



Guide to understanding  
**the use of medications for  
children with mental illness**  
in the child welfare system

# Introduction

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- ▶ This guide is intended to provide child welfare workers with a quick reference for accessing additional information about medications they may hear or read about when reviewing a child or adolescents' file. This resource is not intended to provide medical advice or medication guidance.
- ▶ The terms disorder and diagnosis may appear when reviewing a child's file. Both terms are part of the larger umbrella of mental illness. These terms are used to provide a common terminology to understand a cluster of symptoms.
- ▶ Disorders are the big umbrella under which many different symptoms can be present. For each type of medication you will find the most common disorders (based on the DSM-V) for which it is prescribed and examples of symptoms it treats.
- ▶ The information covered is based on a pediatric population (age 0 to 18).

# Important to Know

## ▶ **Medication:**

- is an important *part* of treating children with mental illness, but should not be the only help received.
  - has an effect on the child's symptoms, but doesn't cure mental illness.
  - is prescribed as a part of a treatment plan that includes psychosocial interventions (diverse forms of therapy-based interventions) and is preceded by a thorough assessment (including trauma screening).
- ▶ Adjustments to medications are normal and to be expected (e.g. changes in type of medication and/or dosage amount).
- ▶ **Children involved in the child welfare system are at a higher risk of experiencing trauma and developing mental illness. These children are also at risk of overmedication for mental illness. Research reveals that they are often not treated with the most appropriate medication, receive multiple medications, or/and receive dosages that are too high for the particular diagnosis/or symptoms. Moreover, children in the child welfare system are at high risk for not receiving psychosocial interventions along with the medication.**



## Important to Know

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- ▶ The Food and Drug Administration (FDA) gives approval for drugs to be sold on the market. When a drug is approved by the FDA that means that the beneficial effect of the drug outweighs the risks. The FDA is not testing the drugs independently, but reviews the testing done by the manufacturer. Some psychoactive medications prescribed to children are not FDA approved for children. When this happens, the medical team prescribes them based on best practices guidelines and their experience. This is referred to as “Off Label” use.



# Children and adolescents taking psychotropic medications

## What to expect when starting a medication

- ▶ Medications are adjusted depending on the child's age, developmental stage, needs and characteristics.
- ▶ Children taking medication should have had a developmentally appropriate explanation of how the medication works, why they take it, and when they need to take it.
- ▶ Some medications will have an immediate impact on the targeted symptoms, others will need several weeks of consistent use to show effect.
- ▶ Not all children react the same to a medication and it is extremely difficult to predict which medication best corresponds to the characteristics of a child.
- ▶ When the medication is working properly, a decrease in the severity and frequency of the treated symptom should be observed. Children showing progress should not stop taking the medication.

# Children and adolescents taking psychotropic medications

## What to be aware of when a child is taking a medication

- ▶ Any changes in dosage or use of the medication should be done in consultation with the medical team.
- ▶ Medication to treat mental health disorders often have side effects. Caregivers should be attentive to the emergence of side effects and report them to the health provider. **Moreover, regular medical checkups are necessary as well as regular evaluation of the medication.**
- ▶ Some psychotropic medications are known to increase suicidality in children and adolescents
- ▶ When a child/adolescent is taking psychotropic medication(s), caregivers should closely monitor behavior and emotional changes and report them to their health provider. Regular contact with the health provider is very important.
- ▶ Caregivers should consider the use of a lock box for medications as a suicide prevention measure.

### National Suicide Prevention Lifeline

**1-800-273-TALK (8255)**

The Lifeline is a 24-hour toll-free phone line for people in suicidal crisis or emotional distress.

**One in five** children birth to 18 has a diagnosable mental illness.



Children in foster care are prescribed psychotropic medications at a rate **four times higher** than the general Medicaid child population.

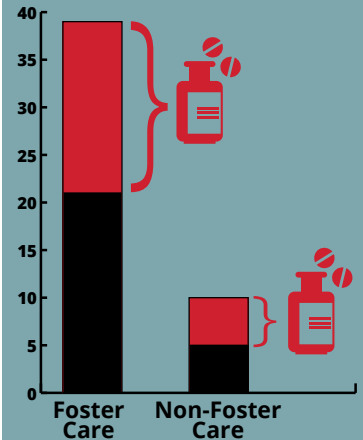


Foster Care



General Medicaid

Medicaid claims from 5 states found that **21-39%** of children in **foster care** received a prescription for psychotropic medication in 2008, compared with **5-10%** of children **not in foster care**.



