



# ADMINISTRATIVE/FISCAL/CLINICAL/PHF POLICY AND PROCEDURES

COUNTY OF SANTA BARBARA  
ALCOHOL, DRUG AND MENTAL HEALTH SERVICES

<b>Section -</b> QUALITY ASSURANCE	<b>Effective:</b> 12/1/09
<b>Policy -</b> #55 PRESCRIBING AND MONITORING PSYCHIATRIC MEDICATIONS	<b>Revised:</b>
<b>Director's Approval</b> <u>Ann Schley</u>	<b>Date</b> <u>11/29/09</u>
<b>Deputy Director's Approval</b> <u>[Signature]</u>	<b>Date</b> <u>11/29/09</u>
<b>Form Ref.</b> -	<b>Reviewed:</b>
<b>Author(s) -</b>	

## POLICY:

It is the policy of the Santa Barbara County Mental Health Plan (SBCMHP) to ensure that psychiatric medications are prescribed and monitored according to accepted standards of practice.

## PROCEDURE:

### I. MEDICATION DEVIATION

- A. This procedure will be followed whenever a psychiatrist makes a determination that either of the following is in the best interests of a client:
1. Prescribing a medication which has not been approved by the FDA for the use the physician intends ("off label" use), or
  2. Prescribing a medication at a dose above the maximum recommended by the manufacturer, as indicated in the Physician's Desk Reference or in materials furnished by the manufacturer.
- B. The physician who is considering prescribing a medication under the circumstances indicated above will follow the procedure below:
1. The psychiatrist will complete a peer consultation, describing the intended procedure and clinical rationale.
  2. If the peer agrees with the intended procedure, the treating psychiatrist will document the procedure, the clinical rationale, and the agreement by the peer in the client's medical record.

3. The treating psychiatrist will notify the Medical Director.
  - a. When reasonably possible, the Medical Director will be notified prior to the prescription being made.
  - b. If the Medical Director is not notified in advance, notification must occur within 3 working days after the prescription has been made.
  - c. The Medical Director will review the documentation and take whatever action he or she considers medically appropriate.
4. The procedure will be reviewed at the next regularly-scheduled meeting of the Medical Practice Committee or another appropriate group, at the discretion of the Medical Director.

## II. ANTIPSYCHOTIC MEDICATIONS

### A. Usual indications are:

- Schizophrenia
- Delusional disorders
- Schizo-affective disorders
- Schizophreniform disorder, brief reactive psychosis, or psychotic disorder NOS
- Bipolar disorder
- Major depressive episode with psychotic features
- Borderline personality disorder
- Other appropriate indications as documented

### B. Antipsychotic dosage will be within the approved dosing guidelines (attached). If a prescribed dosage is outside the guidelines, chart documentation must support the dosage. Specifically:

1. quetiapine (Seroquel) doses should be at least 400mg within 3 months of initiation.
2. aripiprazole (Abilify) initiated at doses of 5-15mg, and should be maintained at that dose for at least 4 weeks.
3. ziprasidone (Geodon) should be titrated to 120-160mg within the first two months of treatment

### C. Dosing

1. No "as needed" dosing (prn) of antipsychotic agents without documented rationale
2. Clozapine Guidelines are being followed for all clients taking clozapine
3. If more than one antipsychotic medication is simultaneously prescribed, the rationale is documented.

### D. Adjunctive Monitors

1. Baseline assessment of movement disorders documented

2. If possible symptoms of T.D. are noted, AIMS examination done at least every 6 months
3. Weight: Measured at baseline, at every visit for 9 months, then every 3 months thereafter
4. Glucose: Measured at baseline, at 6 months, then annually
5. Cholesterol/triglycerides: Measured at baseline, at 6 months, then annually
6. Prolactin (for clients on risperidone or any conventional agent): Measured at baseline, at 6 months, then annually
7. Electrocardiogram (for clients on thioridazine or ziprasidone): Obtain baseline ECG only in clients at risk for QTc prolongation. Periodic monitoring would be dependent on changes in electrolyte status (hypokalemia or hypomagnesemia) as a result of diuretic therapy, diarrhea, etc.
  - a. NOTE: These drugs are contraindicated in clients with a known history of QT prolongation (including congenital long QT syndrome), with recent acute myocardial infarction, with uncompensated heart failure, or with a history/family history of syncope or sudden cardiac death. These agents should not be used with any drug that prolongs the QT interval, and should be discontinued in clients who are found to have a QT<sub>c</sub> interval over 500 milliseconds.

