

Guide to 22 Medications for Monitoring Only

Some medications should only be prescribed by those with specific mental health expertise due to complicated dosing regimens, potential for side effects, and/or other concerns. But primary care clinicians can still play an important role in monitoring patients prescribed these medications. The medications are described by class below. Additional details about the medications, their uses and adverse effects are available for [download](#).

Medication class	Medications
SSRIs	Fluvoxamine, citalopram, paroxetine
SNRI	Venlafaxine
Tricyclic antidepressants	Nortriptyline, clomipramine
Other antidepressants	Bupropion, mirtazepine
Anxiolytics	Buspirone, lorazepam and clonazepam (benzodiazepines)
Second generation antipsychotics	Risperidone, quetiapine, aripiprasole, ziprazidone, olanzapine
First generation antipsychotics	Perphenazine, haloperidol
Mood stabilizers	Lithium, valproic acid, carbamazepine/oxycarbamazepine, lamotrigine

Other issues

Informed consent

Though the process of obtaining informed consent/assent for psychiatric medications is the same as for any other treatment, youth and their families may have additional questions about these medications. Media coverage of SSRIs and their link to increased suicide risk, and the medications' potential to affect the brain can add to concerns. Providers should be mindful of these issues and prepare to revisit consenting as the treatment plan evolves. Download a [discussion guide](#) for seeking informed consent for psychiatric medications.

Multiple medications

Most children will require only one psychiatric medication. When necessary, providers can safely prescribe methylphenidate, amphetamine, guanfacine, or atomoxetine in combination with fluoxetine, sertraline, or escitalopram to treat comorbid ADHD and depression or anxiety. Primary care clinicians should consult with mental health specialists when a youth requires three or more medications.