## Stimulants and non- stimulants medications specific to ADHD

Stimulants work by increasing the level of dopamine, a neurotransmitter naturally present in our brain. They allow increased alertness, energy and attention. They have a calming, focusing effect and help the child to remain still or quiet within the norm expected range for that child's developmental stage. Stimulants are controlled substances that need to be taken as instructed. Children and adolescents diagnosed with ADHD can also receive medications known as non-stimulants to treat the symptoms of ADHD.

### Example of symptoms treated

- ▶ Failure to give close attention to details
- ▶ Difficulty sustaining attention
- ▶ Difficulty organizing tasks and activities
- ▶ Easily distracted by extraneous stimuli
- ▶ Forgetful in daily activities
- ▶ Fidgeting
- ▶ Leaves seat, climbs, and runs in situations where it is inappropriate
- ▶ Often talks excessively
- ▶ Often interrupts or intrudes on others
- ▶ Difficulty waiting his/her turn
- ▶ Etc.



# Stimulants and non- stimulants medications specific to ADHD

## Children and adolescents using stimulants can be diagnosed with

- ▶ Attention-Deficit/Hyperactivity Disorder (ADHD)

## Common side effects

- ▶ Decreased appetite/ weight loss
- ▶ Dizziness
- ▶ Nervousness
- ▶ Dry mouth
- ▶ Headaches
- ▶ Stomachaches
- ▶ Increased heart rate and blood pressure
- ▶ Dysphoria
- ▶ Irritability/ moodiness
- ▶ Jitteriness/Anxiety
- ▶ Perseverative behaviors
- ▶ Difficulty falling or staying asleep
- ▶ Tics (motor and/or vocal)
- ▶ Etc.

# Stimulants and non- stimulants medications specific to ADHD

## Medication table

	Active substance	Medications' brand names	FDA Approval
<b>Stimulants</b>	Amphetamine and Dextroamphetamine	Adderall-XR*, Mydayis, Biphphetamine	Children ≥6 years
	Dextroamphetamine	Dexamplex, Dexedrine, DextroStat, Ferndex, LiquADD, ProCentra	Children ≥3 years
	Lisdexamfetamine	Vyvanse	Children ≥6 years
	Methylphenidate	Aptensio XR*, Metadate-CD-ER*, Quillivant-XR*, Concerta, Methylin-ER*, Ritalin -SR- LA*, Quillichew- ER*	Children ≥6 years
	Pemoline	Cylert	Children ≥6 years
<b>Non-stimulants</b>	Atomoxetine	Strattera	Children ≥6 years
	Clonidine	Kapvay	Children ≥6 years
	Guanfacine	Intuniv, Tenex	Children ≥6 years

\*Abbreviations are used by some brands to specify the release of the medication:

**CD:** controlled delivery

**ER:** extended release

**LA:** long-acting

**SR:** sustained release

**XR:** extended release

# Anti- psychotics

Antipsychotic medications aim to manage psychotic symptoms by reducing transmissions in our brain related to dopamine. They are used to treat symptoms related to a loss of contact with reality. In the specific case of children with a diagnosis of autism spectrum disorder, some antipsychotics are used to manage symptoms of irritability and aggression. There are two generations of antipsychotics: the first generation, also known as typical antipsychotic and second generation, also known as atypical.



## Example of symptoms treated

- ▶ Delusions (false, fixed beliefs)
- ▶ Hallucinations (hearing or seeing things that are not really there)
- ▶ Irritability in children with Autism
- ▶ Mood dysregulation
- ▶ Etc.

# Anti- psychotics

## Children and adolescents using antipsychotics can be diagnosed with

- ▶ Psychotic disorders
- ▶ Autism spectrum disorder
- ▶ Disruptive mood dysregulation disorder
- ▶ Bipolar disorders
- ▶ Depressive disorders
- ▶ Anxiety disorders
- ▶ Trauma- and stressor- related disorders
- ▶ Obsessive compulsive disorder (OCD)
- ▶ Attention-deficit/hyperactivity disorder (ADHD)
- ▶ Etc.

