



Seen below is the **November 2011 modification of the generic/brand name formulary list**, originally sent out in March of 2009. **Effective 12/1/2011**, medications listed in the **generic/Tier 1 group do not require prior authorization for dispense. Please review the lists below for changes.**

Zyprexa, Seroquel, Geodon and Lexapro are scheduled to go generic in the next few months. At this time the industry continues to experience some stimulant shortages locally and nationally which has required dispensing brand name prescriptions when the generics are not available.

**The primary goal of the PUMC is to wean the DYC youths off of psychotropics when it is reasonably safe to do so.** Human behavior is unpredictable. Consequently, many attempts to wean children off of their psychotropic medication will result in aggression and psychosis. The PUMC will work hard at choosing the best candidates for withdrawal or reduction of medication. Adverse outcomes will occur with some patients. We all bear in mind that serious side effects occur with long-term use of psychotropics, as well. **The next goal of the PUMC is to choose candidates for the switch from brand name to generic drugs.**

New research such as the CATIE Trials demonstrates that conventional anti-psychotics are effective and have even fewer side effects in the metabolic area. Of course, conventionals are well known to cause more extra-pyramidal side effects. Appropriate clinical balance is the over-riding principal here.

Attention Deficit Disorder is another common diagnostic category seen in juvenile offenders. The PUMC can encourage the switch from brand name medicines to generically available alternatives such as Methylin ER and Dexedrine Spansules.

## **Colorado Division of Youth Corrections Pharmacy Utilization Management Committee**

### **Clinical Guidelines:**

Currently the best psychiatric research available in regards to controlling violence in juveniles points to Lithium and Risperdal as the best medications. This does not mean that all youths on psychotropics should take these well-researched medicines; however, evidence-based practice of medicine is always a sound concept.

Below is a list of routinely prescribed psychotropics for children with FDA indications as close as one can get for DYC purposes. These mood stabilizing medications are primarily used by psychiatrists to control mood swings, aggression and psychosis.

Abilify (FDA approved for use in adolescents for schizophrenia and Bipolar Disorder, in adults for Schizophrenia and Bipolar Disorder)  
Depakote (FDA approved for use in children for epilepsy, adults for Bipolar Disorder)  
Geodon (FDA approved for use in adults for Schizophrenia and Bipolar Disorder)  
Lithium (FDA approved for use in adolescents for Bipolar Disorder)  
Risperdal (FDA approved for use in children for irritability for autism)  
Tegretol (FDA approved for use in children for epilepsy, adults for Bipolar Disorder)  
Thorazine (FDA approved for use in children for severe behavior)  
Haldol (FDA approved for use in children for psychosis)  
Trileptal/oxcarbazepine (FDA approved for use in children for epilepsy)  
Seroquel (FDA approved for use in adults for Schizophrenia and Bipolar Disorder)  
Zyprexa (FDA approved for use in adults for Schizophrenia and Bipolar Disorder)  
Lamictal/lamotrigine (FDA approved for use in children for epilepsy and in adults for Bipolar Disorder)  
Topamax/topiramate (FDA approved for use in epilepsy in children)

Lithium, Depakote, Tegretol, Thorazine and Haldol all come in very inexpensive generic forms. All of the remaining mood stabilizers are brand name only and very expensive.

**Formulary:** The PUMC will designate two tiers:

**Tier 1 - Generic:** These medications are usually very inexpensive, averaging about \$.50 a dose. Physicians in the DYC should not concern themselves about expense with any of these medicines, since generics are typically inexpensive. Effective 12/1/11, approval by Prior Authorization not required.

**Tier 2 - Brand Name:** usually > \$10 per day for the maximum FDA approved dose. Approval by Prior Authorization required.

## **Tier 1: Generic-Prior Authorization not required.**

**Adderall XR:** Considerably more expensive than the generic slow-release amphetamine products. Very popular out in the community. However, for our purposes in the DYC, the generic products are preferred.

**Amitriptyline:** Not FDA approved for use in children. From the family of rarely used tricyclic antidepressants. Implicated in sudden death syndrome in children, though not well-established what the cause of death actually was in those few cases. Formerly used commonly as an adjunct or alternative treatment for chronic pain. Can cause arrhythmias, which means an EKG would be a good idea after treatment has begun. Effective. Inexpensive. Usual warning of promoting suicidal ideation in the first few weeks of treatment. That side effect is not often seen in clinical practice.

