Common Medications for Behavioral Health Conditions

Generic name	Brand name	Medication class	FDA indication	common off-label uses (includes use in children for indicated use in adults)	FDA Black Box warnings	Maximum FDA Recommended Daily Dose (qd:1 time, bid:2 times, tid:3 times, qid: 4 times)	Common side effects/ serious rare side effects	NOTES
benztropine	Cogentin	Acetylcholine antagonist	Not FDA approved for children Adults: Parkinsonism, extrapyramidal symptoms, acute dystonic reactions		none	0.05 mg/kg qd-bid	constipation, sedation, dizziness, blurred vision	
dexmethylphenidate	Focalin	ADHD - stimulant	≥ 6y ADHD		Abuse and Dependence	immediate release: 20 mg div bid extended release: 30 mg qd	decreased appetite, weight loss, insomnia, irritability, elevated blood pressure	
dextroamphetamine ER	Dexedrine Spansule	ADHD - stimulant	≥ 6y ADHD, narcolepsy		High Abuse Potential, Dependency	ADHD: 60 mg div qd-bid narcolepsy: 60 mg div qd-bid	decreased appetite, weight loss, insomnia, irritability, elevated blood pressure	
dextroamphetamine IR oral solution	Procentra	ADHD - stimulant	≥ 3y ADHD, ≥ 6y narcolepsy		High Abuse Potential, Dependency	ADHD: 3-5 y 40 mg div qd-tid, ≥ 6 y 60 mg div qd-tid narcolepsy: 60 mg div qd-tid	decreased appetite, weight loss, insomnia, irritability, elevated blood pressure	
dextroamphetamine salts	Adderall	ADHD - stimulant	≥ 3y ADHD, ≥ 6y narcolepsy (IR only)		High Abuse Potential, Dependency	immediate release: ADHD 40 mg div qd-tid, narcolepsy 60 mg div qd-tid extended release: 30 mg qd	decreased appetite, weight loss, insomnia, irritability, elevated blood pressure	
lisdexamfetamine	Vyvanse	ADHD - stimulant	≥ 6y ADHD		Abuse and Dependence	70 mg qd	decreased appetite, weight loss, insomnia, irritability, elevated blood pressure	
methylphenidate ER	Concerta	ADHD - stimulant	≥ 6y ADHD		Drug Dependence	72 mg qd	decreased appetite, weight loss, insomnia, irritability, elevated blood pressure	
methylphenidate ER chewable	Quillichew	ADHD - stimulant	≥ 6 y ADHD		Abuse and Dependence	60 mg qd	decreased appetite, weight loss, insomnia, irritability, elevated blood pressure	
methylphenidate ER oral suspension	Quillivant XR	ADHD - stimulant	≥ 6y ADHD		Abuse and Dependence	60 mg qd	decreased appetite, weight loss, insomnia, irritability, elevated blood pressure	
methylphenidate IR	Ritalin	ADHD - stimulant	≥ 6y ADHD		Abuse and Dependence	immediate release: 4-5 y 30 mg div bid-tid, ≥ 2 mg/kg/day or up to 60 mg div bid-tid long-acting: 2 mg/kg/day up to 60 mg qd	decreased appetite, weight loss, insomnia, irritability, elevated blood pressure	
clonidine	Catapres	ADHD - non-stimulant (alpha agonist)	Hypertension	ADHD, Tourette syndrome	none	27-40.5 kg: 0.05 mg/day up to 0.2 mg/day 40.5-45 kg: 0.1 mg/dose up to 0.3 mg/day > 45 kg: 0.1 mg/dose up to 0.4 mg/day	hypotension (low BP), drowsiness, fatigue	can cause rebound hypertension if stopped abruptly