## Common side effects

- ▶ Drowsiness
- ▶ Dizziness
- ▶ Restlessness
- ▶ Weight gain
- ▶ Dry mouth
- ▶ Constipation/nausea/vomiting
- ▶ Blurred vision
- ▶ Unusual, slowed, or uncontrollable movements
- ▶ Seizures
- ▶ Etc.

**Note**

The full effect of the medication can take up to six weeks of regular intake.

# Anti- psychotics

## Medication table

First Generation		
Active substance	Medications' brand names	FDA Approval
Chlorpromazine	Thorazine, Promapar	Children 1 to 12 years old: bipolar disorder, schizophrenia, hyperactivity and severe behavioral problems
Fluphenazine	Permitil, Prolixin	Adults: psychotic disorder
Haloperidol	Haldol	Children: severe behavioral problems, hyperactivity, Tourette syndrome Adults: tourette syndrome, schizophrenia
Loxapine	Loxitane	Adults and children $\geq 12$ years: schizophrenia
Molindone	Moban	Adults and children $\geq 12$ years: schizophrenia
Perphenazine	Trilafon	Adults and children $\geq 12$ years: schizophrenia
Pimozide	Orap	Adults and children $\geq 12$ years: tourette syndrome
Prochlorperazine	Compazine	Adults and children $\geq 2$ years and $\geq 20$ pounds: schizophrenia
Thiothixene	Navane	Adults and children $\geq 12$ years: schizophrenia
Trifluoperazine	Stelazine	Adults and children $\geq 6$ years: schizophrenia

Anti-  
psychotics

## Medication table (cont.)

## Second Generation

Active substance	Medications' brand names	FDA Approval
Aripiprazole	Abilify	Children $\geq 6$ years: irritability with autistic disorder Children $\geq 10$ years: bipolar disorder Adolescents $\geq 14$ years: schizophrenia
Asenapin	Saphris	Children $\geq 10$ years: bipolar disorder Adult: schizophrenia
Cariprazine	Vraylar	Adult: schizophrenia and bipolar disorder
Clozapine	Clozaril	Adult: schizophrenia
Iloperidone	Fanapt	Adult: schizophrenia
Lurasidone	Geodon	Adult: schizophrenia and bipolar disorder
	Latuda	Adolescents $\geq 13$ years: schizophrenia
Olanzapine	Zyprexa	Adolescents $\geq 14$ years: bipolar disorder, schizophrenia
Olanzapine/ Fluoxetine	Symbyax	Children $\geq 10$ years: bipolar disorder
Paliperidone	Invega	Adolescents $\geq 13$ years: schizophrenia
Quetiapine	Seroquel	Children $\geq 11$ years: bipolar disorder
Risperidone	Risperdal	Children $16 \geq 5$ years: irritability with autistic disorder

# Mood stabilizers

Mood stabilizers are mainly used to treat mood swings and refer to two different groups of medications. Anti-manic (in which the active substance is Lithium) and anticonvulsant. Currently scientists are still unsure about the way Lithium is working and anticonvulsants work by reducing abnormal electric activity in the brain. As indicated by the name, anticonvulsants were initially developed to treat seizures, but have been found to effectively treat mood disorders in children and adolescents.

## Example of symptoms treated

- ▶ Severe temper outbursts
- ▶ Sad, irritable or angry mood
- ▶ Reaction bigger than expected
- ▶ Mania episode (a period of abnormally and persistently elevated, expansive, irritable mood) followed or preceded by a depressive episode. Some of following symptoms can be observed:
  - Inflated self-esteem
  - Grandiosity
  - Flight of ideas
  - More talkative than usual
  - Distractibility
  - Depressed mood
  - Diminished interests
  - Fatigue, loss of energy
  - Recurrent thoughts of death
  - Weight loss
  - Insomnia or hypersomnia

# Mood stabilizers

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## Children and adolescents using mood stabilizers can be diagnosed with

- ▶ Disruptive mood dysregulation disorder
- ▶ Bipolar disorders

## Common side effects

- ▶ Drowsiness
- ▶ Dizziness
- ▶ Itching/rash
- ▶ Excessive thirst
- ▶ Frequent urination
- ▶ Tremor (shakiness) of the hands
- ▶ Nausea and vomiting
- ▶ Fast, slow, irregular, or pounding heartbeat
- ▶ Headaches
- ▶ Changes in vision
- ▶ Loss of coordination
- ▶ Swelling of different body parts
- ▶ Difficulty thinking/concentrating
- ▶ Etc.