### III. MOOD STABILIZERS

#### A. Usual indication

- Bipolar disorder mixed, manic or depressed
- Schizoaffective disorder
- Bipolar disorder NOS
- Cyclothymia
- Borderline personality disorder
- Refractory depression
- Other appropriate indications as documented

B. Mood stabilizer dosage will be within the approved dosing guidelines (attached). If the dosage prescribed is outside the guidelines, chart documentation must support the dosage.

C. No "as needed" dosing (prn) of mood stabilizers

D. If more than one mood stabilizer is simultaneously prescribed, the rationale is documented

#### E. Serum Levels

1. Serum level assessed both prior to and after a dosage adjustment as indicated, except for clients taking divalproex sodium (valproic acid), when levels at these times may be ordered solely based on clinical judgment of need
2. Serum level of the mood stabilizer, when measured, is within the therapeutic range:
  - Lithium                      0.6 – 1.2 mEq/L
  - Valproic Acid              50 – 125 mcg/ml
  - Carbamazepine            4 – 12 mcg/ml

- a. If serum level outside therapeutic range, chart documentation supports dosage
- b. Once stabilized, serum levels of carbamazepine and valproic acid drawn at least every 6 months; for lithium, every 12 months

**F. Adjunctive Monitors**

1. Prior to initiation: assessment of renal, hepatic, hematological, thyroid function, and electrolytes, as well as pregnancy status
2. Maintenance assessment:
  - Lithium: renal and thyroid function tested yearly
  - Valproic acid: hematological and hepatic functions tested twice yearly
  - Carbamazepine: hematological and hepatic function tested quarterly

**IV. ANTIDEPRESSANTS**

**A. Usual indications:**

- Major Depression
- Dysthymia
- Bipolar disorder, depressed
- Schizoaffective disorder, depressed
- Anxiety disorders (Panic, OCD, GAD, PTSD)
- ADHD
- Other appropriate indications as documented

**B.** Antidepressant dosage will be within the approved dosing guidelines (attached). If the dosage is outside the guidelines, chart documentation must support the dosage.

**C.** No "as needed" dosing (prn) of antidepressant agents, without documented rationale.

**D.** If more than one antidepressant medication is simultaneously prescribed, the rationale must be documented.

**E. Laboratory studies**

1. Baseline and maintenance laboratory assessments as indicated for tricyclic agents
2. Baseline liver function tests upon initiation of nefazodone
3. Maintenance liver function tests every six months during continuation of nefazodone (in addition to monitoring for clinical signs and symptoms of hepatic dysfunction in medical progress notes)

**V. ANXIOLYTICS**

**A. Indication**

- Anxiety disorders (Panic, OCD, GAD, PTSD)

- Acute psychomotor agitation
- Alcohol or sedative withdrawal
- Anxiety associated with other mental disorders
- Akathisia or tardive dyskinesia
- Bipolar disorder (clonazepam or lorazepam recommended)
- Other appropriate indications as documented

**B. Dosage Range**

1. Anxiolytic dosage will be within the approved dosing guidelines (attached). If a dosage is prescribed which is outside the dosing guidelines, chart documentation must support the dosage.

C. No more than one antianxiety agent will be prescribed at one time, unless the two agents are from different pharmacological classes, except during the transition from one agent to another.

D. Benzodiazepines will not be prescribed for any client with a history, or concurrent abuse, of alcohol or other drugs, or a history of addiction to antianxiety agents, unless supported by chart documentation.

**VI. HYPNOTICS**

**A. Indication:**

- Insomnia

**B. Dosage Range**

1. Hypnotic dosage will be within the approved dosing guidelines (attached). If a dosage is prescribed which is outside the dosing guidelines, chart documentation must support the dosage.

C. No more than one hypnotic agent will be prescribed at one time

D. Benzodiazepines will not be prescribed for any client with a history, or concurrent abuse, of alcohol or other drugs, or a history of addiction to anti-anxiety agents, unless supported by chart documentation.