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clonidine ER	Kapvay	ADHD - non-stimulant (alpha agonist)	≥ 6y ADHD		none	0.4 mg/day divided qd-bid	hypotension (low BP), drowsiness, fatigue	can cause rebound hypertension if stopped abruptly
guanfacine	Tenex	ADHD - non-stimulant (alpha agonist)	≥ 6y: ADHD Adults: Hypertension	hyperactivity in younger children, migraine, tics	none	27-40.5 kg: 0.5 mg/dose up to 2 mg/day 40.5-45 kg: 1 mg/dose up to 3 mg/day > 45 kg: 1 mg/dose up to 4 mg/day *dosed qd-qid	hypotension (low BP), drowsiness, fatigue	can cause rebound hypertension if stopped abruptly.
guanfacine ER	Intuniv	ADHD - non-stimulant (alpha agonist)	≥ 6y ADHD	hyperactivity in younger children, migraine, tics	none	25-33.9 kg: 3 mg 34-41.4 kg: 4 mg 41.5-49.4 kg: 5 mg 49.5-58.4 kg: 6 mg ≥ 58.5 kg: 7 mg	hypotension (low BP), drowsiness, fatigue	can cause rebound hypertension if stopped abruptly.
atomoxetine	Strattera	ADHD - non-stimulant (Selective Norepinephrine Reuptake Inhibitor)	≥ 6y ADHD		Suicidality	< 70 kg: 1.4 mg/kg div qd-bid > 70 kg: 100 mg div qd-bid	headache, nausea, fatigue, irritability, sexual dysfunction	
prazosin	Minipress	alpha antagonist	Not FDA approved for children Adults: HTN	PTSD associated nightmares	none	5 mg qd	hypotension, dizziness, sedation, headaches	
mirtazapine	Remeron	Antidepressant	Not FDA approved for children Adults: MDD	depression in children and adolescents	Suicidality	45 mg qd	Sedation, increased appetite, weight gain, abnormal dreams, constipation	
trazodone	(n/a)	Antidepressant	Not FDA approved for children Adults: MDD	insomnia	Suicidality	6 mg/kg/day		
bupropion	Wellbutrin	Antidepressant NDRI	Not approved for children Adults: MDD, Seasonal Affective Disorder, smoking cessation	depression, adjunct in ADHD	Suicidality; Neuropsychiatric Symptoms and Suicidality	immediate release: 450 mg qd sustained release: 400 mg qd extended release: 450 mg qd	insomnia, sedation, seizures, headache, nausea, anxiety	contraindicated in patients with purging behaviors
duloxetine	Cymbalta	Antidepressant SNRI	≥ 7y MDD, ≥ 7y GAD, ≥ 13y fibromyalgia, Adults: neuropathic pain, musculoskeletal pain		Suicidality	120 mg qd	nausea, headache, fatigue, insomnia, sedation, sexual dysfunction	
venlafaxine	Effexor	Antidepressant SNRI	Not FDA approved for children Adults: MDD, GAD, Social Anxiety Disorder, Panic Disorder	PTSD; migraine	Suicidality	Immediate release: 75 mg qd extended release: 225 mg qd	nausea, headache, fatigue, insomnia, sedation, sexual dysfunction	can have withdrawal symptoms if stopped abruptly (anxiety, paresthesia, nausea)
citalopram	Celexa	Antidepressant SSRI	Not FDA approved for children Adults: MDD	depression and anxiety in children and adolescents; OCD	Suicidality	40 mg qd	GI upset, somnolence, insomnia, sexual dysfunction	increased risk for QT prolongation above 40 mg qd.
escitalopram	Lexapro	Antidepressant SSRI	≥ 12 y MDD Adults: GAD	anxiety	Suicidality	20 mg qd	GI upset, somnolence, insomnia	

