for Bipolar Disorder</p> <p>Neuroleptic Malignant Syndrome – may be life threatening, observe for</p> <ul style="list-style-type: none"> <li>- Hyperpyrexia</li> <li>- Muscle rigidity</li> <li>- Altered mental status</li> <li>- Autonomic instability (irregular pulse, tachycardia, diaphoresis, etc)</li> </ul> <p>Tardive Dyskinesia – monitor abnormal involuntary movements</p> <p>Hyperglycemia and Diabetes Mellitus – Monitor fasting blood sugar, observe for</p> <ul style="list-style-type: none"> <li>- Polydipsia</li> <li>- Polyuria</li> <li>- Polyphagia</li> <li>- Weakness</li> </ul> <p>Orthostatic Hypotension</p> <p>Leukopenia, Neutropenia, Agranulocytosis</p> <p>Seizures (0.1% adults, 0.2% pediatrics)</p> <p>Potential for Cognitive and Motor Impairment, Somnolence</p> <p>Body Temperature Regulation disruption: monitor during strenuous exercise, exposure to extreme heat, concomitant anticholinergic medications, dehydration</p> <p>Suicide - risk inherent in psychotic illness</p> <p>Dysphagia, esophageal dysmotility, aspiration</p>

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p>Generic Armodafinil</p> <p><u>Brand Name</u> Nuvigil</p>	<p>Improve wakefulness in patients with:</p> <p>Obstructive Sleep Apnea (18 years old)</p> <p>Narcolepsy (18 years old)</p> <p>Shift Work Disorder (18 years old)</p> <p><u>Off-Label</u> Treats sedation associated with antidepressants (18 years old)</p> <p>ADHD (18 years old)</p> <p>Safety and effectiveness of armodafinil use in pediatric population have not been established</p>	<p>Wakefulness-promoting agent</p>	<p>150 – 250 mg Per day</p>	<p><u>Warnings:</u> Serious rash, including Stevens Johnson Syndrome, Toxic Epidermal Necrolysis, Drug Rash with Eosinophilia and Systemic Symptoms (more common in pediatric patients under 17 years old [0.8%])</p> <p>Angioedema and Anaphylaxis</p> <p>Multi-Organ Hypersensitivity Reactions</p> <p>Persistent Sleepiness</p> <p>Psychiatric symptoms including mania, delusions, hallucinations, suicidal ideation and aggression</p> <p><u>Precautions:</u> Effectiveness of steroidal contraceptives may be reduced, even after discontinuation</p> <p>Monitor blood pressure</p> <p>Potential for Drug Interactions – consider dose adjustment of CYP3A4/5 medications; others</p> <p>Drug Abuse and Dependence: Armodafinil is a Schedule IV controlled substance</p>

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p>Generic Asenapine</p> <p>Brand Name Saphris SL</p>	<p>Schizophrenia (18 years old)</p> <p>Bipolar I Disorder, Manic or Mixed Episodes (18 years old)</p> <p>Safety and effectiveness in pediatric patients have not been established.</p>	<p>Atypical Antipsychotic</p>	<p>Schizophrenia: 5 mg to 10 mg sublingually bid</p> <p>Bipolar Mania (monotherapy): 10 mg sublingually bid</p> <p>Bipolar Mania (adjunctive): 5 mg to 10 mg sublingually bid</p>	<p><u>Warnings and Precautions:</u></p> <p>Neuroleptic Malignant Syndrome – may be life threatening, observe for:</p> <ul style="list-style-type: none"> <li>- Hyperpyrexia</li> <li>- Muscle rigidity</li> <li>- Altered mental status</li> <li>- Autonomic instability (irregular pulse, tachycardia, diaphoresis, etc)</li> </ul> <p>Tardive Dyskinesia – monitor abnormal involuntary movements</p> <p>Hyperglycemia and Diabetes Mellitus – Monitor fasting blood sugar, observe for:</p> <ul style="list-style-type: none"> <li>- Polydipsia</li> <li>- Polyuria</li> <li>- Polyphagia</li> <li>- Weakness</li> </ul> <p>Weight Gain – Monitor weight</p> <p>Orthostatic Hypotension, Syncope and other hemodynamic effects</p> <p>Leukopenia, Neutropenia, Agranulocytosis</p> <p>QT prolongation, cardiac changes</p> <p>Hyperprolactinemia - Monitor for</p> <ul style="list-style-type: none"> <li>- Galactorrhea</li> <li>- Amenorrhea</li> <li>- Gynecomastia</li> <li>- Impotence</li> </ul> <p>May lead to decreased bone density, possible association with breast cancers</p> <p>Seizures (0% and 0.3% at 5 mg and 10 mg bid respectively)</p> <p>Potential for Cognitive and Motor Impairment - Somnolence</p> <p>Body Temperature Regulation disruption; monitor during:</p> <ul style="list-style-type: none"> <li>- Strenuous exercise</li> <li>- Exposure to extreme heat,</li> <li>- Concomitant anticholinergic medications</li> <li>- Dehydration</li> </ul> <p>Suicide - risk inherent in psychotic illness</p> <p>Dysphagia, esophageal dysmotility, aspiration</p>

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p>Generic Atomoxetine</p> <p>Brand Name Strattera</p>	<p>Attention Deficit Hyperactivity Disorder (ADHD) (6 years old)</p> <p>The safety, efficacy, and pharmacokinetics of Atomoxetine hydrochloride in pediatric patients less than 6 years of age have not been evaluated</p>	<p>Atypical ADHD medication</p>	<p>1.2 mg/k/day maximum</p> <p>Or 100 mg/day whichever is less</p>	<p><u>Black Box Warning: Atomoxetine increased the risk of suicidal thinking and behaviors in children or adolescents with ADHD</u></p> <p><u>Contraindications:</u></p> <ul style="list-style-type: none"> <li>- Hypersensitivity to drug/components</li> <li>- With or within 14 days MAOIs</li> <li>- In narrow-angle glaucoma</li> </ul> <p><u>Warnings:</u></p> <p>Suicidal Ideation, clinical worsening including anxiety, agitation, hostility, impulsivity, akathisia, hypomania and mania</p> <p>Severe Liver Injury</p> <p>Serious Cardiovascular Events:</p> <ul style="list-style-type: none"> <li>- sudden death has been reported in pediatric patients on atomoxetine at usual doses;</li> <li>- sudden death has been reported in adults taking atomoxetine at usual doses</li> <li>- screen for history, physical examination, and symptoms; monitor blood pressure and heart rate, risk of hypertension, tachycardia</li> </ul> <p>Effects on Blood Pressure and Heart Rate; monitor for tachycardia and hypertension, cardiovascular events</p> <p>Emergence of new aggressive, psychotic or manic symptoms; screen for bipolar disorder</p> <p>Aggressive Behavior or Hostility</p> <p>Urinary Retention (1.7%) and Urinary Hesitation (5.6%in trials)</p> <p>Priapism</p> <p>Potential Growth Delay</p> <p>Watch for drug interactions, esp. CYP2D6</p>

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p>Generic Benztropine Mesylate</p> <p><u>Brand Name</u> Cogentin</p>	<p>Parkinsonism</p> <p>Drug-Induced Extrapyrimalal Disorders (except Tardive Dyskinesia) due to neuroleptic drugs (4 years old)</p> <p>Because of atropine-like effects benztropine should be used with caution in pediatric patients over three years of age.</p>	<p>Anti-cholinergic</p> <p>and</p> <p>Anti-histaminic</p>	<p>0.02 – 0.05 mg/kg po bid (pediatrics)</p> <p>0.5mg to 4 mg/day, administered qd or bid</p>	<p><u>Contraindications:</u></p> <ul style="list-style-type: none"> <li>- Hypersensitivity to the drug</li> <li>- In children under 3 years old; <u>use with caution in pediatric patients</u></li> </ul> <p><u>Warnings:</u></p> <p>Safety in pregnancy not established</p> <p>Potential for Cognitive and Motor Impairment</p> <p>Given concomitantly with phenothiazines, haloperidol, tricyclic antidepressants, other anti-cholinergic antidopaminergic agents, may cause paralytic ileus, hyperthermia, heat stroke (potentially fatal reactions)</p> <p>Atropine-like structure: watch for anhidrosis, heat intolerance, hyperthermia, heat stroke; Serious in overdose</p> <p><u>Precautions:</u></p> <p>Monitor cardiac status, tachycardia during treatment (has cumulative action – requires on-going monitoring)</p> <p>Monitor prostatic hypertrophy</p> <p>Dysuria, urinary retention</p> <p>May cause weakness</p> <p>Monitor for mental confusion and toxic psychosis, including visual hallucinations</p> <p>May aggravate tardive dyskinesia</p> <p>Do not use with angle-closure glaucoma</p> <p>Cumulative action: on-going monitoring is recommended</p>

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
Generic Bupropion  <u>Brand Names</u> Aplenzin  Budeprion  Wellbutrin  Wellbutrin SR  Wellbutrin XL  Zyban	Major Depressive Disorder (18 years old)  <u>Off-Label:</u> ADHD  <u>Minimum age 18 years</u>	Atypical Anti-depressant	No more than 150mg/dose, 300mg/day (Wellbutrin)  No more than 200mg/dose, 400mg/day (Wellbutrin SR)  No more than 450 mg/day (Wellbutrin XL)  No more than 174mg/dose, 348mg/day (Aplenzin)	<u>Black Box Warning: Suicidality and Antidepressant Drugs</u> – In short-term studies of major depressive disorder and other psychiatric disorders, antidepressants increased the risk compared to placebo of suicidal thinking and behavior in children, adolescents and young adults.  <u>Contraindications:</u> <ul style="list-style-type: none"> <li>- Patients with seizure disorder</li> <li>- Patients with current or prior diagnosis of bulimia or anorexia nervosa</li> <li>- Patients withdrawing from alcohol or sedatives</li> <li>- Within 2 weeks of MAOI use</li> <li>- Hypersensitivity to bupropion or concurrent with other bupropion products</li> </ul> <u>Warnings:</u> Clinical worsening and suicide risk Screen for Bipolar Disorder, monitor for Mania/Hypomania  Do not use with other Bupropion products, including those used for smoking cessation, increased risk of seizure  Risk of seizure, especially over 150 mg every 8 hours or 300 mg/day (Bupropion Immediate or Sustained Release) over 300 mg/day (348 mg Aplenzin) or over 450 mg/day (Wellbutrin XL) to reduce risk of seizure. Seizure risk increased tenfold at higher doses.(See package insert)  Hepatic impairment, potential for hepatic toxicity; increased dose and adverse effects  <u>Precautions:</u> Risk for neuropsychiatric symptoms – agitation, insomnia, psychosis, confusion; also when used for smoking cessation  Allergic reactions, including anaphylaxis  Arthralgia, myalgia and fever with rash  Altered weight  Cardiovascular effects, including hypertension

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<u>Generic</u> Buspirone  <u>Brand Name</u> BuSpar	Anxiety, Anxiety Disorders (18 years old)  There are no long term safety or efficacy data in the pediatric population.	Atypical Anti-Anxiety Agent	15 – 60 mg/day in divided doses	<u>Warning:</u> Do not administer with MAOI  <u>Precaution:</u> Potential for Cognitive and Motor Impairment  Potential for Withdrawal Reactions in Sedative/Hypnotic/Anxiolytic Drug-Dependent Patients  Possible Concerns about Binding to Dopamine Receptors: May cause dystonia, pseudo-parkinsonism, akathisia, tardive dyskinesia  Observe for emergence of mood symptoms – depression, anger, excitement, nervousness  Potential for Drug Interactions (CYP3A4)  Pregnancy Category B

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p><u>Generic</u> Carbamazepine</p> <p><u>Brand Name</u> Carbatrol</p> <p>Tegretol</p>	<p>Epilepsy</p> <p>Pain syndromes (Trigeminal Neuralgia)</p> <p><u>Off-Label:</u> Intermittent Explosive Disorder</p> <p>Bipolar Disorder</p> <p><u>Mimumum age:</u> 6 years old</p> <p><u>(Carbamazepine is approved for treatment of epilepsy in children under 6 years old. Psychiatric use is off label).</u></p>	Antiepileptic	Up to 1000 mg/day Monitor blood levels and titrate to therapeutic	<p><u>Black Box warning re: Severe Potentially Fatal Dermatological Reaction(TEN, SJS); Increased Risk HLA-B1502 haplotype</u></p> <p><u>Black Box warning re: Aplastic Anemia and Agranulocytosis</u></p> <p><u>Contraindications:</u></p> <ul style="list-style-type: none"> <li>- Prior bone marrow suppression</li> <li>- Hypersensitivity to tricyclic compounds</li> <li>- With or within 14 days of MAOI use</li> <li>- With nefazodone</li> </ul> <p><u>Warnings:</u> Suicidal Behavior and Ideation: Antiepileptic drugs increase risk of suicidal thoughts or behavior inpatients taking these drugs for any indication</p> <p>Mild anti-cholinergic activity – monitor intraocular pressure</p> <p>Monitor blood levels (Narrow therapeutic to toxic ratio)</p> <p>Monitor cardiac status (risk of AV block)</p> <p>CYP 3A4 interactions</p> <p>Liver Failure</p> <p>Must discontinue gradually-risk for withdrawal seizures, rebound symptoms</p> <p>Pregnancy Category D</p>