**Amphetamine/dextroamphetamine:** Dexedrine spansules are a generically available sustained release form of amphetamines. Methylin ER is its' methylphenidate counterpart, also available in a generic form. Usually works pretty well. Adderall IR also available generically. Very effective ADD medication and very inexpensive.

**Bupropion:** Not FDA approved for use in children or adolescents. Decent antidepressant, though usually not used first line for depression. Often used as adjunctive/augmenting treatment for treatment resistant depression. Reasonable adjunct or alternative treatment for ADD. Slightly enhanced risk for lowering seizure threshold compared to other antidepressants. Helps treat cravings related to smoking cessation. SR form available. XL form available only in the 300mg dose.

**Carbamazepine:** FDA approved for use in children and adolescents for epilepsy. However, this anticonvulsant is often used in children for treatment of Bipolar Disorder. Carbamazepine is not formally FDA indicated for treatment of Bipolar Disorder; however, its' sister medicine, Carbatrol, is FDA indicated for such in adults. Hyponatremia is a potential side effect, but happens more often in older adults. Leukopenia is possible and therefore WBC should be monitored closely, especially early on in treatment. Allergic reactions can lead to Stevens-Johnson Syndrome.

**Chlorpromazine:** Conventional anti-psychotic. Very effective for psychosis. EPS and tardive dyskinesia more likely with conventional anti-psychotic medication compared to atypical anti-psychotics.

**Citalopram:** Not FDA approved for use in children. Is approved in adults for depression. Well-established. Effective. Inexpensive. Usual warning of promoting suicidal ideation in the first few weeks of treatment. That side effect is not often seen in clinical practice.

**Clonidine:** Not FDA approved for any psychiatric use; however, psychiatrists have adopted this medicine that internists have largely abandoned for the use in hypertension. Clonidine is routinely used as an adjunct treatment in ADHD. Clonidine appears to have some benefit in prolonging attention span, even though it is not a stimulant. Clonidine helps undo the insomnia that stimulants routinely produce in ADHD patients. Some research shows that clonidine helps temper oppositional behavior. This anti-hypertensive can lower blood pressure and heart rate, as it was originally intended to do.

**Concerta:** The most popular stimulant currently available. Has a very long sustained release, giving up to 12 hours of stimulant coverage throughout the day. The generic methylphenidate ER will generally be good for our patients in the NYC.

**Desipramine:** Not FDA approved for use in children or adolescents. From the family of rarely used tricyclic antidepressants. Implicated in sudden death syndrome in children, though not well-established what the cause of death actually was in those few cases. Used to be used commonly as an adjunct or alternative treatment for ADD. Can cause arrhythmias, which means an EKG would be a good idea after treatment has begun. Effective. Inexpensive. Usual warning of promoting suicidal ideation in the first few weeks of treatment. That side effect is not often seen in clinical practice.

**Desmopressin:** Very effective, but no infallible medication that helps with nocturnal enuresis. Most effective if the adolescent will fluid restrict after the evening meal.

**Dexmethylphenidate (Focalin):** Single stereoisomer of the methylphenidate molecule. Generally speaking, the generic methylphenidate ER works as well in the NYC environment.

**Divalproex (ER):** Generic forms of Depakote and Depakote ER recently available. FDA indication for Bipolar Disorder in adults, epilepsy in children. Twice a day dosing is recommended. One of the worst medicines on the market regarding enhancement of fetal risk in pregnancy. Very good mood stabilizer. Some monitoring for blood level and LFT's. Blood level is approved up to 125 for Bipolar Disorder as opposed to 100 for epilepsy.

**Depakote ER:** Once a day dosing for this mainstay mood stabilizer. Very risky for fetus if taken during pregnancy. Generic Depakote (twice a day) comes out later this year.

**Effexor XR:** Very expensive compared to the generic antidepressants now available, including the generic venlafaxine which is about half as expensive. Helpful for treatment resistant depression.

**Fluoxetine:** FDA approved for use in children 7 years old and above for depression and OCD. Well-established. Effective. Inexpensive. Usual warning of promoting suicidal ideation in the first few weeks of treatment. That side effect is not often seen in clinical practice.