# Mood stabilizers

## Medication table

	Active substance	Medications' brand names	FDA Approval
<b>Anti-manic</b>	Lithium	Eskalith-CR*, Lithobid	Children $\geq$ 12: Bipolar disorder
<b>Anticonvulsant</b>	Carbamazepine	Carbatrol, Epitol, Equetro, Tegretol-XR*, Teril	Children: seizure
	Gabapentin	Neurontin	Children $\geq$ 3: seizure
	Lamotrigine	Lamictal-CD-ODT-XR*	Children: seizure
	Oxcarbazepine	Trileptal	Children $\geq$ 4: seizure
	Topiramate	Topamax	Children $\geq$ 2: seizure
	Valproic Acid	Depakene, Depakote-ER-Sprinkle	Children $\geq$ 10: seizure

\*Abbreviations are used by some brands to specify the release and dosage form of the medication

**CD:** controlled delivery

**ODT:** orally dissolving tablets

**XR:** extended release

## Anti-depressants

Antidepressants are used to treat major depressive symptoms that affect children and adolescents in their everyday life. There are four main categories of antidepressants: Selective Serotonin Reuptake Inhibitors (SSRIs), Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs), Tricyclic Antidepressants (TCAs) and Monoamine Oxidase Inhibitors (MAOI). Antidepressants work by increasing the amount of naturally present substances in our brain, an example of these include norepinephrine and/or serotonin.



### Example of symptoms treated

- ▶ Depressed mood
- ▶ Diminished interests or pleasure
- ▶ Feeling of worthlessness or excessive guilt
- ▶ Recurrent thoughts of death
- ▶ Excessive worry
- ▶ Marked fear, distress and avoidance of the anxiety provoking situation.
- ▶ Sad, irritable or angry mood
- ▶ Reaction bigger than expected
- ▶ Etc.

# Anti-depressants

## Children and adolescents using Antidepressants are often diagnosed with

- ▶ Depressive Disorders
- ▶ Bipolar Disorders
- ▶ Disruptive mood dysregulation disorder
- ▶ Anxiety Disorders
- ▶ Obsessive Compulsive Disorder (OCD)
- ▶ Etc.

## Most common side effects

- ▶ Nausea and vomiting
- ▶ Weight gain
- ▶ Diarrhea
- ▶ Sleepiness
- ▶ Unsteadiness
- ▶ Nervousness
- ▶ Confusion
- ▶ Etc.

### Note

There is a **risk of increased suicidality** when starting to take an antidepressant medication.

Anti-  
depressants

## Medication table

	Active substance	Medications' brand names	FDA Approval
<b>Selective serotonin reuptake inhibitors (SSRIs)</b>	Citalopram	Celexa	Adults: depressive disorder
	Escitalopram	Lexapro	Children $\geq 12$ : OCD Children $\geq 12$ : depressive disorder Adults: anxiety disorder
	Fluoxetine	Prozac	Children $\geq 8$ : OCD
	Fluvoxamine	Luvox	Children $\geq 8$ : depressive disorder, OCD
	Paroxetine	Paxil	Adults: depressive disorder, OCD, anxiety disorder, PTSD
	Sertraline	Zoloft	Children $\geq 6$ : Depressive Disorder, OCD
<b>Serotonin and norepinephrine reuptake inhibitors (SNRIs)</b>	Desvenlafaxine	Pristiq	Adults: depressive disorder
	Duloxetine	Cymbalta	Children $\geq 7$ : anxiety disorder
	Venlafaxine	Effexor	Adults: depressive disorder

# Anti-depressants

## Medication table *(cont.)*

	Active substance	Medications' brand names	FDA Approval
<b>Tricyclic antidepressants (TCAs)</b>	Amitriptyline	Elavil	Children $\geq 12$ : depressive disorder
	Clomipramine	Anafranil	Children $\geq 10$ : OCD
	Desipramine	Norpramin	Adults: depressive disorder
	Imipramine	Tofranil	Adults: depressive disorder
	Nortriptyline	Pamelor	Adults: depressive disorder
	Protriptyline	Vivactil	Adults: depressive disorder
	Trimipramine	Surmontil	Adults: depressive disorder
<b>Monoamine Oxidase Inhibitors (MAOI)</b>	Phenelzine	Nardil	Adults: depressive disorder
	Tranylcypromine	Parnate	Adults: depressive disorder
<b>Other antidepressants</b>	Bupropion	Wellbutrin	Adults: depressive disorder
	Mirtazapine	Remeron	Adults: depressive disorder
	Nefazodone	Serzone	Adults: depressive disorder
	Trazodone	Desyrel	Adults: depressive disorder