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p><u>Generic</u> Chlorpromazine</p> <p><u>Brand Name</u> Thorazine</p>	<p>Schizophrenia (12 years old)</p> <p>Bipolar Manic Symptoms (12 years old)</p> <p>Severe Behavioral Problems in children (1 – 12 years)</p> <p>Short term treatment of hyperactivity who show excessive motor activity with accompanying conduct disorders consisting of some or all of the following symptoms: impulsivity, difficulty sustaining attention, aggressivity, mood lability and poor frustration tolerance (1 – 12 years)</p> <p>Relief of intractable hiccups</p>	<p>Conventional Antipsychotic (Phenothiazine)</p>	<p>Severe Behavioral Disorders in children: 0.25 mg/pound body weight q 4 – 6 hours prn;</p> <p>maximum 100-200 mg/day by mouth for 5-12 year olds</p> <p>Acute Schizophrenic or Manic States (Adolescents and Adults): 500 – 200 mg/day</p> <p>Less acutely disturbed (Adolescents and Adults): 10 – 50 mg bid or tid</p>	<p><u>Contraindications:</u></p> <ul style="list-style-type: none"> <li>- Coma, or in presence of large amounts of central nervous system depressants</li> <li>- Known hypersensitivity to phenothiazines</li> </ul> <p><u>Warnings:</u></p> <p>Extrapyramidal symptoms may mask CNS signs of primary illness, like Reye syndrome</p> <p>Tardive Dyskinesia – monitor AIMS</p> <p>Neuroleptic Malignant Syndrome – may be life threatening, observe for</p> <ul style="list-style-type: none"> <li>- Hyperpyrexia</li> <li>- Muscle rigidity</li> <li>- Altered mental status</li> <li>- Autonomic instability (irregular pulse, tachycardia, diaphoresis, etc)</li> </ul> <p>Encephalopathic Syndrome with Lithium, Monitor for:</p> <ul style="list-style-type: none"> <li>- Weakness, lethargy</li> <li>- Fever</li> <li>- Tremulousness and confusion</li> <li>- Extrapyramidal symptoms</li> <li>- Leukocytosis, elevated serum enzymes, BUN, FBS</li> </ul> <p>Sedation, may impair mental and physical abilities; Additive with alcohol</p> <p><u>Precautions:</u></p> <p>Risk of bone marrow suppression (Leukopenia, Neutropenia, Agranulocytosis); Monitor CBC</p> <p>Use with caution in patients who have chronic disease or suppressed respiratory function – can suppress cough reflex, associated with aspiration</p> <p>Hyperpyrexia possible; monitor for extreme heat, atropine effects</p> <p>Hyperprolactinemia - Monitor for</p> <ul style="list-style-type: none"> <li>- Galactorrhea</li> <li>- Amenorrhea</li> <li>- Gynecomastia</li> <li>- Impotence</li> </ul> <p>Contains sulfites - may trigger anaphylaxis in sensitive individuals</p> <p>Use caution in patients with glaucoma</p> <p>Interactions with other medications, including anticoagulants</p>

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p>Generic Citalopram</p> <p>Brand Name Celexa</p>	<p>Major Depressive Disorder (18 years old)</p>	<p>SSRI Anti-depressant</p>	<p>20 – 60 mg/day</p>	<p><u>Black Box Warning: Suicidality and Antidepressant Drugs –</u> In short-term studies of major depressive disorder and other psychiatric disorders, antidepressants increased the risk compared to placebo of suicidal thinking and behavior in children, adolescents and young adults.</p> <p><u>Contraindications:</u></p> <ul style="list-style-type: none"> <li>- With or within 14 days of MAOI</li> <li>- Pimozide</li> <li>- Hypersensitivity to citalopram or escitalopram</li> </ul> <p><u>Warnings:</u> Clinical Worsening and Suicide Risk</p> <p>Screen patients for Bipolar Disorder</p> <p>Serotonin Syndrome or Neuroleptic Malignant Syndrome (NMS)-like Reactions:</p> <ul style="list-style-type: none"> <li>- Monitor for autonomic instability</li> <li>- Mental status changes</li> <li>- Neuromuscular aberrations</li> <li>- GI symptoms</li> <li>- Hyperthermia</li> </ul> <p>Note: most prominent with other serotonin medications (serotonin syndrome) or the addition of ssri/snri to antipsychotic drug therapy (NMS-like)</p> <p><u>Precautions:</u></p> <ul style="list-style-type: none"> <li>- Discontinuation Syndrome</li> <li>- Risk for abnormal bleeding, monitor for bruising</li> <li>- Hyponatremia, SIADH</li> <li>- Activation of Mania, Hypomania</li> <li>- Seizure (0.3% Celexa, 0.5% placebo)</li> </ul> <p>Interference with Cognitive and Motor Performance</p> <p>Use in Patients with Concomitant Illness:</p> <ul style="list-style-type: none"> <li>- MI</li> <li>- Hepatic Impairment</li> </ul>

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p><u>Generic</u> Clomipramine</p> <p><u>Brand Name</u> Anafranil</p>	<p>Obsessive Compulsive Disorder (10 years old)</p>	<p>Tricyclic Anti-depressant</p>	<p>25 mg/day then up to 3mg/k/d up to 100 mg at first then maximum 200 mg/day</p>	<p><u>Black Box Warning: Suicidality and Antidepressant Drugs</u> – In short-term studies of major depressive disorder and other psychiatric disorders, antidepressants increased the risk compared to placebo of suicidal thinking and behavior in children, adolescents and young adults.</p> <p><u>Contraindications:</u></p> <ul style="list-style-type: none"> <li>- With or within 14 days of MAOI use</li> <li>- Acute recovery MI</li> <li>- Hypersensitivity, possible cross-sensitivity to other dibenzazepines</li> </ul> <p><u>Warnings:</u></p> <p>Clinical Worsening and Suicide Risk</p> <p>Screen for Bipolar Disorder</p> <p>Seizure risk (overall 0.7%)</p> <p><u>Precautions:</u></p> <p>Suicide ( limit available pills); serious in overdose</p> <p>Cardiovascular Effects: Screen for cardiac history or disease, monitor cardiac status (HR, BP, EKG), risk of QT prolongation</p> <p>Neuropsychiatric symptoms – psychosis, confusion; mania/hypomania</p> <p>Also</p> <ul style="list-style-type: none"> <li>- Hepatic changes – monitor LFTs</li> <li>- Hematologic changes – monitor CBC</li> <li>- Hyperthermia</li> <li>- Sexual dysfunction</li> <li>- Weight change</li> </ul> <p>Monitor blood level, may correlate level with QT interval</p> <p>Discontinuation syndrome</p> <p>Caution in patients with Concomitant Illness:</p> <ul style="list-style-type: none"> <li>- Hyperthyroid</li> <li>- Increased intraocular pressure, narrow angle glaucoma or Urinary Retention (anticholinergic properties)</li> <li>- Patients with tumors of the adrenal medulla (pheochromocytoma)</li> <li>- Caution in hepatic and renal dysfunction</li> </ul>

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p><u>Generic</u> Clonazepam</p> <p><u>Brand Name</u> Klonopin</p>	<p>Seizure Disorder</p> <p>Panic (18 years old)</p> <p><u>Off label:</u> Restless Legs Syndrome</p> <p>Sleepwalking</p> <p>Social Phobia</p>	Benzodiazepine	0.5 – 3.0 mg/day	<p><u>Contraindications:</u></p> <ul style="list-style-type: none"> <li>- Hypersensitivity to benzodiazepines</li> <li>- Significant liver disease</li> <li>- Acute narrow angle glaucoma</li> </ul> <p><u>Warnings:</u> Interference with Cognitive and Motor Performance; increased with concomitant use with alcohol</p> <p>Suicidal Behavior and Ideation: Antiepileptic drugs increase risk of suicidal thoughts or behavior inpatients taking these drugs for any indication</p> <p>Risk in pregnancy – Category D</p> <p>Withdrawal symptoms, including risk of seizure, status epilepticus</p> <p><u>Precautions:</u> Worsening of Seizures, including onset of grand mal seizures</p> <p>Risks of abrupt withdrawal include status epilepticus; Must discontinue gradually</p> <p>Caution in renal impairment</p> <p>Hypersalivation</p> <p>Potential for interaction with other drugs, including P450 inducers, alcohol, barbiturates, narcotics, antipsychotics, , MAOIs, tricyclic antidepressants and other anticonvulsant drugs</p>

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<u>Generic</u> Clonidine  <u>Brand Name</u> Catapres  Kapvay	ADHD (Kapvay 6 - 17 years)  <u>Off label:</u> ADHD (Clonidine, Catapres)  Tics associated with Tourette Syndrome	Anti-hypertensive	0.1 – 0.4 g/day (Kapvay);  Off-label 0.05 to 0.3 mg (Clonidine, Catapres)	<u>Contraindication:</u> Known hypersensitivity to drug/components; use with other clonidine containing medications  <u>Warnings:</u> Hypotension, Bradycardia  Sedation and Somnolence  Discontinue gradually, risk of rebound hypertension  Screen for cardiac history or disease, monitor cardiac status – risk of hypotension, bradycardia, syncope  Beware of dosage strength errors in documentation

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p>Generic Clozapine</p> <p><u>Brand Name</u> Clozaril</p> <p>Clopine</p> <p>Denzapin</p> <p>FazaClo</p> <p>Synthex</p> <p>Zaponex</p>	<p>Treatment Resistant Schizophrenia (18 years old)</p> <p>Reduction of Risk of Suicidal Behavior in Schizophrenia or Schizoaffective Disorders (18 years old)</p> <p>Safety and effectiveness in pediatric patients have not been established.</p>	<p>Antipsychotic</p>	<p>Not approved</p>	<p><u>Black Box Warnings:</u></p> <ol style="list-style-type: none"> <li>1) Agranulocytosis (monitor CBC, WBC as per FDA)</li> <li>2) Seizures</li> <li>3) Myocarditis</li> <li>4) Cardiovascular and Respiratory Collapse</li> </ol> <p><u>Contraindications:</u></p> <ul style="list-style-type: none"> <li>- Hypersensitivity to drug/component</li> <li>- Myeloproliferative disorders</li> <li>- Uncontrolled epilepsy</li> <li>- Paralytic ileus</li> <li>- Clozaril-induced agranulocytosis</li> <li>- Severe granulocytopenia</li> <li>- Severe CNS depression</li> <li>- With other bone marrow suppressing drugs</li> </ul> <p><u>Warnings:</u></p> <p>Agranulocytosis (monitor CBC, WBC as per FDA); Eosinophilia</p> <p>Seizures</p> <p>Myocarditis</p> <p>Other Adverse Cardiovascular and Respiratory Effects</p> <p>Hyperglycemia and Diabetes Mellitus – Monitor fasting blood sugar, observe for</p> <ul style="list-style-type: none"> <li>- polydipsia</li> <li>- polyuria</li> <li>- polyphagia</li> <li>- weakness</li> </ul> <p>Neuroleptic Malignant Syndrome – may be life threatening, observe for</p> <ul style="list-style-type: none"> <li>- Hyperpyrexia</li> <li>- Muscle rigidity</li> <li>- Altered mental status</li> <li>- Autonomic instability (irregular pulse, tachycardia, diaphoresis, etc)</li> </ul> <p>Tardive Dyskinesia – monitor AIMS</p> <p><u>Precautions:</u></p> <ul style="list-style-type: none"> <li>- Cardiomyopathy</li> <li>- Fever</li> <li>- Pulmonary Embolism</li> <li>- Hepatitis</li> <li>- Anticholinergic Toxicity</li> </ul> <p>Interference with Cognitive and Motor Performance</p> <p>Potential for Drug Interactions</p>

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p><u>Generic</u> Desipramine</p> <p><u>Brand Name</u> Norpramin</p>	<p>Depression (12 years old)</p> <p>Safety and efficacy in the pediatric population has not been established.</p>	<p>Tricyclic Anti-depressant</p>	<p>Adolescents: 25 – 100 mg/day</p> <p>Adults: 100 – 200 mg/day Maximum 300 mg/day</p>	<p><u>Black Box Warning: Suicidality and Antidepressant Drugs</u> – In short-term studies of major depressive disorder and other psychiatric disorders, antidepressants increased the risk compared to placebo of suicidal thinking and behavior in children, adolescents and young adults.</p> <p><u>Contraindications:</u></p> <ul style="list-style-type: none"> <li>- With or within 14 days of MAOI use</li> <li>- Acute recovery MI</li> <li>- Hypersensitivity to desipramine</li> <li>- Possible cross-sensitivity to other dibenzazepines</li> </ul> <p><u>Warnings:</u></p> <p>Clinical Worsening and Suicide Risk; Screen for Bipolar Disorder</p> <p>Extreme Caution in patients with Concomitant Illness:</p> <ul style="list-style-type: none"> <li>- Cardiovascular Disease must be monitored; risk of conduction defects, arrhythmias, CHF, MI, stroke and tachycardia</li> <li>- Glaucoma, Urinary Retention (anticholinergic properties)</li> <li>- Seizure (lowers threshold)</li> <li>- Hyperthyroid</li> <li>- With guanethidine or similar (block)</li> <li>- Caution in hepatic and renal dysfunction</li> </ul> <p>Potential for Cognitive and Motor Impairment – potentiated by alcohol consumption</p> <p>Serious in overdose</p> <p>Potential for drug interactions, including P4502D6</p>