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fluoxetine	Prozac	Antidepressant SSRI	≥ 7y OCD, ≥ 8 y MDD Adults: GAD, Panic disorder, bulimia nervosa		Suicidality	80 mg qd	GI upset, somnolence, insomnia, sexual dysfunction	
sertraline	Zoloft	Antidepressant SSRI	≥ 6y OCD, Adults: MDD, OCD, Social Anxiety Disorder, PTSD, Panic Disorder, Pre-menstrual dysphoric disorder		Suicidality	200 mg qd	GI upset, somnolence, insomnia, sexual dysfunction	
amitriptyline	Elavil	Antidepressant Tricyclic	Not FDA approved for children Adults: MDD	depression, anxiety, insomnia	Suicidality	5 mg/kg/day up to 200 mg qd	sedation, headache, dizziness, sexual dysfunction, blurred vision, appetite changes, weight changes, constipation	
clomipramine	Anafranil	Antidepressant Tricyclic	≥ 10y OCD	Cataplexy, sleep terrors, sleep walking, depression	Suicidality	3 mg/kg/day up to 100 mg in first 2 wk and up to 200 mg/day maintenance	sedation, headache, dizziness, sexual dysfunction, blurred vision, appetite changes, weight changes, constipation	
desipramine	Norpramin	Antidepressant Tricyclic	≥ 13y MDD	REM sleep disorder	Suicidality	150 mg/day	sedation, headache, dizziness, sexual dysfunction, blurred vision, appetite changes, weight changes, constipation	
imipramine	Tofranil	Antidepressant Tricyclic	≥ 6y enuresis, Adults: MDD	anxiety, chronic pain	Suicidality	enuresis: 6-12 y 50 mg/day, > 12 y 75 mg/day depression: 6-12 y 5 mg/kg/day, > 12 y 100 mg day pain: ≥ 100 mg/day	sedation, headache, dizziness, sexual dysfunction, blurred vision, appetite changes, weight changes, constipation	
nortriptyline	Pamelor	Antidepressant Tricyclic	Not FDA approved for children Adults: MDD	nocturnal enuresis	Suicidality	enuresis: 6-7 y 10 mg, 8-11 y 20 mg, > 11 y 35 mg depression: ≥ 150 mg qd	sedation, headache, dizziness, sexual dysfunction, blurred vision, appetite changes, weight changes, constipation	
hydroxyzine	Atarax/Vistaril	Antihistamine	< 6y anxiety, urticaria, nausea/vomiting	insomnia	none	< 6 y: 2 mg/kg/day div q 6-8 hrs PRN OR 50 mg qd div q 6-8 hrs PRN ≥ 6 y: 2 mg/kg/day div q 6-8 hrs PRN OR 50-100 mg qd div q 6-8 hrs PRN	Sedation, dizziness, nausea	
aripiprazole	Abilify	Antipsychotic - atypical	≥ 13y schizophrenia, ≥ 10y bipolar 1, acute mania, ≥ 6y irritability in ASD; Tourette syndrome Adults: Adjunct MDD	adjunct for depression, mood stabilization	Dementia-Related Psychosis; Suicidality	schizophrenia/bipolar 1/acute mania: 30 mg qd ASD irritability: 15 mg qd tourette: < 50 kg 10 mg qd, > 50 kg 20 mg qd	weight gain, diabetes, dyslipidemia, sedation, elevated prolactin / movement disorder	
asenapine	Saphris	Antipsychotic - atypical	≥ 10y Bipolar 1 Adults: schizophrenia	agitation, mood stabilization	Dementia-Related Psychosis	20 mg qd	weight gain, diabetes, dyslipidemia, sedation, elevated prolactin / movement disorder	REQUIRES LAB MONITORING
brexipiprazole	Rexulti	Antipsychotic - atypical	Not approved for children Adults: adjunct for MDD, schizophrenia		Dementia-Related Psychosis	No available peds dosing	weight gain, diabetes, dyslipidemia, sedation, elevated prolactin / movement disorder	
iloperidone	Fanapt	Antipsychotic - atypical	Not FDA approved for children Adults: schizophrenia		Dementia-Related Psychosis	No available peds dosing	weight gain, diabetes, dyslipidemia, sedation, elevated prolactin / movement disorder	

