



Foster Care Quality Improvement Project



Appendix A

Prescribing Standards of Psychotropic Medication Use by Age Group

Introduction:

The following prescribing standards are for use in reviewing a JV-220(A) application for the court. These prescribing standards represent the current state of best practices and incorporate current evidence-based support. These prescribing standards are not intended to stifle independent treatment or care by a provider. Rather, they are presented to form a foundation for review with the goal to ensure that youth being prescribed psychotropic medications receive the minimum number of medications necessary in the lowest therapeutic doses and for the appropriate age. Furthermore, it is the intent of these criteria to minimize incidences of inappropriate prescribing (overuse, underuse, inappropriate use), and to reduce exposure of children and youth to medication intervention that may not be appropriate (Reference 1).

In this document, “psychotropic medication”, or drugs are defined by the Cal. Code Regs. Tit. 22 51056.

At present the use of psychopharmacological agents in children and adolescents are intended to suppress symptoms and ameliorate maladaptive behaviors. They should be considered as one element in a comprehensive treatment plan along with other psychosocial and environmental interventions. Their potentially serious adverse effects must be considered and a plan for ongoing close monitoring of potential adverse effects be established based on monitoring parameters.

If the following prescribing standards are not met, the prescriptions are flagged. Prescribers will be asked to submit additional information for further review and approval.

Summary of allowable psychotropic medication by age group:

Age (years)	Number of psychotropic medications allowed
0-5	<2 (allows 1)
6-11	<3 (allows no more than 2)
12-17	<4 (allows no more than 3)



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Age in years	Prescribing Standards
12-17	<p><4 psychotropic medications</p> <ul style="list-style-type: none"> a. <2 antipsychotics (any combination of atypical and typical) b. <2 mood stabilizers (anti-psychotics not included) c. <2 antidepressants (trazodone as hypnotic excepted) d. <2 stimulants (this does not include a long-activating stimulant and immediate-release stimulate that is the same chemical entity (e.g., methylphenidate-OROS and methylphenidate) e. <2 hypnotics (including trazodone, diphenhydramine, zolpidem and melatonin, benzodiazepines, not including clonidine, guanfacine, and prazosin) f. Medication dose(s) within the usual recommended dose(s) as defined in the most recent version of the State parameters (adaptation of the Los Angeles County Department of Mental Health's Parameters 3.8 For Use of Psychotropic Medication For Children and Adolescents. (Reference 2)
6-11	<p><3 psychotropic medications</p> <ul style="list-style-type: none"> a. All other restrictions from above.
0-5	<p><2 psychotropic medications</p> <ul style="list-style-type: none"> a. All other restrictions from above. b. Allows stimulant, atomoxetine, guanfacine, clonidine, or risperidone (for Autistic Spectrum Disorders and associated aggression) only.

References:

1. [2011 AACAP Practice Parameter for the Use of Atypical Antipsychotic Medications in Children and Adolescents](#). Accessed 04/04/2018.
2. [Los Angeles County Department of Mental Health. Parameters for Medication Use 3.8](#). Accessed 04/04/2018.