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p><u>Generic</u> Dextro-amphetamine</p> <p><u>Brand Name</u> Dexedrine (Immediate Release) Dexedrine Spansules</p>	<p>Attention Deficit Disorder with Hyperactivity (ADHD):</p> <p>Dexedrine (Immediate Release IR) (3 years old)</p> <p>Dexedrine Spansules (6 years old)</p> <p>Narcolepsy (6 years old)</p>	Stimulant	<p>ADHD:</p> <p>Dexedrine(IR) 2.5 mg qd increase by 2.5 mg/week to maximum 40 mg/day (3 – 5 years)</p> <p>5 mg bid or qd Increase by 5 mg/week to maximum 40 mg/day (6 years old)</p> <p>Dexedrine Spansules 5 mg bid or qd Increase by 5 mg/week to maximum 40 mg/day (6 years old)</p> <p>Narcolepsy: 5 – 60 mg/day in divided doses</p>	<p><u>Black Box Warnings:</u> <u>High Potential for abuse and dependence</u> <u>Misuse may cause sudden death and serious cardiovascular events</u></p> <p><u>Contraindications:</u></p> <ul style="list-style-type: none"> <li>- Cardiovascular - advanced arteriosclerosis, symptomatic cardiovascular disease, moderate to severe hypertension</li> <li>- Hyperthyroidism</li> <li>- Hypersensitivity to sympathomimetic amines</li> <li>- Glaucoma</li> <li>- Agitated states</li> <li>- History of drug abuse</li> <li>- During or within 14 days MAOI use</li> </ul> <p><u>Warnings and Precautions:</u> <u>Serious Cardiovascular Events:</u></p> <ul style="list-style-type: none"> <li>- Sudden death has been reported in association with CNS stimulant treatment at usual doses in <u>children and adolescents</u> with structural cardiac abnormalities or other serious heart problems.</li> <li>- Sudden death, MI and stroke have been reported in <u>adults</u> taking stimulant medications at usual doses for ADHD.</li> <li>- Hypertension and other cardiovascular conditions</li> <li>- Assessing CV status: personal and family history, physical exam and further evaluation; developing symptoms require prompt cardiac evaluation</li> </ul> <p>Psychiatric Adverse Effects: Including exacerbation of pre-existing psychosis, bipolar illness, emergence of new psychotic or manic symptoms, aggression</p> <p>Also:</p> <ul style="list-style-type: none"> <li>- Long-Term Suppression of Growth</li> <li>- Seizures</li> <li>- Visual disturbance – Problems with accommodation, blurring of vision</li> <li>- Tics, Tourette's syndrome</li> </ul> <p>Prescribing and Dispensing – least amount feasible at one time</p> <p>Potential for Drug Interactions (extensive list including acidifying agents)</p>

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p><u>Generic</u> Diazepam</p> <p><u>Brand Name</u> Valium</p>	<p>Anxiety disorders</p> <p>Acute alcohol withdrawal</p> <p>Adjunctive treatment of muscle spasm</p> <p>Adjunctive treatment of convulsive disorders</p> <p><u>Minimum Age for Anxiety:</u> 6 years old</p> <p>(No specific ages given, FDA contraindicated under 6 months old; recommend minimum age 6 years old)</p>	<p>Benzo-diazepine</p>	<p>1 mg – 2.5 mg tid or qid up to 10 mg bid</p>	<p><u>Contraindications:</u></p> <ul style="list-style-type: none"> <li>- Pediatric patients under 6 mos old</li> <li>- Myasthenia gravis</li> <li>- Severe respiratory insufficiency</li> <li>- Severe hepatic insufficiency</li> <li>- Sleep apnea</li> <li>- Acute narrow-angle glaucoma</li> </ul> <p><u>Warnings:</u> Not recommended for treatment of psychotic patients</p> <p>CNS depressant; Do not use with alcohol</p> <p><u>Pregnancy Category D</u></p> <p><u>Precautions:</u> Caution re: use with other medications, especially psychotropic agents or antiepileptics.</p> <p>Risk of tolerance; risk of seizure if discontinued abruptly</p>

<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p>Generic Diphenhydramine</p> <p><u>Brand Name</u> Benadryl</p>	<p>Motion Sickness</p> <p>Parkinsonism</p> <p>Antihistaminic (over 20 pounds)</p> <p><u>Off-label:</u> Short term treatment of anxiety</p> <p>Short term treatment of insomnia (12 years old)</p> <p>Diphenhydramine is used as an antihistamine in toddlers; its use for anxiety is off label. Recommended minimum age for anxiety is 5 years old. May cause paradoxical excitement in younger children.</p>	<p>Anti-histamine</p>	<p>6.25 – 25 mg/dose based on weight, age</p>	<p><u>Contraindications:</u></p> <ul style="list-style-type: none"> <li>- newborns, infants and nursing mothers</li> <li>- diphenhydramine and other antihistamines</li> </ul> <p><u>Warnings:</u> Use with caution in narrow angle glaucoma, peptic ulcer, gi obstruction, bladder obstruction</p> <p>In children, especially, overdose may cause hallucinations, coma, death</p> <p>Watch for sedation, diminished mental alertness or paradoxical excitement</p> <p><u>Precautions:</u> Use with caution in patients with coma, asthma, hyperthyroidism, cardiac disease, hypertension (atropine-like action)</p> <p>Additive effect with alcohol, other CNS depressants</p> <p>Hemolytic anemia, thrombocytopenia and agranulocytosis have been reported.</p> <p>Pregnancy Category B</p>

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p><u>Generic</u> Doxepin</p> <p><u>Brand Name</u> Sinequan</p>	<p>Psychoneurotic patients with depression and/or anxiety (12 years old)</p> <p>Depression and/or anxiety associated with alcoholism (12 years old)</p> <p>Depression and/or anxiety associated with organic disease (12 years old)</p> <p>Psychotic Depressive Disorders with associated anxiety in involuntal depression and manic-depressive states (12 years old)</p> <p>Safety and efficacy not established in the pediatric population.</p>	<p>Dibenzoxepin Tricyclic Anti-depressant</p>	<p>25 mg to 150 mg/day</p> <p>Maximum is 300 mg/day in divided doses</p>	<p><u>Black Box Warning: Suicidality and Antidepressant Drugs</u> – In short-term studies of major depressive disorder and other psychiatric disorders, antidepressants increased the risk compared to placebo of suicidal thinking and behavior in children, adolescents and young adults.</p> <p><u>Contraindications:</u></p> <ul style="list-style-type: none"> <li>- known hypersensitivity to drug/components</li> <li>- Possible cross sensitivity to other dibenzoxapines</li> <li>- In patients with glaucoma or urinary retention</li> </ul> <p><u>Warnings:</u> Clinical Worsening and Suicide Risk Screen for Bipolar Disorder</p> <p><u>Precautions:</u> Potential for Drug Interactions with drugs that inhibit P450 2D6, MAO inhibitors, Cimetidine, Alcohol, Tolazamide</p> <p>Risk of drowsiness and impaired functioning</p> <p>Psychosis and Activation of Mania</p> <p>Possibility of withdrawal symptoms if abruptly discontinued</p> <p>Risk of Death from Overdose</p>

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p>Generic Duloxetine</p> <p><u>Brand Name</u> Cymbalta</p>	<p>Major Depressive Disorder (18 years old)</p> <p>Generalized Anxiety Disorder (18 years old)</p> <p>Diabetic Peripheral Neuropathic Pain</p> <p>Fibromyalgia</p> <p>Chronic Musculoskeletal Pain</p>	<p>Selective Serotonin-Norepinephrine Reuptake Inhibitor (SNRI) Anti-depressant</p>	<p>Depression: 20 to 60 mg/day</p> <p>Generalized Anxiety Disorder: 60 mg/day (Maximum 120 mg/day)</p> <p>Diabetic Peripheral Neuropathic Pain, Fibromyalgia, Chronic Musculoskeletal Pain: 60 mg/day</p>	<p><u>Black Box Warning: Suicidality and Antidepressant Drugs</u> – In short-term studies of major depressive disorder and other psychiatric disorders, antidepressants increased the risk compared to placebo of suicidal thinking and behavior in children, adolescents and young adults.</p> <p><u>Contraindications:</u></p> <ul style="list-style-type: none"> <li>- With or within 14 days MAOIs</li> <li>- Uncontrolled narrow-angle glaucoma</li> </ul> <p><u>Warnings</u></p> <p>Clinical worsening and suicide risk</p> <p>Screen Patients for Bipolar Disorder</p> <p>Hepatotoxicity, including hepatic failure and cholestatic jaundice. Do not prescribe in chronic liver disease or substantial alcohol abuse</p> <p>Orthostatic Hypotension and Syncope – monitor BP at baseline and throughout</p> <p>Serotonin Syndrome or Neuroleptic Malignant Syndrome (NMS)-like Reactions:</p> <ul style="list-style-type: none"> <li>- Monitor for autonomic instability</li> <li>- Mental status changes</li> <li>- Neuromuscular aberrations</li> <li>- GI symptoms</li> <li>- Hyperthermia</li> </ul> <p>Note: most prominent with other serotonin medications (serotonin syndrome) or the addition of ssri/snri to antipsychotic drug therapy (NMS-like)</p> <p><u>Other Warnings and Precautions:</u></p> <ul style="list-style-type: none"> <li>- Abnormal Bleeding</li> <li>- Discontinuation syndrome</li> <li>- Activation of Mania/Hypomania</li> <li>- Seizure (0.03% duloxetine; 0.01% placebo)</li> <li>- Potential Drug Interactions</li> <li>- Hyponatremia, SIADH</li> </ul> <p><u>Patients with Concomitant Illness:</u></p> <ul style="list-style-type: none"> <li>- Diabetes: may interfere with glycemic control</li> <li>- MI</li> <li>- Renal insufficiency</li> <li>- Mydriasis, narrow angle glaucoma</li> </ul> <p>Monitor for Urinary Retention and Hesitancy</p>

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p><u>Generic</u> Escitalopram</p> <p><u>Brand Name</u> Lexapro</p>	<p>Major Depressive Disorder (12 years)</p> <p>Generalized Anxiety Disorder (18 years)</p>	<p>SSRI Anti-depressant</p>	<p>10 mg to 20 mg/day</p>	<p><u>Black Box Warning: Suicidality and Antidepressant Drugs</u> – In short-term studies of major depressive disorder and other psychiatric disorders, antidepressants increased the risk compared to placebo of suicidal thinking and behavior in children, adolescents and young adults.</p> <p><u>Contraindications:</u></p> <ul style="list-style-type: none"> <li>- With or within 14 days of MAOI</li> <li>- Pimozide</li> <li>- Hypersensitivity to citalopram or escitalopram</li> </ul> <p><u>Warnings and Precautions:</u></p> <p>Clinical worsening and suicide risk</p> <p>Screen patients for Bipolar Disorder</p> <p>Serotonin Syndrome or Neuroleptic Malignant Syndrome (NMS)-like Reactions:</p> <ul style="list-style-type: none"> <li>- Monitor for autonomic instability</li> <li>- Mental status changes</li> <li>- Neuromuscular aberrations</li> <li>- GI symptoms</li> <li>- Hyperthermia</li> </ul> <p>Note: most prominent with other serotonin medications (serotonin syndrome) or the addition of ssri/snri to antipsychotic drug therapy (NMS-like)</p> <p><u>Other Warnings and Precautions:</u></p> <ul style="list-style-type: none"> <li>- Discontinuation Syndrome</li> <li>- Seizure</li> <li>- Activation of Mania, Hypomania</li> <li>- Hyponatremia, SIADH</li> <li>- Abnormal bleeding, monitor for bruising</li> </ul> <p>Interference with Cognitive and Motor Performance</p> <p>Use in Patients with Concomitant Illness</p>