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lurasidone	Latuda	Antipsychotic - atypical	≥ 13y Schizophrenia, ≥ 10y Bipolar 1 Adults: adjunct for MDD	mood stabilization	Dementia-Related Psychosis; Suicidality	80 mg qd	weight gain, diabetes, dyslipidemia, sedation, elevated prolactin / movement disorder	
olanzapine	Zyprexa	Antipsychotic - atypical	≥ 13y Schizophrenia, ≥ 10y Bipolar 1 Adults: adjunct for MDD	increase appetite in eating disorders; acute agitation, mood stabilization	Dementia-Related Psychosis	20 mg qd	weight gain, diabetes, dyslipidemia, sedation, elevated prolactin / movement disorder	
quetiapine	Seroquel	Antipsychotic - atypical	≥ 13y schizophrenia, ≥ 10y bipolar 1, acute mania	treatment resistant anxiety, adjunct for depression, agitation, insomnia	Dementia-Related Psychosis; Suicidality	schizophrenia: 800 mg qd bipolar 1/acute mania: 600 mg qd	weight gain, diabetes, dyslipidemia, sedation, elevated prolactin / movement disorder	
risperidone	Risperdal	Antipsychotic - atypical	≥ 13y schizophrenia, ≥ 10y bipolar 1, acute mania, ≥ 5y irritability in ASD	Tourette syndrome, acute agitation, chronic irritability	Dementia-Related Psychosis	schizophrenia/bipolar 1/acute mania/tourette: 6 mg div qd-bid ASD irritability: 3 mg div qd-bid	weight gain, diabetes, dyslipidemia, sedation, elevated prolactin / movement disorder	
ziprasidone	Geodon	Antipsychotic - atypical	Not FDA approved for children Adults: schizophrenia, bipolar 1, agitation w/ schizophrenia	Tourette syndrome	Dementia-Related Psychosis	bipolar 1, manic/mixed: 160 mg div bid Tourette: 40 mg div bid	weight gain, diabetes, dyslipidemia, sedation, elevated prolactin / movement disorder	
chlorpromazine	Thorazine	Antipsychotic - first generation	≥ 6mo severe behavioral disorders, nausea/vomiting Adults: psychosis	acute agitation	Dementia-Related Psychosis	severe behavior disorders: 6 mo-5 y 50 mg qd, 5-12 y 200 mg qd, > 12 y see adult dosing N/V: 6 mo-12 y 0.55 mg/kg/dose q 4-6 hrs PRN, > 12 y see adult dosing	sedation, constipation, blurred vision, hypotension, extrapyramidal symptoms, weight gain/ tardive dyskinesia, neuroleptic malignant syndrome, QT prolongation, agranulocytosis	
haloperidol	Haldol	Antipsychotic - first generation	≥ 3y psychosis, Tourette syndrome, severe behavioral disorders	acute agitation	Dementia-Related Psychosis		akathisia, sedation, weight gain, tardive dyskinesia, elevated prolactin, gynecomastia/ acute dystonia, QT prolongation, neuroleptic malignant syndrome	
buspirone	Buspar	Anxiolytic	Not FDA approved for children Adults: anxiety	anxiety	none	60 mg day, divided bid-tid	drowsiness, dizziness, HA, nausea, vomiting	
cyproheptadine	Periactin	Appetite stimulant	≥ 2y allergic rhinitis, urticaria	appetite stimulant (adjunct to stimulant treatment)	none	0.5 mg/kg/day	sedation, nausea, vomiting, headache, dizziness	
alprazolam	Xanax	Benzodiazepine	Not FDA approved for children Adults: Panic disorder, GAD		Risks from concomitant Opioid Use; Addiction Abuse and Misuse; Dependence and Withdrawal Reactions	3.5 mg qd	sedation, impaired coordination, confusion/ respiratory depression, dependence	GENERALLY NOT RECOMMENDED FOR YOUTH IN CUSTODY
clonazepam	Klonopin	Benzodiazepine	< 10 y seizure Adults: panic	sleep terrors, Tourette syndrome	Risks from concomitant Opioid Use; Addiction Abuse and Misuse; Dependence and Withdrawal Reactions	sleep terrors: 0.25 mg qhs Tourette: 6 mg div bid-tid	sedation, impaired coordination, confusion/ respiratory depression, dependence	GENERALLY NOT RECOMMENDED FOR YOUTH IN CUSTODY
lorazepam	Ativan	Benzodiazepine	Not FDA approved for children Adults: anxiety, insomnia, status epilepticus	Catatonia, alcohol withdrawal	Risks from concomitant Opioid Use; Addiction Abuse and Misuse; Dependence and Withdrawal Reactions	2 mg/dose q 4-8 hrs	sedation, impaired coordination, confusion/ respiratory depression, dependence	GENERALLY NOT RECOMMENDED FOR YOUTH IN CUSTODY