## Anxiolytics

Anti-anxiety medications provide relief to children and adolescents living with panic attacks and/or extreme worry or fear. The main category of anxiolytics is referred to as benzodiazepines. Benzodiazepines are controlled substances that need to be taken as instructed. Antidepressants such as SSRIs (refer to antidepressant medication table) are also used to treat anxiety. One main difference between these two medications is that antidepressants will need to be taken regularly to be effective and benzodiazepines can be taken when needed.



### Example of symptoms treated

- ▶ Excessive worry
- ▶ Marked fear, distress and avoidance of the anxiety provoking situation.
- ▶ Panic (palpitation, sweating, shaking)
- ▶ Sleep disorder
- ▶ Etc.

# Anxiolytics

## Children and adolescents using anxiolytics are often diagnosed with

- ▶ Anxiety Disorders

## Most common side effects for Benzodiazepines

- ▶ Drowsiness
- ▶ Dizziness
- ▶ Blurred vision
- ▶ Confusion
- ▶ Tiredness

## Anxiolytics

## Medication table

	Active substance	Medications' brand names	FDA Approval
<b>Benzodiazepines</b>	Alprazolam	Xanax	Adults: panic disorder
	Atenolol	Tenormin	Adults
	Chlordiazepoxide	Librium	Children $\geq 6$ for no longer than 4 months
	Clonazepam	Klonopin	Adults: panic disorders Children: seizures
	Clorazepate	Tranxene	Children $\geq 9$ for no longer than 4 months
	Diazepam	Valium	Children $\geq 6$ months and older
	Lorazepam	Ativan	Children $\geq 12$ for no longer than 4 months
<b>Other</b>	Buspirone	Buspar (discontinued)	Adults: anxiety disorders



## Trauma and stress related medications

The most effective way to treat PTSD is through psychotherapy. When severe symptoms are present, medications are used to support day to day functioning and bring relief to children and adolescents while going through a therapeutic process. PTSD has a high level of co-morbidity with other diagnoses such as anxiety and depression. These types of diagnoses can sometimes hide PTSD. Medication prescribed to treat PTSD can either target broad spectrum symptoms or specific symptoms of PTSD such as re-experiencing, avoidance and hyperarousal. SSRIs (see antidepressants), mood stabilizers and second-generation antipsychotics are used to target broad spectrum symptoms. Antiadrenergic medications are used to target specific symptoms of PTSD.



# Trauma and stress related medications

## Symptom clusters of PTSD

- ▶ **Avoidance** of internal (thoughts, memories) and external (activities, people, places, conversations, situations) reminders.
- ▶ **Arousal:** sleep disturbances, irritability, difficulty concentrating, hypervigilance, exaggerated startle responses, outburst of aggression, impulsivity.
- ▶ **Re-experiencing:** recurrent and distressing memories and/or dreams (nightmares), flashbacks (acting or feeling like the traumatic event was recurring) and distress when exposed to aspects that can relate to the traumatic event.
- ▶ **Negative cognitions and moods:** persistent and distorted sense of blame, diminished interest in others and/or in activities, inability to remember aspects of the traumatic event.

# Trauma and stress related medications

## Medication table

	Active substance	Medications' brand names	Symptoms targeted	FDA Approval
Antiadrenergic	Guanfacine	Intuniv, Tenex	arousal, re-experiencing, impulsivity, nightmares	There are no FDA approved medications for treatment of PTSD in children and adolescents.
	Clonidine	Kapvay	arousal, insomnia, impulsivity, aggression, anxiety	
	Propranolol	Inderal-LA-XL*, InnoPran-XL*, Pronol	arousal	
	Prazosin	Minipress-XL*	insomnia, nightmares	

\*Abbreviations are used by some brands to specify the release of the medication.