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p>Generic Fluoxetine</p> <p><u>Brand Name</u></p> <p>Prozac</p> <p>Sarafem</p>	<p>Obsessive Compulsive Disorder (7 years)</p> <p>Major Depressive Disorder (8 years)</p> <p>Bulimia Nervosa (18 years)</p> <p>Panic Disorder, with or without Agoraphobia (18 years)</p> <p>Bipolar I Disorder Depressive Episodes (in combination with olanzapine) (18 years)</p>	<p>Selective Serotonin Reuptake Inhibitor (SSRI)</p>	<p>Depression: 10 – 20 mg/day (children and adolescents) (20 – 80 mg/day adults)</p> <p>OCD: 10 – 60 mg/day</p> <p>Bulimia: 60 mg/day (adults only)</p> <p>Panic: 10-60 mg/day (adults)</p>	<p><u>Black Box Warning: Suicidality and Antidepressant Drugs</u> – In short-term studies of major depressive disorder and other psychiatric disorders, antidepressants increased the risk compared to placebo of suicidal thinking and behavior in children, adolescents and young adults.</p> <p><u>Contraindications:</u></p> <ul style="list-style-type: none"> <li>- With MAOIs or within 14 days</li> <li>- With Pimozide</li> <li>- With Thioridazines</li> </ul> <p><u>Warnings:</u> Clinical worsening and suicide risk</p> <p>Screen for Bipolar Disorder, monitor for Mania/Hypomania</p> <p>Serotonin Syndrome or Neuroleptic Malignant Syndrome (NMS)-like Reactions:</p> <ul style="list-style-type: none"> <li>- Monitor for autonomic instability</li> <li>- Mental status changes</li> <li>- Neuromuscular aberrations</li> <li>- GI symptoms</li> <li>- Hyperthermia</li> </ul> <p>Note: most prominent with other serotonin medications (serotonin syndrome) or the addition of ssri/snri to antipsychotic drug therapy (NMS-like)</p> <p>Allergic Reactions and Rash, including urticaria, vasculitis, lupus-like reactions, anaphylaxis, and pulmonary reactions</p> <p>Other Warnings and Precautions:</p> <ul style="list-style-type: none"> <li>- Seizure (0.1% prozac, 0.2% placebo)</li> <li>- Altered appetite and weight – significant weight loss possible</li> <li>- Abnormal bleeding, monitor for bruising</li> <li>- Hyponatremia, SIADH – monitor Na</li> <li>- Anxiety and Insomnia</li> </ul> <p>Medication interactions, including MAOIs, CNS active drugs, NSAIDs, aspirin, CYP2D6</p> <p>Patients with Concomitant Illness</p> <p>Potential for Cognitive and Motor Impairment</p> <p>Long Elimination Half-Life</p>

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p>Generic Fluvoxamine</p> <p><u>Brand Name</u> Luvox</p> <p>Luvox CR</p>	<p>Obsessive Compulsive Disorder (8 years old Luvox; 18 years old Luvox CR)</p> <p>Social Anxiety Disorder (Luvox CR only) (18 years old)</p>	<p>SSRI</p>	<p>Up to 100 mg bid (8 – 12)</p> <p>Up to 150 mg bid (12 and older)</p>	<p><u>Black Box Warning: Suicidality and Antidepressant Drugs</u> – In short-term studies of major depressive disorder and other psychiatric disorders, antidepressants increased the risk compared to placebo of suicidal thinking and behavior in children, adolescents and young adults.</p> <p><u>Contraindications:</u></p> <ul style="list-style-type: none"> <li>- Tizanidine, Thioridazine, Alosetron, Ramelteon</li> <li>- With or within 14 days of MAOIs</li> <li>- Hypersensitivity to drug/components</li> </ul> <p><u>Warnings:</u></p> <p>Clinical worsening and suicide risk</p> <p>Screen patients for Bipolar Disorder</p> <p>Serotonin Syndrome or Neuroleptic Malignant Syndrome (NMS)-like Reactions:</p> <ul style="list-style-type: none"> <li>- Monitor for autonomic instability</li> <li>- Mental status changes</li> <li>- Neuromuscular aberrations</li> <li>- GI symptoms</li> <li>- Hyperthermia</li> </ul> <p>Note: most prominent with other serotonin medications (serotonin syndrome) or the addition of ssri/snri to antipsychotic drug therapy (NMS-like)</p> <p>Drug Interactions –with MAOIs, Tizanidine, Thioridazine, Alosetron, Ramelteon (Luvox CR); other interactions include NSAIDS, aspirin, benzodiazepines, theophylline, warfarin, CYP 450 interactions</p> <p><u>Precautions:</u></p> <ul style="list-style-type: none"> <li>- Discontinuation syndrome</li> <li>- Abnormal bleeding, monitor for bruising</li> <li>- Activation of Mania, Hypomania</li> <li>- Seizure (0.2% premarketing)</li> <li>- Hyponatremia, SIADH</li> </ul> <p>Patients with Concomitant Illness</p>

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<u>Generic</u> Gabapentin  <u>Brand Name</u> Neurontin  Tenex	Postherpetic Neuralgia  Adjunctive Treatment of Epilepsy  <u>Off-Label:</u> Anxiety  Mood Lability in Bipolar Patients  (Gabapentin is approved for treatment of epilepsy in adolescents and adults. Psychiatric use is off label; minimum age 13 years old.)	Antiepileptic	Off-Label  100 – 1800 mg/day  (Maximum 3600 mg/day)	<u>Warnings:</u> Suicidal Behavior and Ideation: Antiepileptic drugs increase risk of suicidal thoughts or behavior inpatients taking these drugs for any indication  Neuropsychiatric Adverse Effects in Pediatric Patients 3 – 12 years old: - Emotional lability - Hostility, aggression - Thought disorder - Hyperkinesia  Withdrawal precipitated seizure – discontinue gradually  Tumorigenic Potential  Sudden death in patients with epilepsy  <u>Precautions:</u> Cognitive and Motor Impairment, including dizziness, somnolence, CNS depression  Interaction with morphine, other medications
<u>Generic</u> Guanfacine  <u>Brand Name</u> Intuniv  Tenex	Attention Deficit Hyperactivity Disorder (6 years old)	Antihypertensive (alpha 2 agonist)	Up to 4 mg/day (titrate at 1 week intervals from 1 mg)	<u>Contraindications:</u> - Hypersensitivity to Intuniv, other guanfacine products  <u>Warnings and Precautions:</u> Hypotension, Bradycardia, and Syncope Screen for cardiac history or disease, monitor cardiac status – risk of  Sedation and Somnolence  Risk of paradoxical excitement  Discontinue gradually, risk of rebound hypertension  Drug Interactions include Valproic Acid, CNS depressants, antihypertensives, CYP 3A4  Pregnancy Category B

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p><u>Generic</u> Haloperidol</p> <p><u>Brand Name</u> Haldol</p>	<p>Psychosis</p> <p>Tourette's Syndrome</p> <p>Treatment Resistant Severe Behavior Problems in Children of Combative, Explosive Hyperexcitability (3- 12 years)</p> <p>Short Term Treatment Resistant Hyperactivity in Children with Conduct Disorder (3-12 years)</p>	<p>Conventional Antipsychotic</p>	<p>Psychotic Disorders: 0.05 – 0.15 mg/k/day in divided doses, max 20 mg/day</p> <p>Non-psychotic Behavior Disorders, Tourette's Disorder 0.05 – 0.075 mg/k/day in divided doses, max 6 mg/day</p>	<p><u>Contraindications:</u></p> <ul style="list-style-type: none"> <li>- severe toxic CNS depression or coma</li> <li>- hypersensitivity to drug/components</li> </ul> <p><u>Warnings:</u></p> <p>Cardiovascular Effects – risk for:</p> <ul style="list-style-type: none"> <li>- Sudden death, QT prolongation, Torsades des Pointes</li> <li>- Screen for cardiac history or disease, electrolyte imbalance, hypothyroidism</li> <li>- monitor cardiac status</li> </ul> <p>Tardive Dyskinesia - monitor abnormal involuntary movements</p> <p>Neuroleptic Malignant Syndrome – may be life threatening, observe for</p> <ul style="list-style-type: none"> <li>- Hyperpyrexia</li> <li>- Muscle rigidity</li> <li>- Altered mental status</li> <li>- Autonomic instability (irregular pulse, tachycardia, diaphoresis, etc)</li> </ul> <p>Encephalopathic Syndrome with Lithium Monitor for:</p> <ul style="list-style-type: none"> <li>- weakness, lethargy</li> <li>- fever</li> <li>- tremulousness and confusion</li> <li>- extrapyramidal symptoms</li> <li>- leukocytosis, elevated serum enzymes, BUN, FBS</li> </ul> <p>Risk of Bronchopneumonia</p> <p>Cutaneous and ocular changes</p> <p><u>Precautions:</u></p> <ul style="list-style-type: none"> <li>- Leukopenia, Neutropenia Agranulocytosis</li> <li>- Risk of seizure (lowers seizure threshold)</li> <li>- Possible carcinogenicity</li> </ul> <p>Hyperprolactinemia - Monitor for</p> <ul style="list-style-type: none"> <li>- Galactorrhea</li> <li>- Amenorrhea</li> <li>- Gynecomastia</li> <li>- Impotence</li> </ul> <p>May lead to decreased bone density, possible association with breast cancers</p> <p>Interactions with other medications, including anticoagulants; Contraindicated with Lithium</p>

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p>Generic Hydroxyzine Pamoate</p> <p><u>Brand Name</u> Vistaril</p>	<p>Symptomatic relief of Anxiety and Tension associated with psychoneurotic states and as an adjunct in organic disease state accompanied by anxiety (3 years old)</p> <p>Pruritus</p> <p>Preoperative sedative</p>	<p>Non-benzodiazepine anti-anxiety agent</p>	<p>For Anxiety: Children 6 years old and older: 50 – 100 mg/day in divided doses</p> <p>(under 6 yrs, 50 mg/day divided)</p> <p>Adults: 50mg to 100 mg qid</p>	<p><u>Contraindications:</u></p> <ul style="list-style-type: none"> <li>- in early pregnancy</li> <li>- hypersensitivity to any component</li> </ul> <p><u>Warnings:</u> Potentiating Action when used in conjunction with CNS depressants, such as narcotics, non-narcotic analgesics, and barbiturates.</p> <p>Overdosage causes hypersedation; there is no specific antidote</p>

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p>Generic lloperidone</p> <p>Brand Name Fanapt</p>	<p>Acute treatment of Schizophrenia in Adults (18 years old)</p>	<p>Antipsychotic</p>	<p>1mg bid to 12 mg bid (maximum)</p>	<p><u>Warnings:</u>            QT Prolongation:            - Augmented by presence of CYP2D6 or 3A4 metabolic inhibition – e.g., paroxetine            - Caution in circumstances that increase risk of torsades des pointes, including bradycardia, hypokalemia, hypomagnesemia, congenital QT prolongation, recent MI, CHF            - Evaluate cardiac status and electrolytes            - Monitor for dizziness, palpitations, syncope</p> <p>Neuroleptic Malignant Syndrome – may be life threatening, observe for            - Hyperpyrexia            - Muscle rigidity            - Altered mental status            - Autonomic instability (irregular pulse, tachycardia, diaphoresis, etc)</p> <p>Tardive Dyskinesia – monitor AIMS</p> <p>Hyperglycemia and Diabetes Mellitus –Monitor fasting blood sugar, observe for            - Polydipsia            - Polyuria            - Polyphagia            - Weakness</p> <p>Weight Gain – associated with weight gain &gt;7% baseline body weight in 13% Fanapt; 4% placebo</p> <p>Orthostatic Hypotension, associated with dizziness, tachycardia, syncope; requires gradual dosage titration</p> <p><u>Other Warnings, Precautions:</u>            - Leukopenia, Neutropenia and Agranulocytosis            - Seizures (0.1%Fanapt, 0.3%placebo)            - Dysphagia; esophageal dysmotility and aspiration            - Suicide            - Priapism            - Potential for Cognitive and Motor Impairment: Somnolence (11.9% vs 5.3%); Impaired judgment, thinking and motor responses            - Potential for Drug Interactions            - Not recommended in hepatic impairment</p> <p>Hyperprolactinemia - Monitor for            - Galactorrhea            - Amenorrhea            - Gynecomastia            - Impotence</p> <p>Body Temperature Regulation disruption: monitor during strenuous exercise, exposure to extreme heat, concomitant anticholinergic medications, dehydration</p>

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p><u>Generic</u> Imipramine</p> <p><u>Brand Name</u> Tofranil</p>	<p>Depression (13 years old)</p> <p>Temporary adjunctive treatment of enuresis (6 years old)</p> <p><u>Off Label</u> Depression (pediatric)</p> <p>Pain syndromes (pediatric)</p>	<p>Tricyclic Anti-depressant</p>	<p>Depression Adolescents: 30 – 100 mg per day in divided doses</p> <p>Adults: 75 – 150 mg per day in divided doses (MAX: 200 mg)</p> <p><u>Enuresis</u> 10 – 50 mg/hs</p> <p>Do Not exceed 2.5 mg/kg/day or 50 mg/day for children</p>	<p><u>Black Box Warning: Suicidality and Antidepressant Drugs</u> – In short-term studies of major depressive disorder and other psychiatric disorders, antidepressants increased the risk compared to placebo of suicidal thinking and behavior in children, adolescents and young adults.</p> <p><u>Contraindications:</u></p> <ul style="list-style-type: none"> <li>- Concurrent treatment with MAOI or within 2 weeks of discontinuation</li> <li>- Acute MI recovery</li> <li>- Hypersensitivity to imipramine, cross-sensitivity with other dibenzazepines</li> </ul> <p><u>Warnings:</u> Clinical Worsening and Suicide Risk Screen for Bipolar Disorder</p> <p><u>Patients with Concomitant Illness:</u></p> <ul style="list-style-type: none"> <li>- Cardiovascular Disease must be monitored; risk of conduction defects, arrhythmias, CHF, MI, stroke and tachycardia</li> <li>- Glaucoma, Urinary Retention (anticholinergic properties)</li> <li>- Seizure (lowers threshold)</li> <li>- Hyperthyroid</li> <li>- With Guanethidine, clonidine or similar (tofranil blocks effect)</li> <li>- With methylphenidate</li> <li>- Caution in hepatic and renal dysfunction</li> </ul> <p>Potential for Cognitive and Motor Impairment – potentiated by alcohol consumption</p> <p><u>Precautions:</u> Obtain EKG before using higher doses</p> <p>Risk of suicide, psychosis</p> <p>Photosensitivity</p> <p>Monitor CBC – neutrophil depression</p> <p>Serious in overdose</p>