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carbamazepine	Tegretol	Mood Stabilizer: Anti-epileptic	<6 yo seizure, Adults: Trigeminal neuralgia	Mood stabilizer	Serious Dermatologic reactions and HLA-B*1502 Allele; Aplastic Anemia/Agranulocytosis	> 6 y: IR 35 mg/kg/day 6-15 yo: IR 1,000 mg qd, ER 1,000 mg qd > 15 y: IR 1,200 mg qd, ER 1,200 mg qd	dizziness, headache, nausea, vomiting, sedation, diarrhea, constipation/ pancreatitis, Stevens Johnson Syndrome, agranulocytosis	
gabapentin	Neurontin	Mood Stabilizer: Anti-epileptic	≥ 3y seizures	fibromyalgia, alcohol dependence, neuropathic pain	none	3-11 y: 50 mg/kg/day div tid ≥ 12 y: 3,600 mg qd	Sedation, dizziness, nausea, peripheral edema, emotional lability/ Stevens Johnson Syndrome, anaphylaxis	
lamotrigine	Lamictal	Mood Stabilizer: Anti-epileptic	≥ 2y seizure Adults: Bipolar 1	Bipolar 2, migraine	Serious Rash	general max of 200 mg qd, however max dosing for seizure control is 300 mg for ages 2-12 and 375 mg for ≥ 12 yo	dizziness, headache, nausea, vomiting, sedation, diarrhea, constipation/ Stevens Johnson Syndrome	RISK OF STEVENS JOHNSON SYNDROME Requires very slow titration on initiation. Must restart titration if patient misses more than 3 days.
oxcarbazepine	Trileptal	Mood Stabilizer: Anti-epileptic	≥ 2y seizures	Mood stabilizer, trigeminal neuralgia	None	weight based: https://online.epocrates.com/drugs/228402/Trileptal/Peds-Dosing	dizziness, headache, nausea, vomiting, sedation, diarrhea, constipation/ pancreatitis, Stevens Johnson Syndrome, agranulocytosis	
valproate	Depakote	Mood Stabilizer: Anti-epileptic	≥ 10y Seizure, Bipolar 1, Migraine	chronic disruptive behavior, mood stabilization	Hepatotoxicity; Increased Hepatotoxicity Risk in Mitochondrial disease; Fetal Risk; Pancreatitis	60 mg/kg/day div bid-tid	weight gain, nausea, headache, sedation/ hepatotoxicity, Stevens Johnson Syndromes, PCOS, pancytopenia	therapeutic VPA level: 50 - 100 mcg/mL
lithium	Lithobid	Mood stabilizer: other	≥ 12y Bipolar 1		Lithium Toxicity	dose by serum lithium level - therapeutic level is 0.6 - 1.2 mEq/l.	tremor, polyuria, muscle weakness, fatigue, dizziness/ seizure, hypothyroidism, diabetes insipidus, serious rash	Requires monitoring of blood level, kidney function, thyroid function. AVOID NSAID while taking Lithum; Symptoms associated with toxicity: lethargy, confusion, ataxia.
zolpidem	Ambien	Sleep aid	Not FDA approved for children Adults: Insomnia, short term use		Complex sleep behaviors	No peds dosing available		GENERALLY NOT RECOMMENDED FOR YOUTH IN CUSTODY

Medical Term	Description	Medications often associated
Acute dystonia	Muscle rigidity often in neck, upper body	Antipsychotics, especially first generation
Neuroleptic malignant syndrome	Muscle rigidity, elevated temperature, confusion, agitation	Antipsychotics, especially first generation
Tardive Dyskinesia	Involuntary movements, often around the mouth, writhing	Chronic treatment with antipsychotics, especially first generation
Serotonin Syndrome	Agitation, restlessness, muscle rigidity, elevated temperature, confusion, agitation, sweating, diarrhea, dilated pupils, elevated blood pressure, elevated heart rate	Combination of SSRI with "triptans" or other serotonin elevating medications
AIMS test	Physical exam checklist to evaluated for abnormal movements	Antipsychotics first generation and atypical
Extrapyramidal symptoms	Slow, shuffling gait (walking), stiff muscles, "cogwheeling," akathisia (restlessness), tremor	Antipsychotics, especially first generation

Common Medications Listed by Class

Acetylcholine antagonist		
	benztropine	Cogentin
Alpha-agonist		
	Clonidine	Catapres
	Clonidine ER	Kapvay
	guanfacine	Tenex
	guanfacine ER	Intuniv
Anti-anxiety		
	buspirone	Buspar
Antidepressants		
SSRI		
	citalopram	Celexa
	escitalopram	Lexapro
	fluoxetine	Prozac
	fluvoxamine	Luvox
	paroxetine	Paxil
	sertraline	Zoloft
SNRI		
	venlafaxine	Effexor (Brand discontinued, generic only)
	duloxetine	Cymbalta
	desvenlafaxine	Pristiq
Other		
	bupropion	Wellbutrin
	mirtazapine	Remeron
Tricyclics		
	amitriptyline	Elavil
	clomipramine	Anafranil
	desipramine	Norpramin
	nortriptyline	Pamelor
Antiepileptic		
	carbamazepine	Tegretol
	gabapentin	Neurontin
	lamotrigine	Lamictal
	oxcarbazepine	Trileptal
	valproate	Depakote
Antihistamine		
	diphenhydramine	Benadryl
	hydroxyzine	Atarax
	hydroxyzine	Vistaril

