Appendix II
DCF Psychotropic Medication Monitoring

While psychotropic use is widely accepted for children and adolescents, there is still insufficient evidence of efficacy between the different agents and in terms of their long-term effects in children.

Remember to always monitor for suicidal ideation/behaviors and activation particularly at initiation of medication, dose changes, and discontinuation of medication.

DCF APPROVED MEDICATIONS	BASELINE STUDIES	FOLLOW-UP STUDIES & MONITORING	MAXIMUM DAILY DOSE	SPECIAL CONSIDERATIONS
ALL STIMULANTS	Consider UCG/HCG* Ht, Wt, BMI/BMI PERCENTILE, BP/P Assess for tics Assess personal & family cardiac history Take seizure history	BP/ P, Ht, Wt, BMI/BMI PERCENTILE q3 month AIMS as indicated		Be aware of rebound symptoms & insomnia Caffeine may increase cardiac side effects ***Please note: When combining short acting and intermediate or long acting stimulants, the maximum daily dose of the combination should not exceed the maximum daily dose of any individual agent.***

All Medications are Pregnancy Category C unless otherwise noted in parenthesis next to the medication name; UD denotes that the Pregnancy Category is undetermined

Appendix II
DCF Psychotropic Medication Monitoring

DCF APPROVED MEDICATIONS	BASELINE STUDIES	FOLLOW-UP STUDIES & MONITORING	MAXIMUM DAILY DOSE	SPECIAL CONSIDERATIONS
Methylphenidate: Short Acting				
Dexmethylphenidate (Focalin)			20mg/day	High fat meal may delay peak
Methylphenidate (Ritalin, Methylin)			60mg/day	Take 30-45 minutes before meals when possible
Methylphenidate: Intermediate Acting				
Methylphenidate (Metadate ER)			60mg/day	Take 30-45 minutes before meals when possible
Methylphenidate: Long Acting				
Dexmethylphenidate (Focalin XR)			30mg/day	High fat meal may delay peak 50%IR and 50% DR beads
Methylphenidate (Ritalin LA)			60mg/day	High fat meal may delay peak 50%IR and 50% DR beads
Methylphenidate (Metadate CD)			60mg/day	High fat meal may delay peak 30%IR and 70% DR beads
Methylphenidate (QuilliChew ER)			60mg/day	Chew tab
Methylphenidate (Quillivant XR)			60mg/day	Suspension is 20% IR and 80% DR

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Appendix II
DCF Psychotropic Medication Monitoring

DCF APPROVED MEDICATIONS	BASELINE STUDIES	FOLLOW-UP STUDIES & MONITORING	MAXIMUM DAILY DOSE	SPECIAL CONSIDERATIONS
Methylphenidate (Concerta)			6-12 years of age: 54mg/day 13 years of age and older: 72mg/day NTE 2mg/kg/day	Nonabsorbable tablet 22% IR and 78% CR
Methylphenidate (Aptensio XR)			60mg/day	Capsule contains multilayered beads 40% IR and 60% CR
Methylphenidate (Cotempla XR-ODT)			51.8mg/day	25% IR and 75% CR
Methylphenidate (Daytrana)			30mg/day	Transdermal patch
Amphetamine: Short Acting				
Dextroamphetamine (Dexedrine, Zenzedi, ProCentra)			40mg/day	
Mixed amphetamine salts (Adderall)			40mg/day	Contains d-amphetamine and l-amphetamine salts in a 3:1 ratio
Amphetamine sulfate (Evekeo)			40mg/day	Contains d-amphetamine and l-amphetamine salts in a 1:1 ratio
Amphetamine: Intermediate Acting				
Dextroamphetamine (Dexedrine Spansule)			40mg/day	50% IR and 50% DR beads

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Appendix II
DCF Psychotropic Medication Monitoring

