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Safer Use of Psychotropic Medications in Children and Adolescents Guideline

SCOPE: This Safer Use of Psychotropic Medications in Children and Adolescents Guideline is intended to offer psychotropic medication prescribing guidance and resources for providers, clients, their parents, guardians, and the interested general public to increase the safety of psychotropic medication use in children and adolescents. It is not intended to be comprehensive in scope. These recommendations are not a substitute for clinical judgment. Decisions about care must carefully consider and incorporate the clinical characteristics and circumstances of each individual client.

STANDARDS: This document, and our daily practices, are guided by multiple well-accepted guidelines in our field, such as: American Academy Child and Adolescent Psychiatry (AACAP) Practice Parameters Regarding Psychotropic Medications, and the California Department of Social Services and Department of Health Care Services (DHCS) Foster Care Quality Improvement Project California Guidelines for the Use of Psychotropic Medication with Children and Youth in Foster Care with an understanding that research findings and consensus regarding best practices in the field change over time.

RECOMMENDATIONS: Prior to consideration of psychotropic medications for a child or adolescent, a full psychiatric assessment (see relevant AACAP parameters) should be completed. As part of assessment and treatment, the prescriber will consider a multidisciplinary plan of treatment and interventions, and work to ensure these treatments are in place as indicated to address the client's overall behavioral health needs.

Prescribers endeavor to collaborate with the client's primary care and relevant specialty care medical providers as appropriate to the client's needs. Considerations for use of pharmacologic management and medication selection in child and adolescent populations, and medication-specific monitoring, may be found in Medication Resources at the SFDPH website: https://www.sf.gov/resource--2024--medication-guidelines. In addition to baseline height, weight, blood pressure and heart rate done annually on all clients followed by a prescriber, additional, physical and/or laboratory examinations should be considered at baseline and ongoing when indicated. Significant findings should be communicated to the client's other medical provider(s).

Respect of client and family preferences and resource limitations is important. In cases of client/family refusal or non-adherence with minimally acceptable standards for health monitoring, prescribers should document efforts made toward such adherence and the reasons given by clients, parents and guardians for non-adherence.

The evidence-based treatments of substance use disorders among youth are primarily psychosocial and behavioral interventions. These interventions include family-based therapy, cognitive-behavioral therapy, motivational interviewing, contingency management, and harm reduction. The evidence for pharmacological interventions among youth is sparse compared to adults. Despite the lack of robust evidence-based data, pharmacological treatments do have the potential to supplement and potentiate psychosocial interventions and enhance outcomes. While the FDA has approved several medications for treating adult substance use disorders, the only FDA-approved medication for youth (16 years and older) is buprenorphine/naloxone for opioid use disorder.

Several initial and feasibility studies on using medications to treat substance use disorder in adolescents and young adults show positive results and tolerability. The common limitations of these studies include small sample sizes, studies needing replication, and generalizability. Medications showing encouraging results and tolerability in treating substance use disorders in youth are mentioned in Table 1 below. The current available studies suggest that there are no major safety or tolerability issues with the medications listed. Providers are encouraged to consult resources or with providers experienced in treating youth substance use disorders as needed. Any pharmacological treatment must be in combination with psychosocial and behavioral therapies.

MEDICATION CONSENT: Psychiatric medication consent for a minor must be obtained from a parent or legal guardian, per BHS Policy & Procedure for Psychiatric/Psychotropic Medication Consent in Ambulatory Care and per California WIC 369.5(d) and 739.5(d); however, obtaining consent is different for minors in foster care or who are court-dependent (e.g, juvenile court). For a minor in foster care or who is a court-dependent, the consent for psychotropic medication will come from the judicial officer through the JV220 process unless the court has ordered that the parent or legal guardian has retained the authority to approve or deny such medication, as noted in WIC §369.5. Please refer to BHS JV220-223 Policy and Procedure for additional information about the JV220 process.

Substance use disorder treatments are addressed in the California Family Code 6929: "A minor who is 12 years or older may consent to medical care and counseling related to the diagnosis and treatment of a drug- or alcohol-related problem." This Family Code does not allow a minor to receive "narcotic replacement therapy" without the consent of the minor's parent or guardian. While the Family Code 6929 allows a minor 12 or older to consent to SUD treatment, the involvement of parents or legal guardians is strongly recommended. Unless there is a compelling reason not to contact parents and legal guardians, there should be attempts to contact them and these attempts should be recorded in treatment records. There could be situations where disclosing substance use or treatment may compromise the safety of a minor and this clinical decision should be documented in the minor's treatment records. Table 2 contains the required medication consent for minors and recommendations.

TABLE 1: Description of Medication Consent Requirements for Psychiatric and Substance Use Disorder Medications in Minors

	Custody of parent or guardian	**Court dependent**
Psychiatric Medications	**Parent or guardian**	**JV220**
Medications for SUD, except "Narcotic replacement therapy"	**Parent or guardian recommended** or 12–17-year-old minor	**JV220 recommended** or 12–17-year-old minor
"Narcotic replacement therapy" (e.g., methadone, buprenorphine products)	**Parent or guardian**	**JV220**

See Appendices for worksheets that may be used to facilitate the medication assent process for different age groups.

