Section 3.15 Psychotropic Medication: Prescribing and Monitoring

3.15.1 Introduction

The use of psychotropic medications is often an integral part of treatment for persons receiving care for behavioral health conditions. As such, the use of psychotropic medications must be monitored closely to help ensure that persons are treated safely and effectively. The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) developed guidelines and minimum requirements designed to:

- Ensure the safety of persons taking psychotropic medications;
- Reduce or prevent the occurrence of adverse side effects;
- Help persons who are taking psychotropic medications restore and maintain optimal levels of functioning and achieve positive clinical outcomes;
- Ensure that psychotropic medications prescribed for persons are prescribed and monitored in a manner that provides for safe and effective use; and
- To ensure that medication will not be used as punishment, for the convenience of the staff, or as a substitute for other behavioral health services and shall be given in the least amount medically necessary with particular emphasis placed on minimizing side effects which otherwise would interfere with aspects of treatment, as stated in R9-21-207(C).

3.15.2 Terms

Definitions for terms are located online at http://www.azdhs.gov/bhs/definitions/index.php and http://www.magellanofaz.com/for-providers/provider-manual/definitions.aspx. The following terms are referenced in this section:

Adverse Drug Event (ADE)
Behavioral Health Professional
Complementary and Alternative Medicine (CAM)

Cross-tapering
Medication Error

3.15.3 Procedures

3.15.3-A. Basic Requirements

Medications may only be prescribed by T/RBHA credentialed and licensed physicians, licensed physician assistants, or licensed nurse practitioners. See Section 3.20, Credentialing and Recredentialing for more information regarding credentialing requirements.

Psychotropic medication will be prescribed by a psychiatrist who is a licensed physician, or a licensed nurse practitioner, licensed physician assistant, or physician trained or experienced in the use of psychotropic medication, who has seen the client and is familiar with the client's medical history or, in an emergency, is at least familiar with the client's medical history.

When a client on psychotropic medication receives a yearly physical examination, the results of the examination will be reviewed by the physician prescribing the medication. The physician will note any adverse effects of the continued use of the prescribed psychotropic medication in the client's record (see Section 4.2, Behavioral Health Medical Record Standards).

Whenever a prescription for medication is written or changed, a notation of the medication, dosage, frequency or administration, and the reason why the medication was ordered or changed will be entered in the client's record (see Section 4.2, Behavioral Health Medical Record Standards).

3.15.3-B. Assessments

Reasonable clinical judgment, supported by available assessment information, must guide the prescription of psychotropic medications. To the extent possible, candidates for psychotropic medications must be assessed prior to prescribing and providing psychotropic medications. Psychotropic medication assessments must be documented in the person's comprehensive clinical record per Section 4.2, Behavioral Health Medical Record Standards and must be scheduled in a timely manner consistent with Section 3.2, Appointment Standards and Timeliness of Service. Behavioral health professionals (BHPs) can use assessment information that has already been collected by other sources and are not required to document existing assessment information that is part of the person's comprehensive clinical record. At a minimum, assessments for psychotropic medications must include:

- An adequately detailed medical and behavioral health history;
- A mental status examination;
- A diagnosis;
- Target Symptoms;

- A review of possible medication allergies;
- A review of previously and currently prescribed psychotropic medications including any noted side effects and/or potential drug-drug interactions;
- Current medications prescribed by the PCP and medical specialists;
- Current over the counter (OTC) medications, including supplements:
- For sexually active females of childbearing age, a review of reproductive status (pregnancy);
- For post-partum females, a review of breastfeeding status; and
- Minimum requirements as per 3.15.3-D.

Reassessments must ensure that the provider prescribing psychotropic medication notes in the client's record (see Section 4.2, Behavioral Health Medical Record Standards):

- The reason for the use of the medication and the effectiveness of the medication;
- The appropriateness of the current dosage;
- All medication (including medications prescribed by the PCP and medical specialists, OTC medications, and supplements) being taken and the appropriateness of the combination of the medications;
- Any side effects such as weight gain and/or abnormal/involuntary movements if treated with an anti-psychotic medication; and
- Minimum requirements as per 3.15.3-D.

3.15.3-C. Informed Consent

Informed consent must be obtained from the person and/or legal guardian for each psychotropic medication prescribed. When obtaining informed consent, the BHP must communicate in a manner that the person and/or legal guardian can understand and comprehend. It is preferred that the prescribing clinician provide information forming the basis of an informed consent decision. In specific situations in which this is not possible or practicable, information may be provided by another credentialed behavioral health medical practitioner or registered nurse with at least one year of behavioral health experience.

