



Update on the Use of Psychotropic Medications in Children

The October 2014 and January 2015 issues of the *DUR Matters* newsletter addressed the implementation of several changes to the coverage of psychotropic medications. Previous newsletters can be found at www.durnebraska.org. The Nebraska DUR Board has made additional recommendations to assure the proper use of psychotropic medications for Nebraska Medicaid patients.

RECOMMENDATION 9

Use of trazodone in patients under 14 years of age

The DUR Board, with the approval of a committee of Nebraska child and adolescent psychiatry practitioners, adopted *The Psychotropic Medication Utilization Parameters for Children and Youth in Foster Care*, developed by the Texas Department of Family and Protective Services and the University of Texas at Austin College of Pharmacy as the standard of practice

for treatment of Nebraska Medicaid clients. These parameters can be found at http://www.dfps.state.tx.us/child_protection/medical_services/guide-psychotropic.asp.

These parameters note that not only is the use of trazodone in children not approved by the FDA, but there is insufficient evidence supporting the safety and efficacy of the use of trazodone in patients under 14 years of age. Trazodone should be discontinued in patients under the age of 14 years. The dose should be tapered 6 to 12 weeks, according to the *National Institute of Health Care and Excellence Guidelines*. Prescription claims for trazodone use in patients under the age of 14 years will reject beginning April 30, 2015. The evidence-based options for alternatives for the use of trazodone in children are outlined in this newsletter.

Table 1.
Maximum Daily Doses for SSRI and SNRI Antidepressants

Generic Name	Brand Name	Literature-Based Maximum Daily Dose	Minimum Age
Citalopram	Celexa®	40 mg	4 years
Desvenlafaxine	Pristiq®	100 mg	13 years
Duloxetine	Cymbalta®	60 mg	13 years
Venlafaxine	Effexor®, Effexor XR®	13 years and older, 375 mg	13 years
Escitalopram	Lexapro®	6-12 years, 20 mg 13 years and older, 30 mg	6 years
Fluvoxamine	Luvox®, Luvox CR®	8-11 years, 200 mg 12- 17 years, 300 mg	8 years
Fluoxetine	Prozac®	60 mg	4 years
Paroxetine	Paxil® Paxil CR®	13 years and older, 40 mg 13 years and older, 50 mg	13 years
Sertraline	Zoloft®	200 mg	4 years

Table 2.
Maximum Daily Doses for Sedative Hypnotics in Patients Under 19 Years of Age

Generic Name	Brand Name	Literature-Based Maximum Dose
Diphenhydramine	Benadryl®	25 - 37 lbs, 12.5 mg 38 - 49 lbs, 19 mg 50 - 99 lbs, 50 mg Over 100 lbs, 50 mg
Hydroxyzine	Vistaril®	3-6 years, 25 mg Over 6 years, 50 mg
Melatonin		3-6 years, 0.15 mg per kg or 3 mg, whichever is less Over 6 years, 0.15 mg per kg or 6 mg, whichever is less

Treatment of Depression in Children

The FDA issued a black box warning on all antidepressants for the risk of suicidal behavior and ideation for the use in patients under 18 years of age. While studies show that suicide is uncommon, patients should be closely monitored for this risk.

According to *The Psychotropic Medication Utilization Parameters for Children and Youth in Foster Care*, evidence-based options for depression include several selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs). The DUR Board recommended that these medications be covered without Prior Authorization for children, up to the literature-based maximum doses and above the minimum ages as outlined in Table 1.

According to *The Psychotropic Medication Utilization Parameters for Children and Youth in Foster Care*, the use of 2 or more antidepressants requires further clinical review. Treatment of patients with multiple antidepressants will require Prior Authorization in the future.

Treatment of Insomnia in Children

According to the *Psychotropic Medication Utilization Parameters for Children and Youth in Foster Care*, evidence-based options for insomnia in children include diphenhydramine, hydroxyzine, and melatonin. The DUR Board recommended that these medications be covered without Prior Authorization for children, up to the literature-based maximum doses and above the minimum ages as outlined in Table 2.

RECOMMENDATION 10

Maximum Dose of Trazodone in Patients Under 19 years of age

Starting June 16, 2015, patients under the age of 19 who require doses of trazodone in excess of 100 mg will require Prior Authorization and further clinical review, including the submission of the *Additional Information for Psychotropic Requests in Children* form found on the Nebraska Medicaid Program website at <https://nebraska.fhsc.com/>. Patients receiving doses under the maximum will not require Prior Authorization. Patients who are under the minimum age for the use of antidepressants will require Prior Authorization and further clinical review, including the submission of the *Additional Information for Psychotropic Requests in Children* form found on the Nebraska Medicaid Program website at <https://nebraska.fhsc.com/>.

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