APPENDICES:

1. List of FDA Approved Medications for Children and Adolescents
2. Health Choices Worksheet which are designed to include children and adolescents in the medication assent process.
   2A Very Young Child Medication Assent Form
   2B Middle Child Medication Assent Form
   2C Adolescent Medication Assent Form

REFERENCES/RESOURCES:

San Francisco Health Network Behavioral Health Services Medication guidelines. Available at: https://www.sf.gov/resource--2024--medication-guidelines

American Academy of Child & Adolescent Psychiatry Practice Parameters. Available at: https://www.aacap.org/AACAP/Resources_for_Primary_Care/Practice_Parameters_and_Resource_Centers/Practice_Parameters.aspx

BHS Policy & Procedure for Psychiatric/Psychotropic Medication Consent in Ambulatory Care. Available at: https://www.sf.gov/sites/default/files/2024-05/3.05-06%20Psychiatric%20Medication%20Consent%20in%20Ambulaltory%20Care%202024-04-26.pdf

California Code, Welfare and Institutions Code - WIC § 369.5

California Code, Welfare and Institutions Code - WIC § 739.5

BHS JV220-223 Policy and Procedure. Available at: https://media.api.sf.gov/documents/3.01-07_JV-220A-223_2017-03-14.pdf

California Department of Social Services and Department of Health Care Services Foster Care Quality Improvement Project. California Guidelines for the Use of Psychotropic Medication with Children and Youth in Foster Care. Available at: https://www.dhcs.ca.gov/services/HCPCFC/Documents/CA-Guidelines-for-Use-of-Psychotropic-Medication-3-23-22.pdf

Los Angeles County. Department of Mental Health Parameter Med-08. Use of Psychotropic Medication in Children and Adolescents. Last updated March 2023. Available at: 1103669_Parameters3.8UseofPsychotropicMedicationinChildrenandAdolescents.docx.pdf (lacounty.gov)

"Rule 5.640. Psychotropic Medications." *2022 California Rules of Court*, Judicial Council of California, 1 Jan. 2022, https://www.courts.ca.gov/cms/rules/index.cfm?title=five&linkid=rule5_640.

"Welfare and Institutions Code - WIC." *Law Section*, California Legislative Information, 1 Jan. 2020. Available at: https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=369.5.&lawCode=WIC.

Appendix 1: Psychiatric Medications with FDA Approval in Children and Adolescents

Antidepressants and Anxiolytics		
Medication	**Indication**	**Age Range**
Amitriptyline	Depressive disorders	12+
Clomipramine	Obsessive-compulsive disorder	10+
Duloxetine	Generalized Anxiety Disorder	7-17
Escitalopram	Major Depression Generalized Anxiety Disorder	12+ 7+
Fluoxetine	Depression Obsessive-compulsive disorder	8-18 7-17
Fluvoxamine	Obsessive-compulsive disorder	8-17
Imipramine	Depression Enuresis	12+ 6+
Sertraline	Obsessive-compulsive disorder	6-17
Antipsychotics and Mood Stabilizers		
Medication	**Indication**	**Age Range**
Aripiprazole	Bipolar disorder Irritability associated with autistic disorder Schizophrenia	10+ 6+ 13+
Asenapine	Bipolar manic and mixed episodes	10-17
Brexpiprazole	Schizophrenia	13+
Chlorpromazine	Schizophrenia/psychosis	6 months+
Haloperidol	Psychotic disorders Tourette's disorder	3-12 3-12
Lithium	Bipolar Disorder	7+
Lurasidone	Bipolar depression Schizophrenia	10-17 13-17
Olanzapine	Schizophrenia Bipolar disorder	13+ 13+
Paliperidone	Schizophrenia	12-17
Pimozide	Tourette's disorder	12+
Quetiapine	Bipolar disorder Schizophrenia	10+ 13+
Risperidone	Irritability associated with autistic disorder Bipolar mania Schizophrenia	5+ 10-17 13-17
ADHD Medications		
Medication	**Indication**	**Age Range**
Amphetamine/ dextroamphetamine	ADHD	3+ (IR); 6+ (XR)
Atomoxetine	ADHD	6+
Clonidine ER	ADHD	6+
Dexmethylphenidate	ADHD	6+
Dextroamphetamine	ADHD	3+
Guanfacine ER	ADHD	6+
Lisdexamfetamine	ADHD	6+
Methamphetamine	ADHD	6+
Methylphenidate	ADHD	6+
Serdexmethylphenidate/ dexmethylphenidate	ADHD	6+
Viloxazine	ADHD	6-17

Narcolepsy Medications		
Medication	**Indication**	**Age Range**
Sodium oxybate	Narcolepsy (excessive daytime sleepiness/cateplexy)	7+
Oxybate salts (Calcium, magnesium, potassium, and sodium)	Narcolepsy (excessive daytime sleepiness/cataplexy)	7+

Appendix 2: Medications for Adolescent Substance Use Disorders

	Medication	FDA Age	Trial Ages	SUD Outcomes
Alcohol use disorder	Naltrexone	Off Label	15+	Mixed - Mostly positive
Cannabis use disorder	N-acetylcysteine	Off Label	13+	Positive
Tobacco use disorder	Nicotine replacement therapy	Off Label	12+	Mixed - mostly positive for patches, negative for nasal spray
	Bupropion SR	Off Label	12+	Positive at 300 mg
	Varenicline	Off Label	17+	Efficacy not established for ages ≤16
Opioid use disorder	Buprenorphine (Buprenorphine / Naloxone)	16+	13+	Positive
	Extended-release naltrexone	Off Label	16+	Positive
	Methadone	Off Label	14+	Positive