The comprehensive clinical record must include documentation of the essential elements for obtaining informed consent (see Section 4.2, Behavioral Health Medical Record Standards). Essential elements for obtaining informed consent for medication are contained within PM Form

3.15.1, Informed Consent for Psychotropic Medication Treatment**.** The use of PM Form 3.15.1 is recommended as a tool to document informed consent for psychotropic medications. If PM Form 3.15.1 is not used to document informed consent, the essential elements for obtaining informed consent must be documented in the person's individual comprehensive clinical record in an alternative fashion (see Section 4.2, Behavioral Health Medical Record Standards). For more information regarding informed consent, please see Section 3.11, General and Informed Consent to Treatment.

3.15.3-D. Psychotropic Medication Monitoring

Psychotropic medications are known to affect health parameters. Depending on the specific psychotropic medication(s) prescribed, these parameters must be monitored according to current national guidelines, taking into account individualized factors. While T/RBHAs may establish additional guidelines or timelines beyond ADHS/DBHS minimum requirements, at a minimum, these must include:

- Heart Rate and Blood Pressure
  On initiation of any medication and at least every six months thereafter, or more frequently as clinically indicated.

- Weight
  On initiation of any medication and at least every six months thereafter, or more frequently as clinically indicated.

- Abdominal girth
  For individuals at least 18 years old, on initiation of any medication and at least every six months thereafter, or more frequently as clinically indicated.

- Body Mass Index (BMI)
  On initiation of any medication and at least every six months thereafter, or more frequently as clinically indicated.

- Abnormal Involuntary Movements (AIMS)
  On initiation of any antipsychotic medication and at least every six months thereafter, or more frequently as clinically indicated.

- Fasting glucose
  On initiation of any medication affecting this parameter and at least annually thereafter or more frequently as clinically indicated.

- Lipids
  On initiation of any medication affecting this parameter and at least annually thereafter or more frequently as clinically indicated.

- Complete Blood Count (CBC)

On initiation of any medication affecting this parameter and at least annually thereafter or more frequently as clinically indicated.

- Liver function
  On initiation of any medication affecting this parameter and at least annually thereafter or more frequently as clinically indicated.

- Lithium level
  Within one month of initiation of lithium or significant change in dose and at least every six months thereafter or more frequently as clinically indicated.

- Thyroid function
  Within one month of initiation of lithium and at least annually thereafter or more frequently as clinically indicated.

- Renal function
  Within one month of initiation of lithium and at least annually thereafter or more frequently as clinically indicated.

- Valproic acid level
  Within one month of initiation of valproic acid or divalproex or significant change in dose and at least annually thereafter or more frequently as clinically indicated.

- Carbamazepine level
  Within one month of initiation of carbamazepine or significant change in dose and at least annually thereafter or more frequently as clinically indicated.

- Review of all Medications, including medications prescribed by the PCP and medical specialists, OTC medications, and supplements at least annually or more frequently as clinically necessary.

- Children are more vulnerable than adults with regard to developing a number of antipsychotic induced side effects. These included higher rates of sedation, extrapyramidal side effects (except for akathisia), withdrawal dyskinesia, prolactin elevation, weight gain and at least some metabolic abnormalities. (Journal of Clinical Psychiatry 72:5 May 2011)

- Controlled Substance Prescription Monitoring Program (CSPMP) database
  As per statute A.R.S. § 36-2606 that requires each medical practitioner who is licensed under Title 32 and who possesses a DEA registration to also possess a current controlled substances prescription monitoring program registration issued by the Board of Pharmacy, all BHMPs credentialed with Magellan of Arizona are required to register with the Arizona CSPMP. They are also required to have access to the CSPMP.

- The BHMP will check the CSPMP:
  - Before prescribing a controlled substance;
  - When continuing a controlled substance upon hospital discharge;
  - When a member presents with chronic pain or altered mental status; or
  - When a member refuses a urine drug screen or there is concern that the member may be medication seeking for the purposes of misuse, abuse or diversion.
- The BHMP will document in the member's medical record the date the CSPMP is reviewed and if any concerns are identified.
  - If concerns are identified, the BHMP will document the steps/plan that will be used to address risk, coordinate care, engage the member and/or encourage additional treatment.