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p><u>Generic</u> Lamotrigine</p> <p><u>Brand Name</u> Lamictal, Lamictal XR</p>	<p>Bipolar Disorder (18 years old)</p> <p>Epilepsy ( 2 years old)</p>	<p>Antiepileptic</p>	<p>Follow strict titration program to achieve max dose of 200 mg/day</p>	<p><u>Black Box Warning: Serious Skin Rashes</u></p> <p><u>Warnings:</u>            Serious Skin Rashes (including Stevens Johnson Syndrome, TEN and angioedema) may be life-threatening</p> <ul style="list-style-type: none"> <li>- In mood disorders, incidence is 0.13% children, 0.08% adults</li> <li>- In epilepsy, incidence is 0.8% pediatric population, 0.3% adults</li> <li>- If rash, discontinue medication unless rash clearly unrelated to medication</li> <li>- May be exacerbated by medications, including valproate</li> </ul> <p>Hypersensitivity Reactions (without initial rash), associated with multiorgan failure, hepatic abnormalities and disseminated intravascular coagulation</p> <p>Acute Multiorgan Failure</p> <p>Blood Dyscrasias, including neutropenia, leukopenia, anemia, thrombocytopenia, pancytopenia, aplasti anemia and pure red cell aplasia            - Monitor CBC</p> <p>Suicidal Behavior and Ideation: Antiepileptic drugs increase risk of suicidal thoughts or behavior inpatients taking these drugs for any indication</p> <p>Clinical worsening and suicide risk</p> <p>Aseptic Meningitis – Monitor for:</p> <ul style="list-style-type: none"> <li>- Headache</li> <li>- Nausea, vomiting</li> <li>- Nuchal rigidity</li> <li>- Rash, photophobia, myalgia, chills</li> <li>- Somnolence</li> </ul> <p>Drug-Drug interactions affect blood level, increase risk for adverse reactions</p> <p>Initiate and discontinue slowly; risk of discontinuation seizures</p> <p>Binding in the eye and other melanin- containing tissues</p>

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p><u>Generic</u> Lisdex- amfetamine dimesylate</p> <p><u>Brand Name</u> Vyvanse</p>	<p>Attention Deficit Hyperactivity Disorder (ADHD) (6 years old)</p>	<p>Stimulant</p>	<p>20 – 70 mg/day</p>	<p><u>Black Box Warning: Potential for abuse and dependence</u></p> <p><u>Black Box Warning: Misuse may cause sudden death and serious cardiovascular events</u></p> <p><u>Contraindications:</u></p> <ul style="list-style-type: none"> <li>- Cardiovascular - advanced arteriosclerosis, symptomatic cardiovascular disease, moderate to severe hypertension</li> <li>- Hyperthyroidism</li> <li>- Hypersensitivity to sympathomimetic amines</li> <li>- Glaucoma</li> <li>- Agitated states</li> <li>- History of drug abuse</li> <li>- During or within 14 days MAOI use</li> </ul> <p><u>Warnings and Precautions:</u>  <u>Serious Cardiovascular Events:</u></p> <ul style="list-style-type: none"> <li>- Sudden death has been reported in association with CNS stimulant treatment at usual doses in children and adolescents with structural cardiac abnormalities or other serious heart problems.</li> <li>- Sudden death, MI and stroke have been reported in adults taking stimulant medications at usual doses for ADHD.</li> <li>- Hypertension and other cardiovascular conditions</li> <li>- Assessing CV status: personal and family history, physical exam and further evaluation; developing symptoms require prompt cardiac evaluation</li> </ul> <p>Psychiatric Adverse Effects, including pre-existing psychosis, bipolar illness, emergence of new psychotic or manic symptoms, aggression</p> <p><u>Other Warnings and Precautions:</u></p> <ul style="list-style-type: none"> <li>- Seizures</li> <li>- Visual disturbance – Problems with accommodation, blurring of vision</li> <li>- Tics, Tourette's syndrome</li> <li>- Long-Term Suppression of Growth</li> </ul> <p>Prescribing and Dispensing – least amount feasible at one time</p>

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p>Generic Lithium</p> <p>Brand Name Eskalith</p> <p>Lithobid</p>	<p>Bipolar Disorder (12 years old)</p>	<p>Lithium (Salt)</p>	<p>15 – 60 mg/k/day divided –</p> <p>Dose adjusted to therapeutic blood level</p>	<p><u>Black Box Warning: Lithium Toxicity is closely related to serum Lithium levels and can occur at doses close to therapeutic levels.</u></p> <p><u>Warnings:</u> Do not use in patients with significant cardiac or renal disease, severe debilitation or dehydration since risk of Lithium toxicity is very high in those patients.</p> <p>Establish baseline renal and monitor renal function (nephrotoxic)</p> <p>Encephalopathic syndrome has been reported with combination Lithium and neuroleptic therapy. Monitor for:</p> <ul style="list-style-type: none"> <li>- Weakness, lethargy</li> <li>- Fever</li> <li>- Tremulousness and confusion</li> <li>- Extrapyramidal symptoms</li> <li>- Leukocytosis, elevated serum enzymes, BUN, FBS</li> </ul> <p>Establish baseline thyroid status and monitor thyroid function</p> <p>Establish baseline cardiac status and monitor EKG</p> <p>Advise patients to discontinue if signs of lithium toxicity:</p> <ul style="list-style-type: none"> <li>- Diarrhea, vomiting</li> <li>- Tremor, mild ataxia</li> <li>- Drowsiness</li> <li>- Muscle weakness</li> </ul> <p>Monitor CBC</p> <p><u>Interactions:</u></p> <ul style="list-style-type: none"> <li>- Neurotoxic encephalopathic syndrome with neuroleptics (especially haloperidol) and carbamazepine;</li> <li>- Toxic elevations Lithium level with NSAIDs</li> </ul> <p><u>Pregnancy Category D: Teratogenic</u></p>

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<u>Generic</u> Lorazepam  <u>Brand Name</u> Ativan	Anxiety Disorders (12 years old)  Safety and efficacy not established in pediatric patients less than 12 years old	Benzo-diazepine	0.05 mg/kg/day divided up to 6 mg/day  Maximum: 10 mg/day	<u>Contraindications:</u> - Hypersensitivity to Lorazepam or any component - Narrow-angle glaucoma  <u>Warnings:</u> Not recommended for patients with depressive disorder or psychosis  Respiratory Depression, Potential for fatal overdose, alone or with alcohol, other CNS depressants  Physical and Psychological Dependence/Abuse Potential: - risk increases with higher dose and longer duration - Discontinue gradually – risk of withdrawal syndrome, including seizure  <u>Precautions:</u> Caution in patients with compromised respiratory function  May cause disinhibition, paradoxical reactions – more likely in children  Adjust for impaired renal, hepatic function  Monitor CBC, liver functions, LDH  Clinically significant drug interactions with CNS depressants, clozapine, valproate, theophylline, others

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p>Generic Methylphenidate</p> <p><u>Brand Names</u> Concerta</p> <p>Daytrana</p> <p>Focalin, Focalin XR</p> <p>Metadate</p> <p>Methylin</p> <p>Ritalin, Ritalin LA</p>	<p>Attention Deficit Hyperactivity Disorder (6 years old)</p>	<p>Stimulant</p>	<p>Ritalin: 0.3 – 0.7 mg/k/dose up to 2.1 mg/k/day</p> <p>Concerta: up to 54 mg/day children, 72 mg/day adolescents</p> <p>Focalin, Focalin XR: 10 mg bid maximum 20 mg/day</p> <p>40 mg/day maximum (Adults)</p>	<p><u>Black Box Warning: Drug Dependence, tolerance and psychological dependence</u></p> <p><u>Contraindications:</u></p> <ul style="list-style-type: none"> <li>- Hypersensitivity to methylphenidate</li> <li>- Agitation, anxiety, tension</li> <li>- Glaucoma</li> <li>- Tics, Tourette's Syndrome</li> <li>- MAOI or within 14 days of MAOI</li> </ul> <p><u>Warnings and Precautions:</u></p> <p><u>Serious Cardiovascular Events:</u></p> <ul style="list-style-type: none"> <li>- Sudden death has been reported in association with CNS stimulant treatment at usual doses in children and adolescents with structural cardiac abnormalities or other serious heart problems.</li> <li>- Sudden death, MI and stroke have been reported in adults taking stimulant medications at usual doses for ADHD.</li> <li>- Hypertension and other cardiovascular conditions</li> <li>- Assessing CV status: personal and family history, physical exam and further evaluation; developing symptoms require prompt cardiac evaluation</li> </ul> <p><u>Psychiatric Adverse Effects:</u></p> <ul style="list-style-type: none"> <li>- Pre-existing Psychosis</li> <li>- Bipolar Illness</li> <li>- Emergence of new psychotic or Manic Symptoms</li> <li>- Aggression</li> </ul> <p><u>Other Warnings and Precautions:</u></p> <ul style="list-style-type: none"> <li>- Seizures</li> <li>- Long-term suppression of growth</li> <li>- Visual disturbance – Problems with accommodation, blurring of vision</li> <li>- Risk of GI obstruction (Concerta)</li> <li>- Contact sensitization (Daytrana)</li> <li>- Avoidance of external heat (Daytrana)</li> </ul> <p>Monitor CBC, differential and platelet counts</p>

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p>Generic Mirtazapine</p> <p>Brand Name Remeron</p>	<p>Major Depressive Disorder (18 years old)</p>	<p>Anti-depressant</p>	<p>15 – 45mg/day</p>	<p><u>Black Box Warning: Suicidality and Antidepressant Drugs</u> – In short-term studies of major depressive disorder and other psychiatric disorders, antidepressants increased the risk compared to placebo of suicidal thinking and behavior in children, adolescents and young adults.</p> <p><u>Contraindications:</u></p> <ul style="list-style-type: none"> <li>- With or within 14 days of MAOIs</li> <li>- Known hypersensitivity</li> </ul> <p><u>Warnings:</u> Clinical Worsening and Suicide Risk; Screen for Bipolar Disorder, Psychosis</p> <p>Agranulocytosis, severe neutropenia</p> <p>Serotonin Syndrome – monitor for</p> <ul style="list-style-type: none"> <li>- Autonomic instability</li> <li>- Mental status changes</li> <li>- Neuromuscular aberrations</li> <li>- Irritability</li> <li>- Hyperthermia</li> </ul> <p>Note: Do not use with MAOIs, serotonin precursors (L-tryptophan, oxitriptan), and use with caution with other serotonin medications (including triptans, lithium, tramadol, St. John's Wort, tricyclic antidepressants)</p> <p>Discontinuation Syndrome</p> <p>Akathisia/Psychomotor Restlessness</p> <p>Hyponatremia</p> <p>Somnolence, Dizziness</p> <p>Increased Appetite/Weight Gain (17%)</p> <p>Cholesterol/Triglyceride: Cholesterol Elevations &gt;20% above normal in 15%</p> <p>Transaminase Elevations &gt;3 times upper limit (2%)</p>

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p>Generic Modafinil</p> <p>Brand Name Provigil</p>	<p>Improve wakefulness in patients with Obstructive Sleep Apnea (18 years old)</p> <p>Improve wakefulness in patients with Narcolepsy (18 years old)</p> <p>Improve wakefulness in patients with Shift Work Disorder (18 years old)</p> <p>Off-Label ADHD (studies have demonstrated clinically significant effect in pediatric population, but not approved for any pediatric indication)</p> <p>Significant adverse effects possible under 17 years old</p> <p>Not approved for pediatric patients for any indication</p>	<p>Wakefulness-promoting agent</p>	<p>100 - 400 mg/day</p>	<p><u>Contraindications:</u></p> <ul style="list-style-type: none"> <li>- Hypersensitivity to modafinil</li> <li>- Hypersensitivity to armodafinil</li> </ul> <p><u>Warnings:</u></p> <p>Serious rash, including Stevens Johnson Syndrome:</p> <ul style="list-style-type: none"> <li>- Not approved for pediatric patients for any indication</li> <li>- Toxic Epidermal Necrolysis (TEN)</li> <li>- Drug Rash with Eosinophilia and Systemic Symptoms (more common in pediatric patients under 17 years old [0.8%])</li> </ul> <p>Angioedema and Anaphylaxis (rash, dysphagia, bronchospasm)</p> <p>Multi-Organ Hypersensitivity Reactions</p> <p>Persistent Sleepiness</p> <p>Psychiatric symptoms including mania, delusions, hallucinations, suicidal ideation and aggression</p> <p><u>Precautions:</u></p> <p>Diagnosis of Sleep Disorder</p> <p>May cause functional impairment</p> <p>Use with caution in cardiovascular illness, hepatic disease, renal disease</p> <p>Effectiveness of steroidal contraceptives may be reduced, even after discontinuation</p> <p>Potential for Drug Interactions – consider dose adjustment of CYP3A4, CYP2C19 medications</p> <p>Risk for Drug Abuse and Dependence: Armodafinil is a Schedule IV controlled substance</p>