DCF APPROVED MEDICATIONS	BASELINE STUDIES	FOLLOW-UP STUDIES & MONITORING	MAXIMUM DAILY DOSE	SPECIAL CONSIDERATIONS
Amphetamine: Long Acting				
Mixed amphetamine salts (Adderall XR)			3 years of age to 6 years if age 0.5mg/kg/day Over 6 years of age 30mg/day	Contains d-amphetamine and l-amphetamine salts in a 3:1 ratio 50% IR and 50% DR beads
Amphetamine sulfate (Adzenys XR-ODT)			18.8mg/day	
Amphetamine sulfate (Dyanavel XR)			20mg/day	Contains d-amphetamine and l-amphetamine salts in a 1:1 ratio
Mixed amphetamine salt of single-entity amphetamine (Mydayis)			25mg/day	High fat meals can delay peak Patients under 13 years of age can experience higher plasma concentrations and adverse effects Contains an IR bead and 2 types of DR beads
Lisdexamfetamine (Vyvanse)			70mg/day	Continuous release capsule High fat meal may delay peak

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Appendix II
DCF Psychotropic Medication Monitoring

DCF APPROVED MEDICATIONS	BASELINE STUDIES	FOLLOW-UP STUDIES & MONITORING	MAXIMUM DAILY DOSE	SPECIAL CONSIDERATIONS
NON-STIMULANT ADHD MEDICATION				
Atomoxetine (Strattera) Bupropion (Wellbutrin, Wellbutrin XL, SR)	UCG/HCG*, Ht, Wt, BMI/BMI PERCENTILE, BP/P Bupropion: May need EEG if seizure history. Assess history of anorexia/bulimia.	Ht, Wt, BMI/BMI PERCENTILE, BP/P every 3 months.	**Atomoxetine** - 1.4mg/kg up to 70kg, 100mg if over 70kg **Bupropion** – 300mg	Be aware that atomoxetine may be associated with hepatic injury. Be aware of tics and rash with bupropion. Do not use Wellbutrin with Zyban. Zyban contains the same medication as Wellbutrin.
Alpha-2 Agonists: Guanfacine *(B)* (Tenex, Intuniv) Clonidine (Catapres, Kapvay)	UCG/HCG* EKG if clinically indicated Ht, Wt, BMI/BMI PERCENTILE, BP/P	Ht, Wt, BMI/BMI PERCENTILE, BP/P every 3 months, EKG as clinically indicated or if symptoms (dizzy, lightheaded) occur. .	**Guanfacine** – IR: 4mg for children and adolescents ER: Target dose range is 0.05-0.12 mg/kg/day not to exceed: 4mg/day children 6-12 years of age 7mg/day for adolescents 13-17	Be aware of rebound hypertension with abrupt discontinuation Adverse Drug Events increase significantly at doses >3mg.

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Appendix II
DCF Psychotropic Medication Monitoring

DCF APPROVED MEDICATIONS	BASELINE STUDIES	FOLLOW-UP STUDIES & MONITORING	MAXIMUM DAILY DOSE	SPECIAL CONSIDERATIONS
			years of age **Clonidine** - 0.4mg for children and adolescents	
ALL LITHIUM PRODUCTS				
Lithium Carbonate *(D)* Lithium Citrate *(D)* (Eskalith, Eskalith CR Lithobid)	UCG/HCG*, CBC, Lytes, BUN/Cr, Free T4, TSH, U/A EKG Ht, Wt, BMI/BMI PERCENTILE, BP/P	CBC, Lytes, BUN/Cr, Free T4, TSH every 4 to 6 months U/A every 4 to 6 months EKG annually or if clinically indicated. Ht, Wt, BMI/BMI PERCENTILE, BP/P every 3 months for 1 year, then annually ***Blood levels***	• <12 yo: safety and efficacy not established • if under 25kg: 600mg • 25-39kg: 900mg • 40-50kg: 1200mg • >50kg: 1500mg • Maximum dose should be guided by serum levels and clinical response Therapeutic Range = 0.6-1.2 mEq/L	Be aware of dehydration in hot weather and GI illness; acne; tremors; drug-drug interactions with NSAIDS (e.g. ibuprofen); and need for sun block.