**Fluphenazine:** Conventional anti-psychotic. Very effective for psychosis. EPS and tardive dyskinesia more likely with conventional anti-psychotic medication compared to atypical anti-psychotics.

**Fluvoxamine:** FDA approved for use in children 8 years old and above for OCD. Well-established. Effective. Inexpensive. Usual warning of promoting suicidal ideation in the first few weeks of treatment. That side effect is not often seen in clinical practice.

**Focalin XR:** Extended release form of the right-handed methylphenidate molecule. Now available generically.

**Guanfacine (Tenex):** Not FDA approved for any psychiatric use; however, psychiatrists have adopted this medicine that internists have largely abandoned for the use in hypertension. Guanfacine is routinely used as an adjunct treatment in ADHD. Guanfacine appears to have some benefit in prolonging attention span, even though it is not a stimulant. Guanfacine helps undo the insomnia that stimulants routinely produce in ADHD patients. Some research shows that Guanfacine helps temper oppositional behavior. This anti-hypertensive can lower blood pressure and heart rate, as it was originally intended to do.

**Haloperidol:** Conventional anti-psychotic. Very effective for psychosis. EPS and tardive dyskinesia more likely with conventional anti-psychotic medication compared to atypical anti-psychotics.

**Imipramine:** FDA approved for use in children 6 years old and above for nocturnal enuresis. From the family of rarely used tricyclic antidepressants. Implicated in sudden death syndrome in children, though not well-established what the cause of death actually was in those few cases. Formerly used commonly as an adjunct or alternative treatment for ADD. Can cause arrhythmias, which means an EKG would be a good idea after treatment has begun. Effective. Inexpensive. Usual warning of promoting suicidal ideation in the first few weeks of treatment. That side effect is not often seen in clinical practice.

**Lamotrigine:** Recently available generically. FDA indication for Bipolar Disorder in adults, epilepsy in children. Rash leading to Stevens-Johnson syndrome is most important element to monitor with this medicine. Other mucosal inflammation can occur including gastroenteritis, bronchitis, laryngitis, and conjunctivitis. Typical initial regimen starts with 25mg per day and leading

up to 100mg per day in a month. Children and adolescents are more likely to get rash/inflammation than adults.

**Lithium:** FDA indication for Bipolar Disorder in adolescents. The classic mood stabilizer. Went out of favor for many years, but is beginning to be used more commonly, again. Monthly monitoring of lithium levels for the first few months until level is therapeutic.

**Methylphenidate** (including ER form, Methylin ER, Methylin): One of the two stimulants used to treat ADHD. FDA approved for use in children down to 6 years old. The methylphenidate ER is not as long lasting as some of the brand name stimulants like Concerta, but it does add duration of action onto the immediate release methylphenidate. We encourage the use of this generic methylphenidate over the brand name products for cost efficiency.

**Mirtazapine:** Not FDA approved for use in children or adolescents. Good antidepressant with some soporific and anti-anxiety benefits. Tends to cause weight gain.

**Nortriptyline:** Not FDA approved for use in children or adolescents. From family of rarely used tricyclic antidepressants. Implicated in sudden death syndrome in children, though not well-established what the cause of death actually was in those few cases. Formerly used commonly as an adjunct or alternative treatment for ADD. Can cause arrhythmias, which means an EKG would be a good idea after treatment has begun. Effective. Inexpensive. Usual warning of promoting suicidal ideation in the first few weeks of treatment. That side effect is not often seen in clinical practice.

**Oxcarbazepine:** FDA approved for use in children and adolescents for epilepsy. However, this anticonvulsant is often used in children for treatment of Bipolar Disorder. Oxcarbazepine is not FDA indicated for treatment of Bipolar Disorder in children or adults. Hyponatremia is a potential side effect, but happens more often in older adults. Leukopenia very unlikely, though possible. Allergic reactions can lead to Stevens - Johnson syndrome.

**Paroxetine:** Not FDA approved for use in children but is approved for use in adults with depression and a variety of anxiety conditions. Well-established. Effective. Inexpensive. Usual warning of promoting suicidal ideation in the first few weeks of treatment. That side effect is not often seen in clinical practice.