Common Medications Listed by Class

Antipsychotics		
First generation Antipsychotics		
	haloperidol	Haldol
	chlorpromazine	Thorazine
	loxipine	Loxitane
	thiothixene	Navane
Atypical Antipsychotics		
	aripiprazole	Abilify
	asenapine	Saphris
	brexipiprazole	Rexulti
	clozapine	Clozaril
	lurasidone	Latuda
	olanzapine	Zyprexa
	paliperidone	Invega
	quetiapine	Seroquel
	risperidone	Risperdal
	ziprasidone	Geodon
Appetite stimulant		
	cyproheptadine	Periactin
Benzodiazepine		
	alprazolam	Xanax
	clonazepam	Klonopin
	lorazepam	Ativan
	diazepam	Valium
Beta blocker		
	propranolol	Inderal
Mood stabilizer		
	lithium	Lithobid
Selective nor-epinephrine reuptake inhibitor		
	atomoxetine	Strattera
Sleep aid		
	melatonin	
	trazodone	
	zolpidem	Ambien

Common Medications Listed by Class

Stimulant	
amphetamine	Evekeo
amphetamine ER Oral Disintegrating Tablet	Adzenys ER-ODT
amphetamine ER oral suspension	Adzenys ER
amphetamine ER oral suspension	Dyanavel XR
dexmethylphenidate	Focalin
dextroamphetamine ER	Dexedrine Spansule
dextroamphetamine IR oral solution	Procentra
dextroamphetamine salts	Adderall
lisdexamfetamine	Vyvanse
methylphenidate CD	Metadate CD
methylphenidate ER	Adhansia XR
methylphenidate ER	Aptensio XR
methylphenidate ER	Concerta
methylphenidate ER	Journay PM
methylphenidate ER	Metadate ER
methylphenidate ER	Methylin ER
methylphenidate ER	Ritalin LA
methylphenidate ER	Ritalin SR
methylphenidate ER chewable tablet	Quillichew
methylphenidate ER Oral Disintegrating Tablet	Cotempla XR
methylphenidate ER oral suspension	Quillivant XR
methylphenidate HCL chewable tablet	Methylin
methylphenidate HCL oral solution	Methylin
methylphenidate IR	Ritalin
methylphenidate Transdermal	Daytrana

Medication Class	Medication	Recommended monitoring
Antidepressant		Weight; suicidal or self-harm thoughts or behaviors; symptoms of mania (increased activity, decreased need for sleep, increased rate of speech, impulsivity, risk taking)
Stimulants		BP and HR at initiation and 1 month, then at least once every 6 months; weight, height at least once per year, more frequently if concerns about growth
Mood stabilizer	Lithium	**INITIATION:** Check baseline labs - urine pregnancy, basic metabolic panel (baseline BUN and Cr), CBC (for baseline WBC), TSH. **ONGOING MONITORING:** Lithium: 5-7 days after dose change (ideally 12 hours after last dose) and every 6 months when stable. Other Repeat baseline labs at 3 months, 6 months and then every 6 months.
Antiepileptic	Tegretol	**INITIATION:** Check baseline labs (urine pregnancy, platelets, reticulocytes, serum iron, CMP) Required monitoring of blood level during initial dose titration. **ONGOING MONITORING**: blood level and CBC weekly for 8 weeks, then every 2 months x2, then every 6-12 months.
	Depakote	**INITIATION:** Check baseline labs (urine pregnancy, platelet counts, coagulation tests, and liver function tests). **ONGOING MONITORING:** Monitor blood levels with dose change. Platelet counts, coagulation tests, and liver function tests at least every 6 months.
	Lamictal	RISK OF STEVENS-JOHNSON SYNDROME Requires slow titration of dose and careful monitoring for rash. Oral contraceptives can decrease lamictal blood level. **If lamotrigine has been withheld for 3 days, restart according to initial dosing recommendations.**
Atypical Antipsychotics		**Initiation:** Weight, waist circumference, blood pressure, fasting plasma glucose, fasting lipid profile, CBC (for baseline WBC). **ONGOING MONITORING**: Weight, blood pressure, fasting plasma glucose, fasting lipid profile, and AIMS test. Consider ECG to assess for prolonged QT.
Before starting any medication, complete thorough medical history and physical exam. Consider whether other illnesses may be causing the psychiatric symptoms (such as hyperthyroidism, hypothyroidism, anemia). Generally recommended to see pediatric patients who are prescribed psychotropic medications at least once per month until clinically stable (not requiring medication changes).		