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Appendix II
DCF Psychotropic Medication Monitoring

DCF APPROVED MEDICATIONS	BASELINE STUDIES	FOLLOW-UP STUDIES & MONITORING	MAXIMUM DAILY DOSE	SPECIAL CONSIDERATIONS
		per MD, at each dose change, then every 3 months x 1yr then every 6 months, and as clinically indicated.		
ANTICONVULSANTS				Monitor for suicidal ideation/behaviors and activation particularly at initiation of medication, dose changes, and discontinuation of medication. Monitor for sexual activity
Valproic Acid *(D)* (Depakote, Depakene)	UCG/HCG*, CBC with platelets, Lytes, BUN/Cr, LFT's, Free T4, TSH, Amylase, Lipase, UA Ht, Wt, BMI/BMI	CBC with platelets, LFT'S at 3 months and 6 months, then every 6 months if WNL. Ammonia if symptoms of encephalopathy.	**Valproic Acid** • <10 yo: safety and efficacy not established • 10 yo: 60mg/kg/day • children's range is up to 1200mg	For Valproic Acid: Due to the risk of polycystic ovarian syndrome (PSOS) consider alternative in girls.

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Appendix II
DCF Psychotropic Medication Monitoring

DCF APPROVED MEDICATIONS	BASELINE STUDIES	FOLLOW-UP STUDIES & MONITORING	MAXIMUM DAILY DOSE	SPECIAL CONSIDERATIONS
	PERCENTILE, BP/P	Amylase & Lipase if GI symptoms. ***Blood levels per MD, at each dose change, then every 3 months x 1yr then every 6 months, and as clinically indicated.*** Ht, Wt, BMI/BMI PERCENTILE, BP/P at 1 month then every three months.	• adolescent's range is up to 2500 • final dose should be guided by serum levels Therapeutic Range = 50-125 mcg/ml	
Carbamazepine *(D)* (Tegretol)	UCG/HCG*, CBC with platelets, Lytes, BUN/Cr, LFT's, Free T4, TSH, UA Ht, Wt, BMI/BMI PERCENTILE, BP/P For Carbamazepine -	For Carbamazepine: CBC with platelets, Lytes, BUN/Cr, LFT's, BP/P, Free T4, TSH yearly ***Blood levels at***	**Carbamazepine** < 6 yo: 35mg/kg/day 6-15 yo: 1000mg/day 16-18 yo: 1200mg/day Therapeutic Range = 4-12 mcg/ml	For Carbamazepine: Birth control pills may decrease effectiveness. Be aware of any rash- notify MD. The risk of rash increases when used in combination with valproic acid.

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Appendix II
DCF Psychotropic Medication Monitoring

DCF APPROVED MEDICATIONS	BASELINE STUDIES	FOLLOW-UP STUDIES & MONITORING	MAXIMUM DAILY DOSE	SPECIAL CONSIDERATIONS
Lamotrigine (Lamictal, Lamictal XR)	HLA-B 1502 antigen for Asian population For Lamotrigine-Free T4, TSH yearly.	***1 month then every three months and as clinically indicated.*** Monitor BP, especially when lamotrigine added to valproic acid (possible anticonvulsant hypersensitivity syndrome).	**Lamotrigine** 2-12 Years of age Taking VPA **200mg** Taking other AEDs * but NOT VPA: **400mg** NOT taking AEDs: **300mg** Older than 12 Years Taking VPA: **200mg** Taking other AEDs but NOT VPA: **500mg** NOT taking AEDs: **375mg**	For Lamictal XR: Not considered first line therapy. Safety and efficacy in children <13yrs old has not been established. Be aware of risk of aseptic meningitis. **Please consult the full prescribing information for titration and tapering regimens.**
ANTIHYPERTENSIVES				
Beta-Blockers: Propranolol (Inderal)	UCG/HCG* EKG if clinically indicated Ht, Wt, BMI/BMI PERCENTILE, BP/P	Ht, Wt, BMI/BMI PERCENTILE, BP/P every 3 months, EKG as clinically indicated or if symptoms (dizzy, lightheaded) occur.	60mg if <35kg, 120mg if >35kg based on TBW for children and adolescents up to 17 years of age.	Use only in consultation with primary care provider in patients with asthma & diabetes. Be aware of rebound hypertension with abrupt discontinuation.

