

**TUSCARAWAS COUNTY JOB & FAMILY SERVICES
CONSENT FOR MEDICATION CHANGE**

Permission is required from Tuscarawas County Job & Family Services for any medical procedures or for any medication that is given to a child who is in the agency's custody. See attached Policy 500.4.0. Please complete required information below, and fax this form back for signed permission.
TCJFS' FAX #: 330-308-7788

Child's Name: _____ Appointment Date: _____

Doctor's Name: _____ Date Change will Occur: _____

Doctor's Address: _____

Phone Number: _____ Provider's Fax Number: _____

MEDICATIONS AT BEGINNING OF THIS VISIT:

THIS VISIT'S NEW MEDICATIONS, DISCONTINUED MEDICATIONS, CHANGES IN DOSAGE:

REASON FOR MEDICATION CHANGE:

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are four or more psychotropic medications being used concurrently? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are two or more antidepressants used concurrently? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are two or more antipsychotics used concurrently? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are two or more stimulants being used concurrently? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are two or more mood stabilizers being used concurrently? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Were the side effects of the medications discussed with child and caregiver? |

If Yes, Explain:

David W. Haverfield, Director
Tuscarawas County Job & Family Services

Attachment (Policy 500.4.0 and 500.42.0)

-
- Permission Granted
 Permission Denied

David W. Haverfield, Director

Date

These reference charts list name-brand and generic drug names. Some drugs are available in extended release formulations, allowing for once-a-day dosing, and are not listed individually.

Table A.

Stimulants for the treatment of Attention Deficit Hyperactivity Disorder (ADHD)			
Generic Name	Brand Name	Maximum dose (mg) Children 6-12 years	Maximum dose (mg) Adolescents 13-17 years
Amphetamine and Dextroamphetamine	Adderall	40	40
Dexmethylphenidate	Focalin	20	20
Dextroamphetamine	Dexedrine	40	40
Lisdexamfetamine	Vyvanse	70	70
Methylphenidate	Concerta	54	90
Methylphenidate Patch	Daytrana TD	30	30
Methylphenidate CD	Metadata CD	60	60
Methylphenidate	Metadate	60	60
Methylphenidate	Methylin	60	60
Methylphenidate	Ritalin	60	60

Table B.

Other (non-stimulant) ADHD treatments			
Generic Name	Brand Name	Maximum dose (mg) Children 6-12 years	Maximum dose (mg) Adolescents 13-17 years
Atomoxetine	Strattera	≤ 100 mg / day	≤ 100 mg / day
Bupropion	Wellbutrin, Aplenzin, Forvivo	≤ 450 mg	≤ 450 mg
Clonidine	Catapres	0.4 mg	0.4 mg
Clonidine XR	Kapvay, Nexiclon	0.4 mg	0.4 mg
Guanfacine	Tenex	4 mg	4 mg
Guanfacine XR	Intuniv	4 mg	4 mg
Imipramine	Tofranil	≤ 300 mg	≤ 300 mg
Nortriptyline	Aventyl, Pamelor	≤ 150 mg	≤ 150 mg

Table C.

Antidepressants			
Generic Name	Brand Name	Maximum dose (mg) Children 6-12 years	Maximum dose (mg) Adolescents 13-17 years
Citalopram	Celexa	40	40
Escitalopram	Lexapro	20	20
Fluoxetine	Prozac, Sarafem, Selfemra	60	60
Fluvoxamine	Luvox	200	300
Paroxetine	Paxil	not approved	not approved
Sertraline	Zoloft	200	200
Desvenlafaxine	Pristiq	not enough information	not enough information
Duloxetine	Cymbalta	not enough information	not enough information
Venlafaxine	Effexor	not enough information	not enough information

Table D.

Antipsychotics			
Note: Some can be given as an injection at the provider's office.			
Generic Name	Brand Name	Maximum dose (mg) Children 6-12 years	Maximum dose (mg) Adolescents 13-17 years
Chlorpromazine	Thorazine	75	800
Haloperidol	Haldol	4	6
Perphenazine	Trilafon	6	64
Aripiprazole	Abilify	15	30
Asenapine	Saphris	not enough information	not enough information
Clozapine	Clozaril, Fazaclo	300	600
Iloperidone	Fanapt	not enough information	not enough information
Olanzapine	Zyprexa	12.5	30
Paliperidone	Invega	not enough information	not enough information
Quetiapine	Seroquel	300	600
Risperidone	Risperdal	6	6
Ziprasidone	Geodon	not enough information	160
Pimozide	Orap	weight-based	10

Table E.

Mood and Behavior Disorder			
Generic Name	Brand Name	Maximum dose (mg) Children 6-12 years	Maximum dose (mg) Adolescents 13-17 years
*Carbamazepine	Carbitrol, Tegretol	800	1200
*Divalproex (sodium)	Depakote	symptom improvement	symptom improvement
*Lamotrigine	Lamictal	symptom improvement	symptom improvement
Lithium	Eskalith	blood level	blood level
Lithium	Lithobid	blood level	blood level

**Can also be used as an anticonvulsant/antiseizure medication.*