3.15.3-E. Polypharmacy

Commonly used psychotropic medication combinations include the following: medication combinations used to treat multiple disorders in the same patient, medication combinations that offer unique treatment advantages for a single disorder, and medication combinations to address side effects of an effective agent (Practice Parameter on the Use of Psychotropic Medication in Children and Adolescents J. AM. ACAD. CHILD ADOLESC. PSYCHIATRY, 48:9, SEPTEMBER 2009).

ADHS/DBHS recognizes two types of polypharmacy: intra-class polypharmacy and inter-class polypharmacy. Below are ADHS/DBHS expectations regarding prescribing multiple psychotropic medications to a person being treated for a behavioral health condition:

- Intra-class Polypharmacy: Defined as more than two medications prescribed at the same time within the same class, other than for cross-tapering purposes. The person's medical record (see Section 4.2, Behavioral Health Medical Record Standards) must contain documentation specifically describing the rationale and justification for the combined use.

- Inter-class Polypharmacy: Defined as more than three medications prescribed at the same time from different classes of medications for the overall treatment of behavioral health disorders. The medical record (see Section 4.2, Behavioral Health Medical Record Standards) must contain documentation specifically describing the rationale and justification for the combined use.

- Polypharmacy in Children aged Birth to Five: Defined as use of more than one psychotropic medication at a time (see ADHS/DBHS Practice Guidelines for Children: Birth to Five Years of Age)

3.15.3-F. Reporting requirements

ADHS/DBHS requires that T/RBHAs establish a system for monitoring the following:

- Adverse drug reactions;

- Adverse drug event;
- Medication errors

The above referenced events must be identified, reported, tracked, reviewed and analyzed by the T/RBHA.

An incident report must be completed for any medication error, adverse drug event and/or adverse drug reaction that results in harm and/or emergency medical intervention. (See Section 7.4, Reporting of Incidents, Accidents and Deaths for more information).

3.15.3-G. Complementary and alternative medicine (CAM)

Complementary and alternative medicine (CAM) is not AHCCCS reimbursable.

When a BHP uses Complementary and Alternative Medicine (CAM), (See The Arizona Medical Board's Guidelines For Physicians Who Incorporate Or Use Complementary Or Alternative Medicine In Their Practice) informed consent must be obtained from the person or guardian, when applicable, for each CAM prescribed (See PM 3.16, ADHS/DBHS Drug List). When obtaining informed consent, behavioral health medical practitioners must communicate in a manner that the person and/or legal guardian can understand and comprehend. The comprehensive clinical record must include documentation of the essential elements for obtaining informed consent (see Section 4.2, Behavioral Health Medical Record Standards). Essential elements for obtaining informed consent for medication are contained within PM Form 3.15.1, Informed Consent for Psychotropic Medication Treatment.

The use of PM Form 3.15.1 is recommended as a tool to document informed consent for CAM. If PM Form 3.15.1 is not used to document informed consent, the essential elements for obtaining informed consent must be documented in the person's individual comprehensive clinical record (see Section 4.2, Behavioral Health Medical Record Standards) in an alternative fashion.

3.15.4 References

The following citations serve as additional resources for this content area:
42 C.F.R. § 438.100
A.R.S. § 32-1901
R9-20-101
R9-20-303
R9-21-206.01
R9-21-207
Section 3.2, Appointment Standards and Timeliness of Service
Section 3.11, General and Informed Consent to Treatment
Section 3.16, ADHS/DBHS Drug List

Section 3.20, Credentialing and Recredentialing
Section 4.2, Behavioral Health Medical Record Standards
Section 4.3, Coordination of Care With AHCCCS Health Plans, Primary Care Providers, and Medicare Providers
Section 7.4, Reporting of Incidents, Accidents and Deaths
ADHS/DBHS Practice Guidelines, Psychiatric Best Practice for Children: Birth to Five Years of Age
ADHS/DBHS Drug List and Prior Authorization Guidance Documents webpage
General and Informed Consent to Treatment for Persons Under the Age of 18 Policy Clarification Memorandum
The Arizona Medical Board's Guidelines For Physicians Who Incorporate Or Use Complementary Or Alternative Medicine In Their Practice
National Coordinating Council for Medication Error Reporting and Prevention
American Academy of Child and Adolescent Psychiatry (AACAP) Practice Parameter on the Use of Psychotropic Medication in Children and Adolescents