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Appendix II
DCF Psychotropic Medication Monitoring

DCF APPROVED MEDICATIONS	BASELINE STUDIES	FOLLOW-UP STUDIES & MONITORING	MAXIMUM DAILY DOSE	SPECIAL CONSIDERATIONS
Alpha-1 Blockers: Prazosin	UCG/HCG* EKG if clinically indicated Ht, Wt, BMI/BMI PERCENTILE, BP/P	Ht, Wt, BMI/BMI PERCENTILE, BP/P every 3 months, EKG as clinically indicated or if symptoms (dizzy, lightheaded) occur.	1mg/day: Starting dose all patients then: 2mg <=6years of age 4mg >6yearrs of age	Be aware of rebound hypertension with abrupt discontinuation.

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Appendix II
DCF Psychotropic Medication Monitoring

DCF APPROVED MEDICATIONS	BASELINE STUDIES	FOLLOW-UP STUDIES & MONITORING	MAXIMUM DAILY DOSE	SPECIAL CONSIDERATIONS
ANTIDEPRESSANTS				Monitor for suicidal ideation/behaviors and activation particularly at initiation, dose changes, and discontinuation of medication. Use caution upon discontinuation. Withdrawal symptoms have been observed.
<u>Tricyclics</u> Amitriptyline *(D)* (Elavil) Clomipramine (Anafranil) Desipramine *(UD)* (Norpramin) Imipramine (Tofranil) Nortriptyline *(D)* (Aventyl, Pamelor)	UCG/HCG*, LFTs EKG Ht, Wt, BMI/BMI PERCENTILE, BP/P	LFTs at 6 weeks and when target dose reached. EKG when maintenance dose is reached, or during dosing titration if indicated, and when medications that affect cardiac rhythm are added. Ht, Wt, BMI/BMI PERCENTILE, BP/P q 3 months.	**Amitryptyline** 3mg/kg for children, 200mg for adolescents. **Clomipramine** 3mg/kg or 200mg (whichever is less) for children & adolescents. **Desipramine** 5mg/kg for children, 150mg for adolescents. **Imipramine**	**CAUTION:** These medications are generally NOT considered first line. There is marginal evidence to support the use of tricyclic medications in the treatment of depression in children and adolescents. Be aware of drug/drug interactions, especially for medications that prolong QTc interval.

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Appendix II
DCF Psychotropic Medication Monitoring

DCF APPROVED MEDICATIONS	BASELINE STUDIES	FOLLOW-UP STUDIES & MONITORING	MAXIMUM DAILY DOSE	SPECIAL CONSIDERATIONS
		Blood level needed for nortriptyline. (Therapeutic window = 50-150ng/ml)	5mg/kg for children, 300mg for adolescents. **Nortriptyline** 150mg for adolescents.	
SSRI's Citalopram (Celexa) Fluoxetine (Prozac, Sarafem) Fluvoxamine (Luvox) Sertraline (Zoloft) Escitalopram (Lexapro)	UCG/HCG* Ht, Wt, BMI/BMI PERCENTILE, BP/P Citalopram: electrolytes	Ht, Wt, BMI/BMI PERCENTILE, BP/P every 3 months Monitor for signs of abnormal bleeding (e.g. ecchymosis, purpura, upper GI bleeding)	**Citalopram** 40mg for children and adolescents **Escitalopram** 20mg for children and adolescents **Fluoxetine** 60mg for children, 80mg for adolescents **Fluvoxamine** 200mg for children, 300mg for adolescents **Sertraline** 200mg for children and adolescents	Be aware of cognitive dulling, agitation, sexual dysfunction, rapid cycling, akathisia and serotonin syndrome. Be aware of the risk of induction of mania.