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p><u>Generic</u> Naltrexone</p> <p><u>Brand Name</u> ReVia</p>	<p>ETOH Dependence (18 years old)</p> <p>Opioid Dependence (18 years old)</p> <p><u>Off Label</u> Self-injury</p>	<p>Opioid Antagonist</p>	<p>50 mg/day Max of 150 mg/day</p>	<p><u>Black Box Warnings:</u></p> <ul style="list-style-type: none"> <li>- Hepatocellular injury in excessive doses</li> <li>- Contraindicated in acute hepatitis or liver failure or acute liver disease</li> <li>- Margin of separation between apparently safe dose of naltrexone and the dose causing hepatic injury appears to be 5 fold or less. Does not appear to be a hepatotoxin at recommended doses</li> <li>- Warn patients of risk of hepatic injury and advise to stop naltrexone and seek medical attention if they experience symptoms of hepatitis</li> </ul> <p><u>Contraindications:</u></p> <ul style="list-style-type: none"> <li>- On opioid analgesics, opioid dependent (including methadone or LAAM), or in acute opioid withdrawal</li> <li>- Failure to pass naloxone challenge</li> <li>- Acute hepatitis or liver failure</li> </ul> <p><u>Warnings:</u> Unanticipated precipitation of abstinence</p> <p>Attempt to overcome blockade</p> <p>Ultra Rapid Opioid Withdrawal</p> <p><u>Precautions:</u> When reversal of ReVia blockade required</p> <p>Accidentally precipitated withdrawal</p> <p><u>Use in Special Populations:</u></p> <ul style="list-style-type: none"> <li>- Renal Impairment</li> <li>- Hepatic Impairment</li> </ul> <p>Risk of suicide in substance abuse</p>

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p>Generic Nortriptyline</p> <p><u>Brand Name</u> Pamelor Aventyl</p>	<p>Depression (13 years old)</p> <p><u>Off-Label Uses:</u> ADHD</p> <p>Nicotine Dependence</p> <p>Nocturnal Enuresis</p> <p>Postherpetic Neuralgia</p>	<p>Tricyclic Anti- depressant</p>	<p><u>Adolescents:</u> 30-50 mg/day orally</p> <p><u>Adults:</u> 25 mg tid-qid up to maximum 150 mg/day</p>	<p><u>Black Box Warning: Suicidality and Antidepressant Drugs</u> – In short-term studies of major depressive disorder and other psychiatric disorders, antidepressants increased the risk compared to placebo of suicidal thinking and behavior in children, adolescents and young adults.</p> <p><u>Contraindications:</u></p> <ul style="list-style-type: none"> <li>- Concurrent treatment with MAOI or within 2 weeks of discontinuation</li> <li>- Hypersensitivity to nortriptyline, cross-sensitivity with other dibenzazepines</li> <li>- Acute MI recovery</li> </ul> <p><u>Warnings:</u> Clinical Worsening and Suicide Risk</p> <p>Screen for Bipolar Disorder</p> <p>Patients with Concomitant Illness;</p> <ul style="list-style-type: none"> <li>- Cardiovascular Disease</li> <li>- Glaucoma</li> <li>- Urinary Retention</li> <li>- Seizure</li> <li>- Hyperthyroid</li> </ul> <p>Potential for Cognitive and Motor Impairment – potentiated by alcohol consumption</p> <p>Potential for Drug Interactions</p>

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p>Generic Olanzapine</p> <p><u>Brand Name</u> Zyprexa Zyprexa Zydys</p> <p>Zyprexa Relprevv</p>	<p>Schizophrenia (13 years old)</p> <p>Acute treatment Bipolar Disorder, Mixed or Manic (13 years old)</p> <p>Depressive Episodes Associated with Bipolar I Disorder (in combination with Fluoxetine) (18 years old)</p> <p>Treatment Resistant Major Depressive Disorder (with Fluoxetine) (18 years old)</p> <p>Agitation Associated with Schizophrenia and Bipolar I Mania (Zyprexa IM)</p>	<p>Novel Antipsychotic</p>	<p>2.5 mg/day to 20 mg/day</p>	<p><u>Warnings and Precautions:</u> Suicide risk inherent in psychotic illness</p> <p>Neuroleptic Malignant Syndrome – may be life threatening, observe for</p> <ul style="list-style-type: none"> <li>- Hyperpyrexia</li> <li>- Muscle rigidity</li> <li>- Altered mental status</li> <li>- Autonomic instability (irregular pulse, tachycardia, diaphoresis, etc)</li> </ul> <p>Hyperglycemia: Risk for Diabetes; Monitor fasting blood sugar, observe for</p> <ul style="list-style-type: none"> <li>- Polydipsia</li> <li>- Polyuria</li> <li>- Polyphagia</li> <li>- Weakness</li> </ul> <p>Hyperlipidemia, including triglycerides &gt;500 mg/dL; Need periodic levels</p> <p>Weight Gain: clinically significant across all BMI categories. Over long term 89% adolescents gained at least 7% baseline weight, 29% gained at least 25% baseline weight. Monitor weight at baseline and periodically</p> <p>Tardive Dyskinesia – monitor AIMS</p> <p><u>Other Warnings and Precautions:</u></p> <ul style="list-style-type: none"> <li>- Orthostatic Hypotension, associated with dizziness, tachycardia, syncope</li> <li>- Dysphagia; esophageal dysmotility and aspiration</li> <li>- Seizures (0.9% in premarketing)</li> <li>- Potential for Cognitive and Motor Impairment, including somnolence (26%) and Impaired judgment, thinking and motor responses</li> </ul> <p>Body Temperature Regulation disruption: monitor during strenuous exercise, exposure to extreme heat, concomitant anticholinergic medications, dehydration</p> <p>Patients with Concomitant Illness – prostatic hypertrophy, paralytic ileus, narrow angle glaucoma, dementia</p> <p>Hyperprolactinemia - increased incidence in risperdal treated patients. Monitor for</p> <ul style="list-style-type: none"> <li>- Galactorrhea</li> <li>- Amenorrhea</li> <li>- Gynecomastia</li> <li>- Impotence</li> </ul> <p>Potential for drug interactions</p>

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p><u>Generic</u> Oxcarbazepine</p> <p><u>Brand Name</u> Trileptal</p>	<p>Adjunctive and monotherapy for partial seizures in adults; monotherapy for partial seizure in children 4 – 16 years old, (adjunctive therapy for children 2 – 16 years old)</p> <p><u>Off-Label:</u> Mood lability in Bipolar Disorder</p> <p>(Trileptal is approved for treatment of children.</p> <p>Psychiatric use is off label; minimum age 13 years old.)</p>	<p>Antiepileptic</p>	<p><u>Pediatric:</u> Based on weight No more than 2100 mg/day in divided doses</p> <p><u>Adults:</u> 300 to 2400 mg/day in divided doses</p> <p><u>Note:</u> Doses only available for treatment Of epilepsy</p>	<p><u>Warnings and Precautions:</u> Hyponatremia (sodium &lt;125mmol/L) recommend baseline and periodic Na levels</p> <p>Anaphylaxis and Angioedema</p> <p>Hypersensitivity to carbamazepine (25 – 30% hypersensitive to oxycarbazepine)</p> <p>Serious dermatological reactions</p> <ul style="list-style-type: none"> <li>- Stevens Johnson Syndrome</li> <li>- Toxic Epidermal Necrolysis</li> </ul> <p>Suicidal Behavior and Ideation: Antiepileptic drugs increase risk of suicidal thoughts or behavior inpatients taking these drugs for any indication</p> <p>Do not discontinue abruptly, risk of seizure</p> <p>Neuropsychiatric effects:</p> <ul style="list-style-type: none"> <li>- Cognitive symptoms including psychomotor slowing, problems with concentration, speech or language problems</li> <li>- Somnolence</li> <li>- Coordination problems including gait disturbance and ataxia</li> </ul> <p>Multi-Organ Hypersensitivity</p> <p>Pancytopenia, Agranulocytosis, and Leukopenia</p> <p>Seizure Control during Pregnancy</p> <p>Drug Interactions: (CYP2C19 inhibitor, CYP3A4/5 inducer); other antiepileptics; <u>may reduce effectiveness of oral contraceptives</u></p> <p>May be associated with low T4 levels</p>

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p>Generic Paliperidone</p> <p><u>Brand Name</u> Invega Invega Sustenna</p>	<p>Schizoaffective Disorder (18 years old)</p> <p>Schizophrenia (18 years old)</p> <p><u>Off-Label:</u> Bipolar I Disorder, Acute Manic and mixed episodes</p>	<p>Atypical Anti-psychotic</p>	<p>3 mg – 12 mg/day</p>	<p><u>Contraindications:</u></p> <ul style="list-style-type: none"> <li>- Known hypersensitivity to paliperidone</li> <li>- Known hypersensitivity to risperidone</li> </ul> <p><u>Warnings and Precautions</u></p> <p>Neuroleptic Malignant Syndrome – may be life threatening, observe for</p> <ul style="list-style-type: none"> <li>- Hyperpyrexia</li> <li>- Muscle rigidity</li> <li>- Altered mental status</li> <li>- Autonomic instability (irregular pulse, tachycardia, diaphoresis, etc)</li> </ul> <p>QT Prolongation – causes modest increase in QTc; caution in circumstances that increase risk of torsades des pointes, including bradycardia, hypokalemia, hypomagnesemia,</p> <p>Tardive Dyskinesia – monitor AIMS</p> <p>Hyperglycemia and Diabetes Mellitus –Monitor fasting blood sugar, observe for</p> <ul style="list-style-type: none"> <li>- Polydipsia</li> <li>- Polyuria</li> <li>- Polyphagia</li> <li>- Weakness</li> </ul> <p>Hyperprolactinemia - increased incidence in risperdal treated patients. Monitor for</p> <ul style="list-style-type: none"> <li>- Galactorrhea</li> <li>- Amenorrhea</li> <li>- Gynecomastia</li> <li>- Impotence</li> </ul> <p>Other Warnings and Precautions:</p> <ul style="list-style-type: none"> <li>- Gastrointestinal Obstruction</li> <li>- Orthostatic Hypotension, associated with dizziness, tachycardia, syncope</li> <li>- Leukopenia, Neutropenia and Agranulocytosis</li> <li>- Potential for Cognitive and Motor Impairment including somnolence, Impaired judgment, thinking and motor responses</li> <li>- Seizures (0.22% paliperidone, 0.25% placebo premarketing)</li> <li>- Dysphagia; esophageal dysmotility and aspiration</li> <li>- Suicide</li> <li>- Priapism</li> <li>- Thrombotic Thrombocytopenic Purpura (TTP)</li> <li>- Antiemetic effect</li> </ul> <p>Body Temperature Regulation disruption: monitor:</p> <ul style="list-style-type: none"> <li>- Strenuous exercise</li> <li>- Exposure to extreme heat, concomitant anticholinergic medications</li> <li>- Dehydration</li> </ul> <p>Potential for Drug Interactions</p>

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p>Generic Paroxetine</p> <p><u>Brand Name</u> Paxil, Paxil CR</p>	<p>Major Depressive Disorder (Paxil, Paxil CR) (18 years old)</p> <p>Obsessive Compulsive Disorder (Paxil) (18 years old)</p> <p>Panic Disorder (Paxil, Paxil CR) (18 years old)</p> <p>Social Anxiety Disorder (Paxil, Paxil CR) (18 years old)</p> <p>Generalized Anxiety Disorder (Paxil) (18 years old)</p> <p>Post-traumatic Stress Disorder (Paxil) (18 years old)</p> <p>Premenstrual Dysphoric Disorder (Paxil CR) (18 years old)</p>	<p>SSRI</p>	<p>Major Depressive Disorder: 10 mg – 50 mg/day (Paxil); 12.5 – 62.5 mg Paxil CR</p> <p>Obsessive Compulsive Disorder: 20 – 60 mg/day (Paxil)</p> <p>Panic Disorder: 10 – 60 mg/day (Paxil) or 12.5 – 75 mg/day (Paxil CR)</p> <p>Social Phobia: 20 mg/day (Paxil) or 12.5 – 37.5 mg/day (Paxil CR)</p> <p>Generalized Anxiety Disorder: 20 mg – 50 mg/day (Paxil)</p> <p>Posttraumatic Stress Disorder: 20 mg – 50 mg/day (Paxil)</p> <p>Premenstrual Dysphoric Disorder: 12.5 – 25 mg/day (Paxil CR)</p>	<p><u>Black Box Warning: Suicidality and Antidepressant Drugs</u> – In short-term studies of major depressive disorder and other psychiatric disorders, antidepressants increased the risk compared to placebo of suicidal thinking and behavior in children, adolescents and young adults.</p> <p><u>Contraindications:</u></p> <ul style="list-style-type: none"> <li>- Concurrent use with MAOIs or within 2 weeks of stopping treatment with an MAOI</li> <li>- Concomitant use with thioridazine</li> <li>- Concomitant use with pimozide</li> <li>- Known hypersensitivity</li> </ul> <p><u>Warnings:</u> Clinical worsening and suicide risk</p> <p>Screen for Bipolar Disorder</p> <p>Serotonin Syndrome or Neuroleptic Malignant Syndrome (NMS)-like Reactions:</p> <ul style="list-style-type: none"> <li>- Monitor for autonomic instability</li> <li>- Mental status changes</li> <li>- Neuromuscular aberrations</li> <li>- GI symptoms</li> <li>- Hyperthermia</li> </ul> <p>Note: most prominent with other serotonin medications (serotonin syndrome) or the addition of ssri/snri to antipsychotic drug therapy (NMS-like)</p> <p>Potential Interaction with Thioridazine, elongation of QTc</p> <p><u>Pregnancy: Category D</u></p> <p><u>Precautions:</u></p> <ul style="list-style-type: none"> <li>- Activation of Mania/Hypomania</li> <li>- Seizure (0.1% in premarketing)</li> <li>- Akathisia – inner restlessness, agitation</li> <li>- Hyponatremia, SIADH</li> <li>- Mydriasis, narrow-angle glaucoma</li> <li>- Abnormal Bleeding, and GI bleeding, especially with concomitant use of aspirin, NSAIDs</li> <li>- Discontinuation effects including dysphoria, irritability, anxiety, sensory disturbances, insomnia, hypomania</li> </ul> <p>Potential for Drug Interactions; Tamoxifen efficacy possibly reduced</p> <p>Bone fracture and SSRI/SNRI treatment: Pathological fracture should be considered in a patient with unexplained bone pain, point tenderness, swelling or bruising</p>