E. Chloral hydrate will not be prescribed to any client with marked hepatic or renal impairment.

**VII. PSYCHOSTIMULANTS**

**A. Indication**

- ADHD
- Refractory Depression
- Other appropriate indications as documented

**B. Dosage Range**

1. Psychostimulant dosage will be within the approved dosing guidelines (attached). If a dosage is prescribed which is outside the guidelines, chart documentation must support the dosage
- C. Adjunctive Monitors
1. Height and weight every 6 months
  2. Pulse every 3 months, and blood pressure in clients > 12 years every 6 months
- D. Stimulants will not be prescribed to any client with history, or concurrent abuse, of alcohol or other drugs, or a history of addiction to stimulants, unless supported by chart documentation.

## VIII. ANTIPARKINSONIANS

- A. Indication
- Alleviation of extrapyramidal side effects (EPS) induced by antipsychotic drugs
  - Prophylaxis of EPS induced by antipsychotic medications
- B. Dosage Range
1. Antiparkinsonian dosage will be within the approved dosing guidelines (attached). If a dosage is prescribed which is outside the guidelines, chart documentation must support the dosage
- C. If antiparkinsonian medication is used with any atypical antipsychotic (clozapine, risperidone, olanzapine etc.) justification of specific need must be documented.
- D. No more than one antiparkinsonian agent will be prescribed at one time, unless documentation supports use

## IX. MISCELLANEOUS

- A. Gabapentin: The literature has demonstrated no efficacy of this agent in mood stabilization. Specific rationales for use should be clearly documented.
- B. Topiramate: At present, there is no evidence-based literature to support its use as a mood stabilizer. Specific rationales for use should be clearly documented.
- C. Controlled Substances: No controlled substance will be prescribed to any client with a history of substance abuse, unless supported by appropriate chart documentation.

**Assistance:**

**Reference:**

**Replaces:**

## DOSING GUIDELINES: CHILDREN AND ADOLESCENTS

### ANTIPSYCHOTIC AGENTS (1<sup>ST</sup> Generation)

	<u>CHILDHOOD DOSE</u> <u>(AGE 4-12 YEARS)</u>	<u>ADOLESCENT DOSE</u> <u>(AGE 12-19 YEARS)</u>
chlorpromazine (Thorazine)	10 -100 mg	10 – 200 mg
fluphenazine (Prolixin)	1 – 10 mg	1 – 20 mg
haloperidol (Haldol)	0.5 – 10 mg	0.5 – 20 mg
perphenazine (Trilafon)	2 – 16 mg	2 – 64 mg
thioridazine (Mellaril)	10 – 100 mg	10 – 200 mg
thiothixene (Navane)	1 – 20 mg	1 – 40 mg
trifluoperazine (Stelazine)	1 – 10 mg	2 – 20 mg

### ANTIPSYCHOTIC AGENTS (2<sup>ND</sup> Generation)

	<u>CHILDHOOD DOSE</u>	<u>ADOLESCENT DOSE</u>
clozapine (Clozaril)	not used	200 – 450 mg (>16 years)
olanzapine (Zyprexa)	1.25 – 15 mg	1.25 – 20 mg
quetiapine (Seroquel)	25 – 600 mg	25 – 800 mg
risperidone (Risperdal)	0.5 4 mg	0.5 – 6 mg
ziprasidone (Geodon)	10 – 120 mg	10 – 160 mg
aripiprazole (Abilify)	5 – 15 mg	5 – 15 mg

### MOOD STABILIZERS

	<u>CHILDHOOD DOSE</u>	<u>ADOLESCENT DOSE</u>
carbamazepine (Tegretol)	200 – 800 mg	200 – 1200 mg
gabapentin (Neurontin)	300 – 1800 mg	600 – 3600 mg
lithium carbonate	300 – 900 mg	300 – 1200 mg
#oxcarbazepine (Trileptal)	150 – 1200 mg	300 1800 mg
valproic acid/divalproex (Depakene/Depakote)	125 – 750 mg	125 – 1250 mg