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DCF Psychotropic Medication Monitoring

DCF APPROVED MEDICATIONS	BASELINE STUDIES	FOLLOW-UP STUDIES & MONITORING	MAXIMUM DAILY DOSE	SPECIAL CONSIDERATIONS
Others Bupropion (Wellbutrin, Wellbutrin XL or SR, Zyban) Mirtazapine (Remeron) Trazodone (Desyrel) Venlafaxine (Effexor, Effexor XR) Duloxetine (Cymbalta)	UCG/HCG* Ht, Wt, BMI/BMI PERCENTILE, BP/P Bupropion: May need EEG if Seizure history. Mirtazapine: CBC & LFTs Duloxetine: LFTs	Ht, Wt, BMI/BMI PERCENTILE, BP/P every 3 months.	**Bupropion** 300mg for children, 450mg for adolescents. **Mirtazapine -** 45mg **Trazodone** 6mg/kg for 6-18 years of age, not to exceed 200mg per day **Venlafaxine** Not approved for use in children. 225mg for adolescents **Duloxetine** 120mg for children and adolescents 7-17 years of age	Be aware of tics and rash with bupropion. Do not use Wellbutrin with Zyban. Zyban contains the same medication as Wellbutrin. Be aware of priapism with trazodone. Duloxetine is approved for GAD. It has not been shown to be effective in MDD. Withdrawal symptoms have been observed upon discontinuation of duloxetine and venlafaxine. A gradual dose reduction is recommended whenever possible.

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Appendix II
DCF Psychotropic Medication Monitoring

DCF APPROVED MEDICATIONS	BASELINE STUDIES	FOLLOW-UP STUDIES & MONITORING	MAXIMUM DAILY DOSE	SPECIAL CONSIDERATIONS
ANTIPSYCHOTICS				If persistent elevations of prolactin occur (>1year), consider switching antipsychotic to avoid decreased in bone density.
"Typicals" Chlorpromazine *(UD)* (Thorazine) Fluphenazine *(UD)* (Prolixin) Haloperidol (Haldol) Perphenazine (Trilafon) Trifluoperazine (Stelazine) Thiothixene *(UD)* (Navane)	UCG/HCG*, fasting lipid profile, FBS or HgA1c, CBC, LFTs, prolactin EKG if clinically indicated ***AIMS*** ***Ht, Wt, BMI/BMI PERCENTILE, BP/P***	FBS or HgA1c, CBC and LFT's every 6 months EKG annually or if clinically indicated AIMS every 6 months Prolactin level if symptoms observed or suspected (no menses, galactorrhea, breast pain or tenderness, bone fracture) BP/pulse, HT, Wt, BMI/BMI PERCENTILE q	**Chlorpromazine** 200mg for children 400mg for adolescents **Fluphenazine** 5mg for children 10mg for adolescents **Fluphenazine decanoate** >13yrs old 100mg every 2-4 weeks. **Haloperidol** Children 3-12yrs old or 15-40kg Schizophrenia: 6mg in 2-3 divided doses All other indications 3mg in 2-3 divided doses. Adolescents: 15mg in 2-3 divided doses.	APs may lower seizure threshold Use sun block and be aware of hyperthermia in hot weather Be aware of menses & bowel movements

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Appendix II
DCF Psychotropic Medication Monitoring

DCF APPROVED MEDICATIONS	BASELINE STUDIES	FOLLOW-UP STUDIES & MONITORING	MAXIMUM DAILY DOSE	SPECIAL CONSIDERATIONS
		monthly for 3 months then q3months	**Haloperidol Decanoate** >13yrs old: 200mg every 4 weeks. **Perphenazine** 12mg for children 32mg for adolescents **Triflouperazine** 10mg for children 15mg for adolescents **Thiothixene** 7mg for children 20mg for adolescents	
"Atypicals" Asenapine (Saphris) Aripiprazole (Abilify) Lurasidone (Latuda) Olanzapine (Zyprexa, Zydis) Paliperidone (Invega) Quetiapine (Seroquel) Risperidone (Risperdal, Consta) Ziprasidone (Geodon)	UCG/HCG*, ***fasting lipid profile, FBS or HgA1c, CBC, LFTs,*** prolactin EKG if clinically indicated ***AIMS*** ***Ht, Wt, BMI/BMI PERCENTILE, BP/P***	Fasting lipid profile at 3 months, 6 months, and 12 months then every 5 years if levels are normal. FBS or HgA1c, CBC and LFT's at 3 months then yearly. Prolactin every 6 months, if normal at 1-year repeat level only if symptoms exist (e.g. no	**Asenapine** 20mg for children and adolescents 10-17yrs old (Not approved for children <10yoa) **Aripiprazole** 30mg for children and adolescents **Lurasidone** 80mg for children and adolescents	For Asenapine: This is a sublingual tablet. Patients should place tablet under the tongue and allow it to dissolve. It should not be chewed, crushed, or swallowed. The patients should not eat or drink for 10 minutes after dose. For Lurasidoine: Take with food.

