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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, the Los Angeles County Department of Mental Health Parameters for Use of Psychotropic Medications in Children and Adolescents, 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. 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. For medication specific monitoring guidelines, please refer to the Medication Resources at the SFDPH website. 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; 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 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: 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	15+	Preliminary
Opioid use disorder	Buprenorphine (Buprenorphine / Naloxone)	16 +	13+	Positive
	Extended-release naltrexone	Off Label	16+	Positive
	Methadone	Off Label	14+	Positive

TABLE 2: Description of Medication Consent Requirements for Psychiatric and Substance Use Disorder Medications

	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

REFERENCES/RESOURCES:

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 JV220-223 Policy and Procedure. Available at: https://www.sfdph.org/dph/files/CBHSPolProcMnl/3_01-7.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: [California Guidelines for the Use of Psychotropic Medication with Children and Youth in Foster Care](#).

Los Angeles County. Department of Mental Health Parameter Med-08. Use of Psychotropic Medication in Children and Adolescents. April, 2022. Available at: 1103669_Parameters3.8UseofPsychotropicMedicationinChildrenandAdolescents.docx.pdf (lacounty.gov)

McCormick CG. Suboxone and Subtex Approval Letter, Application Number 20-732 and 20-733 2002. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/appletter/2002/20732,20733ltr.pdf

“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.ca.gov/faces/codes_displaySection.xhtml?sectionNum=369.5.&lawCode=WIC.

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

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	12+
Fluoxetine	Depression	8-18
	Obsessive-compulsive disorder	7-17
Fluvoxamine	Obsessive-compulsive disorder	8-17
Imipramine	Depression	12+
	Enuresis	6+
Sertraline	Obsessive-compulsive disorder	6-17
Antipsychotics and Mood Stabilizers		
Medication	Indication	Age Range
Aripiprazole	Bipolar disorder	10+
	Irritability associated with autistic disorder	6+
	Schizophrenia	13+
Asenapine	Bipolar manic and mixed episodes	10-17
Brexipiprazole	Schizophrenia	13+
Chlorpromazine	Schizophrenia/psychosis	6 months+
Haloperidol	Psychotic disorders	3-12
	Tourette's disorder	3-12
Lithium	Bipolar Disorder	7+
Lurasidone	Bipolar depression	10-17
	Schizophrenia	13-17
Olanzapine	Schizophrenia	13+
	Bipolar disorder	13+
Paliperidone	Schizophrenia	12-17
Pimozide	Tourette's disorder	12+
Quetiapine	Bipolar disorder	10+
	Schizophrenia	13+
Risperidone	Irritability associated with autistic disorder	5+
	Bipolar mania	10-17
	Schizophrenia	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