### ANTIDEPRESSANTS (Tricyclic Agents)

	<u>CHILDHOOD DOSE</u>	<u>ADOLESCENT DOSE</u>
clomipramine (Anafranil)	25 – 100 mg	25 – 200mg
desipramine (Norpramin)	not used	25 – 100 mg
imipramine (Tofranil)	10 – 75 mg	10 – 100 mg
nortriptyline (Aventyl, Pamelor)	not used	30 – 50 mg
bupropion (Wellbutrin)	37.5 – 225 mg	75 – 300 mg
citalopram (Celexa)	10 – 40 mg	10 – 60 mg

## DOSING GUIDELINES: CHILDREN AND ADOLESCENTS

<u>ANTIDEPRESSANTS (Selective Agents)</u>	<u>CHILDHOOD DOSE</u>	<u>ADOLESCENT DOSE</u>
fluoxetine (Prozac)	10 -20 mg	10 – 60 mg
fluvoxamine (Luvox)	25 - 200 mg	25 - 300 mg
mirtazapine (Remeron)	15 - 30 mg	15 - 45 mg
nefazodone (Serzone)	100 - 300 mg	100 -600 mg
paroxetine (Paxil)	10 – 20 mg	10 – 50 mg
sertraline (Zoloft)	25 - 50 mg	25 - 100 mg
trazodone (Desyrel)	25 - 50 mg	25 - 400 mg
venlafaxine (Effexor)	12.5 – 37.5 mg	25 – 75 mg
<u>STIMULANTS</u>	<u>CHILDHOOD DOSE</u>	<u>ADOLESCENT DOSE</u>
dextroamphetamine (Dexedrine)	2.5 – 40 mg	5 - 40 mg
dextromethylphenidate (Focalin)	2.5 - 30 mg	2.5 30 mg
methylphenidate (Ritalin)	2.5 – 60 mg	5 - 60 mg
mixed amphetamine salts (Adderall)	2.5 - 30 mg	5 - 30 mg
# pemoline (Cylert)	18.75 mg	3.75 – 112.5 mg
<u>ANTIANSIETY/HYPNOTICS</u>	<u>CHILDHOOD DOSE</u>	<u>ADOLESCENT DOSE</u>
bupirone (BuSpar)	5 - 20 mg	10 - 45 mg
clonazepam (Klonopin)	0.25 - 4 mg	0.25 - 6 mg
diazepam (Valium)	1 - 10 mg	2 - 15 mg
hydroxyzine (Atarax, Vistaril)	25 - 50 mg	25 - 100 mg
lorazepam (Ativan)	0.25 - 4 mg	0.25 - 6 mg
temazepam (Restoril)	15 mg	15 – 30 mg
<u>ANTIPARKINSONIAN AGENTS</u>	<u>CHILDHOOD DOSE</u>	<u>ADOLESCENT DOSE</u>
benztropine (Cogentin)	0.5 - 4 mg	0.5 – 0.6 mg
diphenhydramine (Benadryl)	15 – 50 mg	15 – 100 mg
trihexyphenidyl (Artane)	1 - 10 mg	1 - 15 mg
<u>MISCELLANEOUS AGENTS</u>	<u>CHILDHOOD DOSE</u>	<u>ADOLESCENT DOSE</u>
clonidine (Catapres)	0.05 – 0.3 mg	0.05 – 0.4 mg
guanfacine (Tenex)	0.5 – 4 mg	0.5 – 4 mg

# not on formulary (November 2009) - securent formulary at [http://www.cencalhealth.org/for\\_providers/formulary/index.html](http://www.cencalhealth.org/for_providers/formulary/index.html)