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Appendix II
DCF Psychotropic Medication Monitoring

DCF APPROVED MEDICATIONS	BASELINE STUDIES	FOLLOW-UP STUDIES & MONITORING	MAXIMUM DAILY DOSE	SPECIAL CONSIDERATIONS
	Request PCP consultation if at risk of being overweight (>85th percentile for BMI).	menses, galactorrhea, breast pain or tenderness, bone fracture). Only required for risperidone and paliperidone. EKG annually or if clinically indicated AIMS every 6 months Ht, Wt, BMI/BMI PERCENTILE monthly for 3 months then every 3 months. BP/P every 3 months. Electrolytes, CBC, renal function annually and as clinically indicated Request PCP consultation if at risk of being overweight	**Olanzapine** 12.5mg for children 20mg for adolescents **Paliperidone** 6mg for adolescents <51kg 12mg for adolescents >51kg **Quetiapine** 600mg for children 800mg for adolescents **Risperidone** 4mg for children 6mg adolescents **Risperidone Consta** >13yrs old 50mg every 2 weeks (consider MDD of 25mg for those patients being treated with fluoxetine or paroxetine). **Ziprasidone** 160mg for children	For Quetiapine: Monitor for abuse. For Ziprasidone: Take with food.

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Appendix II
DCF Psychotropic Medication Monitoring

DCF APPROVED MEDICATIONS	BASELINE STUDIES	FOLLOW-UP STUDIES & MONITORING	MAXIMUM DAILY DOSE	SPECIAL CONSIDERATIONS
		(>85th percentile for BMI) Monitor menses & bowel movement.	180mg for adolescents Divided doses are preferred.	
Clozapine *(B)* (Clozaril)	UCG/HCG*, ***fasting lipid profile, FBS, CBC, LFTs*** EKG if clinically indicated ***AIMS*** ***Ht, Wt, BMI/BMI PERCENTILE, BP/P, temperature*** EEG if clinically indicated	CBC follow up per FDA requirements. Fasting lipid profile at 3 months, 6 months, and 12 months then every 5 years if levels are normal. FBS and LFT's at 3 months then yearly. EKG as clinically indicated AIMS weekly until dose stabilized for at least 2 weeks after introduction and for 2 weeks after any significant	300mg for children 600mg for adolescents	Be aware of signs and symptoms of myocarditis and cardiomyopathy Be aware of changes in menstruation, libido, development of galactorrhea, and erectile and ejaculatory function

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Appendix II
DCF Psychotropic Medication Monitoring

DCF APPROVED MEDICATIONS	BASELINE STUDIES	FOLLOW-UP STUDIES & MONITORING	MAXIMUM DAILY DOSE	SPECIAL CONSIDERATIONS
		dose change. Ht, Wt, BMI/BMI PERCENTILE, BP/P monthly for 3 months then every 3 months Electrolytes, renal function annually and as clinically indicated		
OTHER ANTIANXIETY MEDICATIONS OR SLEEP AIDS				
Diphenhydramine *(B)* (Benadryl)		Monitor for diminished mental alertness.	**Diphenhydramine** - <6yrs old: not approved for use. 6yrs old - <12yrs old 150mg. >=12yrs old: 300mg Usual dose for insomnia: 25mg–50mg.	Recommend short-term use if possible. Potential for paradoxical excitation.