FDA Issued Black Box Warnings	
Abuse and Dependence	CNS stimulants have high potential for abuse and dependence; assess abuse risk before prescribing; monitor for signs of abuse and dependence during treatment.
Addiction, Abuse, and Misuse	Benzodiazepines expose users to risk of abuse, misuse, and addiction, can lead to overdose or death; commonly involves concomitant use with other medications, alcohol, and/or illicit substances, which is associated with increased frequency of serious adverse outcomes; assess risk for abuse, misuse, and addiction before prescribing and throughout treatment.
Aplastic Anemia/ Agranulocytosis	Risk 5-8x greater than that of general public but low overall risk in untreated general population; transient or persistent decreased platelet or WBC counts not uncommon with carbamazepine treatment but majority of leukopenia cases do not progress to aplastic anemia or agranulocytosis; perform baseline and periodic hematological testing; if low or decreased WBC or platelet counts monitor closely, consider discontinuing treatment if evidence of significant bone marrow depression.
Appropriate Use	Restricted distribution program (Clozapine REMS) due to severe neutropenia risk; prescribers, patients, and pharmacies must enroll in the program; 1-844-267-8678 or www.clozapinerems.com for more information
Avoid Abrupt Cessation	Severe angina exacerbation, Myocardial Infarction, and ventricular arrhythmias in angina patients after abrupt discontinuation; taper gradually over 1-2 weeks and monitor when discontinuing chronic treatment, especially in ischemic heart disease; restart treatment even temporarily if angina worsens or acute coronary insufficiency develops; warn patients to avoid treatment interruption or discontinuing without medical advice; avoid abrupt discotinuation in all patients in case of unrecognized Coronary Artery Disease
Complex Sleep Behaviors	Complex sleep behaviors may occur, including sleep-walking, sleep-driving, and engaging in other activities while not fully awake; may result in serious injuries, including death; discontinue immediately if patient experiences a complex sleep behavior.

FDA Issued Black Box Warnings	
Dementia-Related Psychosis	Not approved for dementia-related psychosis; incrased mortality risk in elderly dementia patients on conventional or atypical antipsychotics; most deaths due to cardiovascular or infectious events; extent to which increased mortality attributed to antipsychotic vs. some patient characteristic(s) not clear
Dependence and Withdrawal Reactions	Continued benzodiazepine use may lead to clinically significant physical dependence; risk of dependence and withdrawal increase with longer treatment duration and higher daily use; use gradual taper to discontinue after continued use as abrupt discontinuing or rapid dose reduction may cause acute withdrawal reactions, potentially life-threatening
Drug Dependence	Caution if emotionally unstable including history drug dependence or alcoholism; chronic abuse can lead to marked tolerance and psychological dependence w/ varying degrees abnormal behavior; frank psychotic episodes can occur, especially with parenteral abuse; careful supervision during withdrawal, may unmask severe depression or effects of chronic overactivity; basic personality disturbances may require long-term follow-up
Fetal Risk	Can cause major congenital malformations including neural tube defects, decreased IQ scores, neurodevelopmental disorders after in utero exposure; contraindicated for migraine prophylaxis use in pregnancy and women of reproductive potential without effective contraception; should not be used for epilepsy or bipolar disorder use in pregnancy and women planning to become pregnant unless other treatment options have failed or are unacceptable; women should use effective contraception during treatment

FDA Issued Black Box Warnings	
Hepatotoxicity	Serious or fatal hepatic failure has occurred, usually during 1st 6 months of treatment; patients <2 years old at increased of risk fatal hepatotoxicity, especially if multiple anticonvulsant treatment, congenital metabolic disorder, severe seizure disorder with mental retardation, or organic brain disease; in patients hepatic failure has occurred, usually during 1st 6 months of treatment; patients <2 years old, weigh benefit vs. risk, use with extreme caution and as monotherapy; incidence of fatal hepatotoxicity decreased considerably in progressively older patient groups; hepatotoxicity may be preceded by malaise, weakness, lethargy, facial edema, anorexia, vomiting and loss of seizure control; monitor signs and symptoms including Liver Function Test at baseline, then frequently, especially during 1st 6 months of treatment.
High Abuse Potential, Dependency	High abuse potential; avoid prolonged treatment, may lead to drug dependence; potential for non-therapeutic use or distribution to others; prescribe/dispense sparingly; serious cardiovascular adverse events and sudden death reported with misuse
Increased Hepatotoxicity Risk in Mitochondrial Disease	Increased risk of acute liver failure and death in patient with hereditary neurometabolic syndromes caused by mitochondrial DNA polymerase gamma (POLG) gene mutations (e.g. Alpers Huttenlocher Syndrome); contraindicated in patirnts with POLG-related mitochondrial disorders and in patients >2 years old with suspected hereditary mitochondrial disease; in patients >2 years old with suspected mitochondrial disorder, use only if failed other anticonvulsant treatment and monitor hepatotoxicity symptoms including Liver Function Tests regularly; perform POLG mutation screening per current clinical practice.
Lithium Toxicity	lithium toxicity closely related to serum lithium levels and can occur at doses close to therapeutic levels; start tx only if facility available for prompt accurate serum lithium determinations
Myocarditis, Cardiomyopathy, Mitral Valve Incompetence	Fatal cases have occurred; discontinue treatment and obtain cardiac evaluation if myocarditis or cardiomyopathy suspected; symptoms include chest pain, tachycardia, palpitations, dyspnea, fever, flu-like symptoms, hypotension, or ECG (electrocardiagram) changes; patients with clozapine-related myocarditis/cardiomyopathy generally should not be rechallenged