## DOSING GUIDELINES: ADULTS

<u>ANTIPSYCHOTICS</u>	<u>BRAND</u>	<u>DAILY DOSING RANGE ADULT</u>
aripiprazole*	Abilify	5 – 30 mg
chlorpromazine	Thorazine	10 – 1000 mg
clozapine	Clozaril	300 – 900 mg
fluphenazine	Prolixin	1 – 40 mg
fluphenazine decanoate	Prolixin Dec.	12.5 – 100 mg q 2-4 w
haloperidol	Haldol	1 – 40 mg
haloperidol decanoate	Haldol Dec.	25 – 200 mg q 4 wks
loxapine	Loxitane	20 – 250 mg
molindone	Moban	15 – 225 mg
olanzapine	Zyprexa	5 – 30 mg
perphenazine	Trilafon	12 – 64 mg
quetiapine**	Seroquel	300 – 800 mg
risperidone	Risperdal	0.5 – 8 mg
thioridazine	Mellaril	40 – 800 mg
thiothixene	Navane	6 – 60 mg
trifluoperazine	Stelazine	2 – 40 mg
ziprasidone***	Geodon	120 – 160 mg
<u>ANTIDEPRESSANTS</u>	<u>BRAND</u>	<u>ADULT</u>
amitriptyline	Elavil	50 – 300 mg
bupropion	Wellbutrin	150 – 450 mg
citalopram	Celexa	20 – 60 mg
clomipramine	Anafranil	25 – 250 mg
desipramine	Norpramin	25 – 300 mg
doxepin	Sinequan	25 – 300 mg
fluoxetine	Prozac	10 – 80 mg
fluvoxamine	Luvox	50 – 300 mg
imipramine	Tofranil	30 – 300 mg
mirtazapine	Remeron	15 – 45 mg
nefazodone	Serzone	200 – 600 mg
nortriptyline	Pamelor	30 – 150 mg
paroxetine	Paxil	10 – 50 mg
phenelzine	Nardil	45 – 90 mg

## DOSING GUIDELINES: ADULTS

<b>ANTIDEPRESSANTS (cont)</b>	<b>BRAND</b>	<b>ADULT</b>
protriptyline	Vivactyl	15 – 60 mg
sertraline	Zoloft	50 – 200 mg
trazodone	Desyrel	150 – 600 mg
venlafaxine	Effexor	75 – 375 mg
<b>MOOD STABILIZERS</b>	<b>BRAND</b>	<b>ADULT</b>
gabapentin	Tegretol	400 – 1600 mg
gabapentin	Neurontin	300 – 3600 mg
lamotrigine	Lamictal	50 – 500 mg
lithium	Eskalith	600 – 1800 mg
valproic acid	Depakote	500 – 3000 mg
<b>ANTIPARKINSONIANS</b>	<b>BRAND</b>	<b>ADULT</b>
benztropine	Cogentin	1 – 8 mg
diphenhydramine	Benadryl	25 – 200 mg
trihexphenidyl	Artane	2 – 15 mg
amantadine	Symmetrel	100 – 400 mg
<b>HYPNOTICS/ ANTI-ANXIETY</b>	<b>BRAND</b>	<b>ADULT</b>
alprazolam	Xanax	0.75 – 10 mg
chlordiazepoxide	Librium	10 – 300 mg
clonazepam	Klonopin	1.5 – 15 mg
diazepam	Valium	4 – 40 mg
flurazepam	Dalmane	15 – 30 mg
lorazepam	Ativan	1 – 10 mg
temazepam	Restoril	7.5 – 30 mg
triazolam	Halcion	0.125 – 0.5 mg
bupirone	Buspar	15 – 60 mg
chloral hydrate	Noctec	250 – 1000 mg
zaleplon	Sonata	5 – 20 mg
zolpidem	Ambien	5 – 10 mg
<b>PSYCHOSTIMULANTS</b>	<b>BRAND</b>	<b>ADULT</b>
dextroamphetamine	Dexedrine	5 – 60 mg
methylphenidate	Ritalin	5 – 60 mg

## DOSING GUIDELINES: ADULTS

<u>PSYCHOSTIMULANTS (cont)</u>	<u>BRAND</u>	<u>ADULT</u>
methylphenidate (extended release)	Concerta	18 – 54 mg
pemoline	Cylert	37.5 – 75 mg

  

<u>MISC. AGENTS</u>	<u>BRAND</u>	<u>ADULT</u>
clonidine	Catapres	0.1 – 0.8 mg
disulfiram	Antabuse	250 – 500 mg
hydroxyzine	Atarax	50 – 400 mg
propranolol	Inderal	20 – 240 mg

- \* *quetiapine (Seroquel)* doses should be at least 400 mg within 3 months of initiation
- \*\* *aripiprazole (Abilify)* initiated at doses of 5-15 mg and should be maintained at that dose for at least 4 weeks.
- \*\*\* *ziprasidone (Geodon)* should be titrated to 120-160 mg within the first two months of treatment.