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Appendix II
DCF Psychotropic Medication Monitoring

DCF APPROVED MEDICATIONS	BASELINE STUDIES	FOLLOW-UP STUDIES & MONITORING	MAXIMUM DAILY DOSE	SPECIAL CONSIDERATIONS
Hydroxyzine HCl (Atarax) Hydroxyzine pamoate (Vistaril)		Monitor bowel movements & urination.	**Hydroxyzine** - <5yrs old: Not approved for use. 5yrs-<12yrs old: 50mg. >=12yrs old: 100mg	Nervousness, excitability, and difficulty sleeping can occur in some patients. Delirium, hallucinations, seizures and tremors can occur with high doses.
Buspirone *(B)* (Buspar)		Buspirone: Monitor for sedation, lightheadedness, headache, fatigue, nervousness, and stomach ache.	**Buspirone** – 40mg for children 60mg for adolescents	Hydroxyzine: Be aware of drug/drug interactions with medications that prolong QTc interval. Buspirone: This is a maintenance medication only; it is not effective for PRN use. Avoid grapefruit juice. Medication may be given with food or on an empty stomach, however; administration must be consistent.

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DCF Psychotropic Medication Monitoring

DCF APPROVED MEDICATIONS	BASELINE STUDIES	FOLLOW-UP STUDIES & MONITORING	MAXIMUM DAILY DOSE	SPECIAL CONSIDERATIONS
BENZODIAZEPINES *(D)* Clonazepam (Klonopin) Diazepam (Valium) Lorazepam **(**Ativan) *The FDA has found that benzodiazepines combined with other CNS depressants (including opiates) results in slowed breathing and potentially death. The FDA now requires boxed warnings be added to the labeling of prescription benzodiazepines, along with medication guides.*	*UCG/HCG	Monitor for behavioral disinhibition. Monitor for drowsiness, dizziness, sedation, and cognitive blunting.	**Clonazepam** – 2mg **Diazepam** – 10mg **Lorazepam** – 4mg	Not recommended in children and adolescents. Use with caution. Consider potential for dependence and addiction. Requests should include indication for use and/or target symptom(s). Short-term use is recommended. All requests should include expected length of therapy. Requests will not be approved for greater than 30 days at a time. Discontinuation requires gradual tapering to avoid risk of seizures or withdrawal symptoms. All requests should include the plan for discontinuation

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Appendix II
DCF Psychotropic Medication Monitoring

DCF APPROVED MEDICATIONS	BASELINE STUDIES	FOLLOW-UP STUDIES & MONITORING	MAXIMUM DAILY DOSE	SPECIAL CONSIDERATIONS
MISCELLANEOUS				
Anticholinergic Medications Benztropine **(**Cogentin) Amantadine (Symmetrel) Trihexyphenidyl (Artane)		For both benztropine and trihexyphenidyl monitor for common side effects: dry mouth, constipation, urinary retention, sedation, tachycardia Monitor for anticholinergic syndrome (hot, dry flushed skin; rash; hyperthermia; unreactive dilated pupils; blurred vision; shock; delirium; delusions; ataxia; dry mucous membranes; decreased bowel sounds; urinary retention)	**Benztropine** - 4mg **Amantadine** - 150mg for children 1-9 yrs old, 200mg for >=10 yrs old. **Trihexyphenidy**l - 0.75mg/kg based on TBW for children and adolescents up to a maximum of 30mg/day.	Use only if needed. Trihexyphenidyl: Monitor for abuse.
Opioid Antagonist Medication for Self-Injurious Behavior	Baseline LFTs	Annually and as clinically indicated.	3mg/kg/day	

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Appendix II
DCF Psychotropic Medication Monitoring

DCF APPROVED MEDICATIONS	BASELINE STUDIES	FOLLOW-UP STUDIES & MONITORING	MAXIMUM DAILY DOSE	SPECIAL CONSIDERATIONS
Naltrexone				

Supplements	**BASELINE STUDIES**	**SUGGESTED FOLLOW-UP**
Melatonin Covered under general permission to treat (i.e. no need to submit a 465 to the Centralized Medication Consent Unit – CMCU)	None	Caution with concurrent use of fluvoxamine and/or beta-blockers as these medications may cause excessive sleepiness. Monitor for daytime drowsiness, dizziness, sedation and tolerance. NOTE: No standardized formulation is commercially available in the United States. As such the dose indicated on the medication container may not be accurate.

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