**Perphenazine:** Conventional anti-psychotic. Very effective for psychosis. EPS and tardive dyskinesia more likely with conventional anti-psychotic medication compared to atypical anti-psychotics.

**Risperidone:** First of the atypicals (besides Clozaril) to go generic. FDA approved for use in children and adolescents in autism. Often used to treat

psychosis and/or aggression in children and adolescents. Weight gain and hyperprolactinemia are most worrisome side effects of this medicine. Visual check of gynecomastia on a at least a quarterly basis is a good idea.

**Ritalin LA:** Not prescribed that much out in the community. Not as long a duration of action as Concerta.

**Sertraline:** FDA approved for use in children 7 years old and above for OCD. Well-established. Effective. Inexpensive. Usual warning of promoting suicidal ideation in the first few weeks of treatment. That side effect is not often seen in clinical practice.

**Thioridazine:** Conventional anti-psychotic. Very effective for psychosis. EPS and tardive dyskinesia more likely with conventional anti-psychotic medication compared to atypical anti-psychotics.

**Thiothixene:** Conventional anti-psychotic. Very effective for psychosis. EPS and tardive dyskinesia more likely with conventional anti-psychotic medication compared to atypical anti-psychotics.

**Topiramate:** Research has never corroborated this medicine to be helpful controlling mood swings in Bipolar Disorder. Popular wisdom is that it is the best anti-convulsant in regards to weight gain. Unclear whether adding Topamax helps reduce the weight gain effects of medicines like atypical anti-psychotics.

**Trazodone:** Excellent sleeping medicine, not a controlled substance. Not FDA approved for use in children or adolescents. However, this medicine is widely used for treatment of insomnia in children and adolescents. Not a very good antidepressant. Usual warning of promoting suicidal ideation in the first few weeks of treatment. That side effect is not often seen in clinical practice.

**Valproic Acid:** FDA indication for Bipolar Disorder in adults, epilepsy in children and adolescents. One of the worst medicines on the market regarding enhancement of fetal risk in pregnancy. Very good mood stabilizer. Some monitoring for blood level and LFT's. Blood level is approved up to 125 for Bipolar Disorder as opposed to 100 for epilepsy. Very short half-life, so it should be given four times a day.

**Venlafaxine:** Not FDA approved for use in children or adolescents. Has some similarity in side effect profile to the tricyclic antidepressants. Has been used as an adjunct or alternative treatment for ADD. Effective, though expensive compared to most generics. Usual warning of promoting suicidal ideation in the first few weeks of treatment. That side effect is not often seen in clinical practice.

**Vyvanse:** Dimer of the dextroamphetamine molecule which leaches gradually into the bloodstream.

**Zyprexa: (Now Olanzapine.)** The most expensive of the atypicals. Worst for metabolic effects. Very consistently effective anti-psychotic, though.

**Tier 2: Brand Name-Prior Authorization Required.**

**Abilify:** Recently FDA approved for the indication of Bipolar Disorder in adolescents. Least sedating of the atypical antipsychotic medications.

**Cymbalta:** An antidepressant that is used commonly to help ease chronic pain of various sorts. Can be helpful in treatment resistant depression. Very expensive compared to the generic antidepressants now available.

**Geodon:** Least expensive of all of the atypicals. Somewhat erratic effectiveness, and so this is the least popular atypical anti-psychotic. Very good metabolic profile.

**Intuniv:** Brand name and extended release formulation of Tenex/guanfacine. Very expensive alternative to a twice a day guanfacine prescription.

**Invega:** The active metabolite of risperidone. Not FDA indicated for use in adolescents. Once a day dosing due to controlled release capsule.

**Kapvay:** Brand name and extended release formulation of clonidine. Very expensive alternative to a twice a day clonidine prescription.

**Lexapro:** FDA approved for adolescents. Soon to go generic.

**Seroquel/Seroquel XR:** Most sedating of the atypical anti-psychotics. Often used to help with sleep. Least likely to cause EPS. Weight gain is a common side effect.

**Strattera:** Not as effective in sustaining concentration as the stimulants. Has certain advantages over the stimulants. For example, not as likely to aggravate tics and anxiety as the stimulants are likely to do. Can be better tolerated than the stimulants in terms of appetite and sleep patterns.

Last modified 11/17/11