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Neuropsychiatric Symptoms and Suicidality	Monitor for serious neuropsychiatric events including behavior change, hostility, agitation, depression, and suicidality as well as worsening of preexisting psychiatric illness which have occurred in pts taking bupropion and after discontinuation; some cases possibly complicated by nicotine withdrawal symptoms, but also reported in patients who continue to smoke while taking bupropion; weigh bupropion risks vs. benefits of smoking cessation
Orthostatic Hypotension, Bradycardia, Syncope	May occur; risk highest during initial titration period, particularly with rapid dose escalation; reactions can occur even during 1st dose and at doses of 12.5 mg/day; start 12.5 mg PO qd or bid, then titrate slowly and give in divided doses; use with caution in patients with cardiovascular disease, cerebrovascular disease, or hypotension risk
Pancreatitis	Life-threatening pancreatitis, including hemorrhagic cases with rapid progression from initial symptons to death reported in children and adults; cases reported shortly after initial use as well as after several years of use; advise patients to promptly report signs and symptoms including abdominal pain, nausea, vomiting, and/or anorexia; discontinue treatment if pancreatitis diagnosis and start alternative treatment as clinically indicated
Risks from Concomitant Opioid Use	Concomitant benzodiazepine use with opioids may result in profound sedation, respiratory depression, coma, and death; reserve concomitant use for patients with inadequate alternative treatment options; limit to minimum required dosage and duration; monitor patients for signs and symptoms of respiratory depression and sedation
Seizures	Incidence increased w/ dose; start 12.5 mg PO qd or bid, then titrate slowly and give in divided doses; caution if seizure history or predisposing factors; advise patientss to avoid activities where sudden loss of consciousness would cause serious risk to self or others
Serious Dermatologic Rxns and HLA-B*1502 Allele	Serious, sometimes fatal dermatologic reactions reported, inclusing toxic epidermal necrolysis and Stevens-Johnson syndrome; risk 10x greater in some Asian countries; strong association between risk and HLA-B*1502 allele, which is found almost exclusively in Asian patients; screen patients of genetically at-risk ancestry (see pkg insert) for HLA-B*1502 allele before initiating treatment; patients testing positive should not be treated with carbamazepine unless benefit clearly outweighs risk

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Serious Rash	Serious rashes requiring hospitalization and discontinue treatment including Stevens-Johnson syndrome, rare cases of toxic epidermal necrolysis, and rash-related deaths; incidence 0.3-0.8% in 2-17 year old and 0.08%-0.3% in adults; age is only risk factor identified as predictive for risk of rash occurrence or severity; other risk factors may include concurrent valproic acid derivative or exceeding initial lamotrigine dose or dose escalation recommendations; most life-threatening rashes occur in 1st 2-8 weeks of treatment with isolated cases after prolonged treatment; though benign rashes may also occur. Discontinue treatment at 1st sign of rash unless clearly not drug related; discontinuing treatment may not prevent rash from becoming life-threatening or permanently disabling or disfiguring
Severe Neutropenia	May occur and lead to serious infection and death; obtain ANC (Absolute Neutrophil Count) at baseline, then regularly; ANC >1500 for general population or ANC >1000 for benign ethnic neutropenia patients required prior to treatment start; advise patients to report signs and symptpms, severe neutropenia or infection
Suicidality	Increased suicidality risk in children, adolescents, and young adults with major depressive or other psychiatric disorders; weigh risk vs. benefit; in short-term studies of antidepressants vs. placebo, suicidality risk not increased in patients >24 years old , and risk decreases in patients 65 years and older; depression and certain other psychiatric disorders themselves associated with increased suicide risk; observe all pts for clinical worsening, suicidality, or unusual behavior changes; advise families and caregivers of need for close observation and communication with prescriber; not approved for depression in pediatric patients

Summarized by Epocrates Online