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p>Generic Perphenazine</p> <p>Brand Name Trilafon</p>	<p>Schizophrenia (18 years old)</p> <p>Control of severe nausea and vomiting in adults</p>	<p>Antipsychotic (conventional)</p>	<p>Schizophrenia 4 – 8 mg tid up to 64 mg/daily</p> <p>Nausea and vomiting: 8 mg to 16 mg in divided doses; maximum: 24 mg/day</p> <p>(not recommended in pediatric patients under 12 years of age)</p>	<p><u>Contraindications:</u></p> <ul style="list-style-type: none"> <li>- Coma</li> <li>- With other CNS depressants</li> <li>- With Blood Dyscrasias, Bone marrow depression or liver damage</li> <li>- Hypersensitivity</li> <li>- Subcortical brain damage</li> </ul> <p><u>Warnings:</u></p> <p>Neuroleptic Malignant Syndrome – may be life threatening, observe for</p> <ul style="list-style-type: none"> <li>- Hyperpyrexia</li> <li>- Muscle rigidity</li> <li>- Altered mental status</li> <li>- Autonomic instability (irregular pulse, tachycardia, diaphoresis, etc)</li> </ul> <p>Hypotension</p> <p>Seizure</p> <p>Pregnancy – risk for extrapyramidal symptoms and withdrawal in neonate</p> <p><u>Precautions:</u></p> <ul style="list-style-type: none"> <li>- Leukopenia, Neutropenia, Agranulocytosis</li> <li>- Risk of suicide</li> <li>- Antiemetic effects may mask toxicity of other drugs</li> <li>- Hyperthermia may indicate intolerance and need to discontinue perphenazine</li> <li>- Interaction with other CNS depressants, including alcohol</li> <li>- Use with caution with atropine</li> <li>- Monitor renal functions, discontinue if abnormal BUN</li> <li>- Use with caution in patients with pulmonary impairment</li> <li>- Tardive Dyskinesia, monitor AIMS</li> <li>- Possible Drug Interactions (CYP2D6)</li> <li>- Photosensitivity</li> </ul> <p>Hyperprolactinemia- Monitor for</p> <ul style="list-style-type: none"> <li>- Galactorrhea</li> <li>- Amenorrhea</li> <li>- Gynecomastia</li> <li>- Impotence</li> </ul> <p>May lead to decreased bone density</p> <p>Risk of blood dyscrasias or hepatic dysfunction, biliary stasis, hepatitis, jaundice; monitor CBC, liver functions</p>

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<u>Generic</u> Propranolol  <u>Brand Name</u> Inderal Inderal LA	Hypertension  Angina Pectoris  Atrial Fibrillation  Myocardial Infarction  Migraine Prophylaxis  Hypertrophic Aortic Stenosis  Essential Tremor  Pheochromocytoma  <u>Off Label</u> Panic Disorder (18 years old)  Aggressive Behavior (18 years old)  (Bronchospasm and CHF have been reported in Propranolol therapy in pediatric patients)	Beta adrenergic receptor blocker antihypertensive	Panic: 40 mg – 320 mg/day  Aggressive Behavior: 80 – 300 mg/day	<u>Contraindications:</u> <ul style="list-style-type: none"> <li>- Cardiogenic shock</li> <li>- Sinus bradycardia and greater than 1<sup>st</sup> degree block</li> <li>- Bronchial asthma</li> <li>- Known hypersensitivity</li> </ul> <u>Warnings:</u> May exacerbate angina pectoris or MI following abrupt discontinuation  Hypersensitivity skin reactions, including <ul style="list-style-type: none"> <li>- Stevens Johnson Syndrome</li> <li>- Toxic Epidermal Necrolysis</li> <li>- Erythema multiforme</li> <li>- Urticaria</li> </ul> Cardiac Failure: beta blockade may precipitate more severe failure  Non-allergic Bronchospasm (Chronic Bronchitis, Emphysema)  Major Surgery: Beta blockade may increase risks of general anesthesia  Diabetes and Hypoglycemia: early signs may be masked; also, propranolol associated with hypoglycemia in children  Thyrotoxicosis – abrupt withdrawal of propranolol may be associated with hyperthyroidism and thyroid storm  Wolff-Parkinson-White Syndrome: beta blockade may cause severe bradycardia  <u>Precautions:</u> Use with caution in concomitant illnesses  May reduce intraocular pressure and interfere with glaucoma screening  Potential Drug Interactions

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p>Generic Quetiapine</p> <p><u>Brand Name</u> Seroquel</p> <p>Seroquel XR</p>	<p>Schizophrenia (13 years old)</p> <p>Acute Treatment Manic Episodes in Bipolar I (10 years old)</p> <p>Acute Treatment Bipolar Depression (18 years old)</p> <p>Bipolar I Adjunctive Maintenance (18 years old)</p> <p>Adjunctive Treatment of Major Depressive Disorder (18 years old) (XR only)</p> <p>18 years old for Seroquel XR</p>	<p>Novel Antipsychotic</p>	<p>25 - 800 mg/day</p>	<p><u>Black Box Warning: Suicidality and Antidepressant Drugs</u> – In short-term studies of major depressive disorder and other psychiatric disorders, antidepressants increased the risk compared to placebo of suicidal thinking and behavior in children, adolescents and young adults.</p> <p><u>Warnings and Precautions:</u> Clinical Worsening and Suicide Risk</p> <p>Neuroleptic Malignant Syndrome – may be life threatening, observe</p> <ul style="list-style-type: none"> <li>- Hyperpyrexia</li> <li>- Muscle rigidity</li> <li>- Altered mental status</li> <li>- Autonomic instability (irregular pulse, tachycardia, diaphoresis, etc)</li> </ul> <p>Tardive Dyskinesia – monitor for abnormal involuntary movements</p> <p>Hyperglycemia and Diabetes Mellitus – Monitor fasting blood sugar, observe for</p> <ul style="list-style-type: none"> <li>- Polydipsia</li> <li>- Polyuria</li> <li>- Polyphagia</li> <li>- Weakness</li> </ul> <p>Hyperlipidemia – clinical monitoring, including baseline and periodic follow-up lipid evaluations recommended</p> <p>Other Warnings and Precautions:</p> <ul style="list-style-type: none"> <li>- Weight Gain – regular monitoring of weight is recommended</li> <li>- Orthostatic Hypotension, associated with dizziness, tachycardia, syncope</li> <li>- Leukopenia, Neutropenia and Agranulocytosis</li> <li>- Seizures (0.5% in clinical trials)</li> <li>- Hypothyroidism (2.9% clinically significant shift in pediatric trials)</li> <li>- Transaminase elevations</li> <li>- Potential for Cognitive and Motor Impairment, somnolence, impaired judgment, thinking, motor skills</li> <li>- Priapism</li> <li>- Dysphagia: esophageal dysmotility and aspiration</li> <li>- Suicide</li> <li>- Body Temperature Regulation disruption: monitor strenuous exercise, exposure to extreme heat, concomitant anticholinergic medications, dehydration</li> </ul> <p>Increases in Blood Pressure in Children and Adolescents – monitor BP</p> <p>Risk for Cataracts – lens changes may occur in adults, adolescents, and children during long-term Seroquel treatment. Ophthalmologic lens examination (e.g., slit lamp) at baseline and q 6 months during treatment is recommended.</p> <p>Hyperprolactinemia (13.4% clinically significant shift in males, 8.7% in females in clinical trials). Monitor for galactorrhea, amenorrhea, gynecomastia, impotence</p>

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<p>Generic Risperidone</p> <p><u>Brand Name</u> Risperdal, Risperdal Consta</p>	<p>Irritability Associated with Autistic Disorder (5 years old)</p> <p>Bipolar I Acute Manic or Mixed Episodes (10 years old)</p> <p>Schizophrenia (13 years old)</p>	<p>Novel Antipsychotic</p>	<p>0.25 – 6 mg/day</p>	<p><u>Warnings and Precautions:</u> Neuroleptic Malignant Syndrome – may be life threatening, observe for</p> <ul style="list-style-type: none"> <li>- Hyperpyrexia</li> <li>- Muscle rigidity</li> <li>- Altered mental status</li> <li>- Autonomic instability (irregular pulse, tachycardia, diaphoresis, etc)</li> </ul> <p>Tardive Dyskinesia – monitor AIMS</p> <p>Hyperglycemia and Diabetes Mellitus –Monitor fasting blood sugar, observe for</p> <ul style="list-style-type: none"> <li>- Polydipsia</li> <li>- Polyuria</li> <li>- Polyphagia</li> <li>- Weakness</li> </ul> <p>Hyperprolactinemia - increased incidence in risperdal treated patients. Monitor for</p> <ul style="list-style-type: none"> <li>- Galactorrhea</li> <li>- Amenorrhea</li> <li>- Gynecomastia</li> <li>- Impotence</li> </ul> <p>May lead to decreased bone density, possible association with breast cancers</p> <p><u>Other Warnings and Precautions:</u></p> <ul style="list-style-type: none"> <li>- Orthostatic Hypotension, associated with dizziness, tachycardia, syncope</li> <li>- Leukopenia, Neutropenia and Agranulocytosis</li> <li>- Seizures (0.3% pre-marketing testing)</li> <li>- Dysphagia; esophageal dysmotility and aspiration</li> <li>- Priapism</li> <li>- Thrombotic Thrombocytopenic Purpura (TTP)</li> <li>- Antiemetic Effect</li> <li>- Suicide risk</li> <li>- Potential for Cognitive and Motor Impairment, including somnolence, impaired judgment, thinking and motor responses</li> </ul> <p>Body Temperature Regulation disruption, including hypothermia and hyperthermia. Caution with temperature extremes</p> <p>Patients with concomitant illness, including dementia, metabolic or hemodynamic effects, renal impairment</p>

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p>Generic Sertraline</p> <p><u>Brand Name</u> Zoloft</p>	<p>OCD (6 years old)</p> <p>Major Depressive Disorder (18 years old)</p> <p>Panic (18 years old)</p> <p>Post-traumatic Stress Disorder (18 years old)</p> <p>Pre-menstrual Dysphoric Disorder (18 years old)</p> <p>Social Anxiety (18 years old)</p> <p><u>Off-Label</u> Generalized Anxiety Disorder</p> <p>Dysthymia</p>	<p>SSRI</p>	<p>25 – 200 mg/day</p>	<p><u>Black Box Warning: Suicidality and Antidepressant Drugs</u> – In short-term studies of major depressive disorder and other psychiatric disorders, antidepressants increased the risk compared to placebo of suicidal thinking and behavior in children, adolescents and young adults.</p> <p><u>Contraindications:</u></p> <ul style="list-style-type: none"> <li>- Concomitant use with MAOIs</li> <li>- Concomitant use with Pimozide</li> <li>- Hypersensitivity to sertraline</li> </ul> <p><u>Warnings:</u> Clinical worsening and suicide risk</p> <p>Screen patients for Bipolar Disorder</p> <p>Serotonin Syndrome or Neuroleptic Malignant Syndrome (NMS)-like Reactions:</p> <ul style="list-style-type: none"> <li>- Monitor for autonomic instability</li> <li>- Mental status changes</li> <li>- Neuromuscular aberrations</li> <li>- GI symptoms</li> <li>- Hyperthermia</li> </ul> <p>Note: most prominent with other serotonin medications (serotonin syndrome) or the addition of ssri/snri to antipsychotic drug therapy (NMS-like)</p> <p><u>Precautions:</u></p> <ul style="list-style-type: none"> <li>- Activation of Mania</li> <li>- Weight Loss</li> <li>- Seizure (0.2%)</li> <li>- Weak uricosuric effect</li> <li>- Hyponatremia, SIADH</li> <li>- Discontinuation effects including dysphoria, irritability, anxiety, sensory disturbances, insomnia, mania</li> </ul> <p>Risk for altered platelet function, bleeding, and GI bleeding, especially with concomitant use of aspirin, NSAIDs</p> <p>Potential for Drug Interactions including, but not limited to</p> <ul style="list-style-type: none"> <li>- MAOIs</li> <li>- Serotonergic Drugs</li> <li>- Triptans, Sumatriptan</li> <li>- Tricyclic Antidepressants</li> <li>- Drugs metabolized by P450 2D6, P450 3A4</li> </ul>