**LA:** long-acting

**XL:** extended release

## Resources

### Further information can be found at:

#### **U.S. National Library of Medicine: Medline Plus**

Gives information on drugs, herbs and supplements. Use the search tool to find the medication you are interested in:

<https://medlineplus.gov/>

#### **FDA Approval**

This FDA page allows you to search the approval status of any drug:

<https://www.accessdata.fda.gov/scripts/cder/daf/index.cfm>

#### **National Institute of Mental Health**

Gives access to various information about medications and mental health disorders: <https://www.nimh.nih.gov/index.shtml>

#### **Information about youth suicide and warning signs:**

[https://www.mhawisconsin.org/Data/Sites/1/media/impact-of-suicide-2016/out-of-folder-4---preventing-suicidal-behavior-among-youth-in-foster-care-\(foster-parent\).pdf](https://www.mhawisconsin.org/Data/Sites/1/media/impact-of-suicide-2016/out-of-folder-4---preventing-suicidal-behavior-among-youth-in-foster-care-(foster-parent).pdf)

## Resources

**American Association for Children and Adolescent Psychiatry (AACAP)**  
<http://www.aacap.org/Default.aspx>

*Two of AACAP specific guides:*

- **A guide for community child serving agencies on psychotropic medications for children and adolescents** [http://www.aacap.org/app\\_themes/aacap/docs/press/guide\\_for\\_community\\_child\\_serving\\_agencies\\_on\\_psychotropic\\_medications\\_for\\_children\\_and\\_adolescents\\_2012.pdf](http://www.aacap.org/app_themes/aacap/docs/press/guide_for_community_child_serving_agencies_on_psychotropic_medications_for_children_and_adolescents_2012.pdf)
- **Recommendations about the use of psychotropic medications for children and adolescents involved in child-serving systems**  
[https://www.aacap.org/App\\_Themes/AACAP/docs/clinical\\_practice\\_center/systems\\_of\\_care/AACAP\\_Psychotropic\\_Medication\\_Recommendations\\_2015\\_FINAL.pdf](https://www.aacap.org/App_Themes/AACAP/docs/clinical_practice_center/systems_of_care/AACAP_Psychotropic_Medication_Recommendations_2015_FINAL.pdf)

**Report of the American Bar Association to the House of Delegates on Overuse of Psychotropic Medication Among Children and Youth in State Custody** [http://webcache.googleusercontent.com/search?q=cache:CAHkGS9UT00J:www.americanbar.org/content/dam/aba/administrative/house\\_of\\_delegates/resolutions/2015\\_hod\\_annual\\_meeting\\_106.docx+&cd=2&hl=en&ct=clnk&gl=us](http://webcache.googleusercontent.com/search?q=cache:CAHkGS9UT00J:www.americanbar.org/content/dam/aba/administrative/house_of_delegates/resolutions/2015_hod_annual_meeting_106.docx+&cd=2&hl=en&ct=clnk&gl=us)

**U.S. Children's Bureau Guide on Psychotropic Medications for Youth in Foster Care** <https://www.childwelfare.gov/pubs/makinghealthychoices/>

## Resources

### **National Institute of Mental Health parent handout**

frequently asked questions about the treatment of children with mental illness:  
[https://www.nimh.nih.gov/health/publications/treatment-of-children-with-mental-illness-fact-sheet/nimh-treatment-children-mental-illness-faq\\_34669.pdf](https://www.nimh.nih.gov/health/publications/treatment-of-children-with-mental-illness-fact-sheet/nimh-treatment-children-mental-illness-faq_34669.pdf)

### **2015 Kids Are Worth It! Conference Workshop**

Psychotropic Medication Oversight Among Youth in Foster Care [video]:  
<https://www.childwelfare.gov/topics/systemwide/bhw/casework/medications/oversight>

Fact sheet on **atypical antipsychotic** developed by Medicaid/Medicare:  
<https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Pharmacy-Education-Materials/Downloads/atyp-antipsych-pediatric-factsheet.pdf>

Fact sheet on **antidepressant medications** developed by Medicaid/Medicare:  
<https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Pharmacy-Education-Materials/Downloads/ad-pediatric-factsheet11-14.pdf>

Fact sheet on **stimulant medications** by Medicaid/Medicare:  
<https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Pharmacy-Education-Materials/Downloads/stim-pediatric-factsheet11-14.pdf>

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