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p>Generic Thioridazine</p> <p>Brand Name Mellaril</p>	<p>Schizophrenia (in patients who have failed to respond adequately to treatment with other antipsychotic drugs) (12 years old)</p>	<p>Conventional antipsychotic</p>	<p>Children with schizophrenia unresponsive to other agents: 0.5 mg/kg/day up to 3 mg/kg/day divided tid maximum</p> <p>Note: potential toxic dose for children under 6 years old is 3 mg/kg</p> <p>Adults: 50 – 100 mg tid; maximum total daily dose of 200 – 800 mg/day</p>	<p><u>Black Box Warning:</u> Thioridazine has been shown to prolong the QTc interval and drugs associated with this potential, including Thioridazine, have been associated with Torsades des Pointes type arrhythmias and sudden death</p> <p>Thioridazine hydrochloride should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus During the third trimester of pregnancy are at risk for extrapyramidal and/or withdrawal symptoms following delivery</p> <p><u>Contraindications:</u></p> <ul style="list-style-type: none"> <li>- With other medications that may increase QTc interval</li> <li>- Medications that inhibit the metabolism of Thioridazine (Fluoxetine, fluvoxamine, paroxetine, propranolol, pindolol) may increase the risk of prolonged QTc</li> <li>- Severe CNS depression</li> <li>- Extreme hypertensive or hypotensive heart disease</li> <li>- Hypersensitivity to thioridazine</li> </ul> <p><u>Warnings:</u> Potential for proarrhythmic effects: reserve for use after trials of 2 other antipsychotic medications have been unsuccessful</p> <p>Tardive Dyskinesia – Monitor AIMS</p> <p>Neuroleptic Malignant Syndrome – may be life threatening, observe for</p> <ul style="list-style-type: none"> <li>- Hyperpyrexia</li> <li>- Muscle rigidity</li> <li>- Altered mental status</li> <li>- Autonomic instability (irregular pulse, tachycardia, diaphoresis, etc)</li> </ul> <p>May potentiate other CNS depressants</p> <p><u>Precautions:</u></p> <ul style="list-style-type: none"> <li>- Leukopenia, Agranulocytosis</li> <li>- Seizure</li> <li>- Pigmentary Retinopathy</li> <li>- Cognitive impairment</li> </ul> <p>Hyperprolactinemia - Monitor for</p> <ul style="list-style-type: none"> <li>- Galactorrhea</li> <li>- Amenorrhea</li> <li>- Gynecomastia</li> <li>- Impotence</li> </ul> <p>May lead to decreased bone density, possible association with breast cancers</p> <p>Potential for Drug Interactions</p>

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p><u>Generic</u> Topiramate</p> <p><u>Brand Name</u> Topamax</p>	<p>Monotherapy for Epilepsy (11 years old)</p> <p>Adjunctive Treatment of Epilepsy (2 years old)</p> <p>Migraine Prophylaxis</p> <p><u>Off Label</u> Mood lability associated with Bipolar Disorder (12 years old)</p> <p>Associated with decreased growth, increased infections in the very young pediatric populations)</p>	<p>Antiepileptic (carbonic anhydrase inhibitor)</p>	<p>25 mg bid to 200 mg bid</p>	<p><u>Warnings and Precautions:</u> Acute Myopia and Angle Closure Glaucoma</p> <p>Oligohydrosis and Hyperthermia (especially in pediatrics)</p> <p>Suicidal Behavior and Ideation</p> <p>Metabolic Acidosis, watch for decreased serum bicarbonate (significant incidence in pediatric population)</p> <p>Cognitive and Neuropsychiatric Adverse Effects, including</p> <ul style="list-style-type: none"> <li>- Difficulty with memory</li> <li>- Concentration and attention</li> <li>- Speech and language problems</li> <li>- Somnolence/fatigue</li> <li>- Psychomotor slowing</li> <li>- Headache, dizziness, anorexia</li> </ul> <p><u>Pregnancy Category D:</u> increased risk for cleft lip and/or cleft palate</p> <p>Fetal Toxicity</p> <p>Withdrawal of Antiepileptic Drugs (AEDs): Discontinue slowly to reduce risk of withdrawal seizures</p> <p>Hyperammonemia and Encephalopathy (with or without concurrent Valproic Acid Use) Monitor for mental status changes, lethargy, vomiting, hypothermia</p> <p>Kidney Stones</p> <p>Paresthesias</p> <p>Potential interactions with other antiepileptic drugs, CNS depressants, metformin, and oral contraceptives. <u>Oral contraceptives may have decreased efficacy.</u></p>

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p>Generic Trazodone</p> <p><u>Brand Name</u> Desyrel</p> <p>Desyrel Dividose</p> <p>Oleptro (extended release)</p>	<p>Major Depression (18 years old)</p> <p><u>Off Label</u> Aggression</p> <p>Alcohol Withdrawal</p> <p>Insomnia</p> <p>Safety and effectiveness in the pediatric population have not been established</p>	Anti-depressant	<p>Major Depression (Adults) 150 – 400 mg/day divided bid – tid (Trazodone)</p> <p>150 mg qhs up to 375 mg/day (Oleptro)</p> <p><u>Off Label</u> Aggression (Adults) 50 mg bid up to 400 mg total daily dose</p> <p>Insomnia (Adults) 50 – 100 mg qhs</p>	<p><u>Black Box Warning: Suicidality and Antidepressant Drugs</u> – In short-term studies of major depressive disorder and other psychiatric disorders, antidepressants increased the risk compared to placebo of suicidal thinking and behavior in children, adolescents and young adults.</p> <p><u>Warnings:</u> Clinical worsening and suicide risk</p> <p>Screen patients for Bipolar Disorder</p> <p>Priapism</p> <p>Caution in cardiac disease, post-myocardial infarction period</p> <p><u>Precautions:</u> Hypotension, including orthostatic hypotension and syncope</p> <p>Discontinue before general anesthetics</p> <p>May be associated with low white blood cell and neutrophil counts</p> <p>Potential for drug interactions: Trazodone is a substrate for CYP3A4 enzyme</p>

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p>Generic Valproic Acid</p> <p>Brand Name Depakote Depakote ER</p>	<p>Mania or Mixed Episodes associated with Bipolar Disorder (18 years old)</p> <p>Epilepsy</p> <p>Migraine Prophylaxis (Depakote ER)</p>	<p>Antiepileptic</p>	<p>Follow Blood Levels</p>	<p><u>Black Box Warnings:</u></p> <ul style="list-style-type: none"> <li>- Life Threatening Hepatotoxicity</li> <li>- Life Threatening Pancreatitis</li> <li>- Teratogenicity</li> </ul> <p><u>Pregnancy Category D:</u> Teratogenic Effects</p> <p><u>Contraindications:</u></p> <ul style="list-style-type: none"> <li>- In patients with hepatic disease of significant hepatic dysfunction</li> <li>- In patients with known hypersensitivity</li> <li>- In patients with known urea cycle disorders</li> </ul> <p><u>Warnings:</u></p> <p>Hepatotoxicity (monitor for non-specific symptoms like malaise, weakness, lethargy, anorexia, vomiting)</p> <p>Teratogenicity/Usage in Pregnancy (Category D)</p> <p>Pancreatitis (early, late or re-challenge) Monitor for abdominal pain, nausea, anorexia</p> <p>Urea Cycle Disorders</p> <p>Suicidal Behavior and Ideation</p> <p>Thrombocytopenia (Obtain platelet counts and coagulation studies before starting treatment and periodically)</p> <p>Hyperammonemia (Monitor for mental status changes, lethargy, vomiting, hypothermia)</p> <p>Hyperammonemia and Encephalopathy with concomitant Topiramate Use</p> <p>Hypothermia</p> <p>Multi-Organ Hypersensitivity Reactions</p> <p>Monitor Drug Plasma Concentration</p> <p>Effects on Ketone and Thyroid Tests</p> <p>Effect on HIV and CMV Viruses</p>

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<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p>Generic Venlafaxine</p> <p><u>Brand name</u> Effexor Effexor XR</p>	<p>Major Depression (Effexor, Effexor XR) (18 years old)</p> <p>Generalized Anxiety Disorder (Effexor XR) (18 years old)</p> <p>Social Anxiety Disorder (Effexor XR) (18 years old)</p> <p>Panic Disorder, with or without Agoraphobia (Effexor XR) (18 years old)</p>	<p>SNRI (selective serotonin and norepinephrine reuptake inhibitor, mild dopamine reuptake inhibitor)</p>	<p>37.5 – 225 mg/day</p>	<p><u>Black Box Warning: Suicidality and Antidepressant Drugs</u> – In short-term studies of major depressive disorder and other psychiatric disorders, antidepressants increased the risk compared to placebo of suicidal thinking and behavior in children, adolescents and young adults.</p> <p><u>Contraindications:</u></p> <ul style="list-style-type: none"> <li>- In patients on MAOIs or within 14 days of discontinuing MAOI</li> <li>- Known hypersensitivity</li> </ul> <p><u>Warnings:</u></p> <p>Clinical worsening and suicide risk</p> <p>Screen for Bipolar Disorder</p> <p>Serotonin Syndrome or Neuroleptic Malignant Syndrome (NMS)-like Reactions:</p> <ul style="list-style-type: none"> <li>- Monitor for autonomic instability</li> <li>- Mental status changes</li> <li>- Neuromuscular aberrations</li> <li>- GI symptoms</li> </ul> <p>Sustained Hypertension</p> <p>Mydriasis</p> <p><u>Precautions:</u></p> <ul style="list-style-type: none"> <li>- Discontinuation Symptoms</li> <li>- Anxiety and Insomnia</li> <li>- Changes in Weight</li> <li>- Changes in Appetite</li> <li>- Activation of Mania/Hypomania</li> <li>- Hyponatremia</li> <li>- Seizures (0.26% in premarketing)</li> <li>- Serum Cholesterol Elevation</li> </ul> <p>Effexor XR may adversely affect height and weight in children and adolescents</p> <p>Interstitial Lung Disease and Eosinophilic Pneumonia</p> <p>Patients with Concomitant Illness</p>

May 17, 2011

<u>Medication</u>	<u>Approved Indications</u>	<u>Class</u>	<u>Approved Range</u>	<u>Notes</u>
<p>Generic Ziprasidone</p> <p>Brand Name Geodon</p>	<p>Schizophrenia (18 years old)</p> <p>Bipolar I Acute Treatment of Manic or Mixed Episodes (Monotherapy) (18 years old)</p> <p>Bipolar I Maintenance treatment (Adjunct) (18 years old)</p> <p>Agitation Assoc with Schizophrenia (IM) (18 years old)</p>	<p>Novel Antipsychotic</p>	<p>20 mg to 80 mg bid</p>	<p><u>Contraindications:</u>  <u>QT Prolongation:</u></p> <ul style="list-style-type: none"> <li>- Patients with known history of QT prolongations</li> <li>- Patients with recent acute MI</li> <li>- Patients with uncompensated heart failure</li> <li>- With other drugs that have demonstrated QT prolongation</li> <li>- Known hypersensitivity</li> </ul> <p><u>Warnings and Precautions:</u>            QT prolongation and Risk of Sudden Death; Torsades des Pointes</p> <p>Neuroleptic Malignant Syndrome – may be life threatening, observe for</p> <ul style="list-style-type: none"> <li>- Hyperpyrexia</li> <li>- Muscle rigidity</li> <li>- Altered mental status</li> <li>- Autonomic instability (irregular pulse, tachycardia, diaphoresis, etc)</li> </ul> <p>Tardive Dyskinesia – monitor AIMS</p> <p>Hyperglycemia and Diabetes Mellitus –Monitor fasting blood sugar, observe for</p> <ul style="list-style-type: none"> <li>- Polydipsia</li> <li>- Polyuria</li> <li>- Polyphagia</li> <li>- Weakness</li> </ul> <p>Other Warnings and Precautions:</p> <ul style="list-style-type: none"> <li>- Rash; urticaria</li> <li>- Orthostatic Hypotension, associated with dizziness, tachycardia, syncope</li> <li>- Leukopenia, Neutropenia and Agranulocytosis</li> <li>- Seizures (0.4% in clinical trials)</li> <li>- Dysphagia; esophageal dysmotility and aspiration</li> <li>- Priapism</li> <li>- Suicide</li> <li>- Potential for Cognitive and Motor Impairment, including somnolence, impaired judgment, thinking and motor responses</li> <li>- Hyperprolactinemia - increased incidence in risperdal treated patients. Monitor for galactorrhea, amenorrhea, gynecomastia, impotence</li> </ul> <p>Body Temperature Regulation disruption: monitor in strenuous exercise, exposure to extreme heat, concomitant anticholinergic medications, dehydration</p> <p>Electrolyte Disturbances – obtain baseline serum potassium and magnesium levels; monitor patients on diuretics</p>