



Title: Integrated Behavioral Health and Primary Care—Medication Management Guidelines

Date Created: 11/30/2015

Date Modified:

Date Approved by Board of Directors: 12/08/2015

Clinical Guideline # CGC-CG-23

Purpose: The purpose of these guidelines is to suggest the frequency at which certain clinical measures are monitored for patients who take specific anti-psychotic medications, antidepressants, and mood stabilizing medication. This guideline is for use in primary care and behavioral health sites which participate in the Integrated Behavioral Health and Primary Care (Models 1 and 2) project. In no way should these guidelines be interpreted to override a medical provider’s own medical judgment. These guidelines may not be consistent with services covered by any particular medical insurance plan.

See attached guidelines.

Clinical Guideline Board Approval History: 12/08/2015

Clinical Guideline Revisions:

Date	Revision Log	Updated By
11/30/2015	Initial Draft	E. Pape

This Clinical Guideline shall be reviewed periodically and updated consistent with the requirements established by the Board of Directors, Care Compass Network’s senior management, Federal and State law(s) and regulations, and applicable accrediting and review organizations.



Antidepressant Medication Management Guideline

The purpose of this Medication Management Guideline is to promote a common, evidence-based standard of care throughout the Care Compass Network PPS in the treatment of persons treated with antidepressant medication who are part of the Integration of Behavioral Health and Primary Care project. The intent is to aid primary care providers, including physicians, nurse practitioners, physicians' assistants and other providers in their care of patients.

This Medication Management Guideline has been developed with input from Care Compass Network Behavioral Health Quality Committee for the South Regional Performance Unit, representing primary care and behavioral health specialists, and the Care Compass Network Clinical Governance Committee. This guideline has been approved by the Clinical Governance Committee. On an annual basis, this guideline will be presented to the Behavioral Health Quality Committee for each Regional Performance Unit for improvement. It will be recertified by the Clinical Governance Committee following a review by the Quality Committee.

Common Antidepressant Medications

- Selective serotonin re-uptake inhibitors (SSRIs)
- Tricyclic antidepressants (TCA)
- Mirtazapine
- Bupropion
- Nefazodone
- Monoamine oxidase inhibitors (MAOIs)

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Recommended Patient Monitoring while taking Antidepressant Medications					
All Antidepressant Medications	Baseline	Upon Dosage Change	Every 6 Months	Annually	As Clinically Indicated
General Physical Assessment					
Blood Pressure, Heart Rate	X	X	X		X
Temperature, Respiratory Rate					X
Waist Circumference	X		X		X
Particularly with TCAs (amitriptyline, clomipramine, doxepin, imipramine, mirtazapine). Encourage exercise and a healthy lifestyle.					
Weight/Body Mass Index	X	X	X		X
Lifestyle Assessment					
Smoking, exercise, dietary habits, alcohol and drug dependency, oral hygiene	X		X		
Review Medical History	X			X	X
Medication Reconciliation including OTC and herbal supplements	X			X	X
Assess side effects and potential drug interactions.	X				
Bone Density					X
Pregnancy Status	X				X
Renal Function Testing					X
Use caution/reduce dosage of medications excreted renally including bupropion, duloxetine/Cymbalta, venlafaxine, mirtazapine, tricyclic antidepressants and escitalopram.					
Assess Suicide and Homicide Risk	X	X			X
Assess for Risk of Serotonin Syndrome					X
Assess side effects, symptom severity, and adherence to treatment plan		X		X	X
SSRI Medications	Baseline	Upon Dosage Change	Every 6 Months	Annually	As Clinically Indicated
Bleeding Risk	X				X
TCA Medications	Baseline	Upon Dosage Change	Every 6 Months	Annually	As Clinically Indicated
Electrocardiogram (ECG)	X				X
TCAs can cause arrhythmias and heart block in patients with preexisting conduction disorders.					
Plasma Levels					X
Thyroid Function	X			X	X
Liver Function Test	X				X
Mirtazapine	Baseline	Upon Dosage Change	Every 6 Months	Annually	As Clinically Indicated
Lipid Panel	X				X
Liver Function Tests	X				X
Fasting Blood Glucose	X				X
Bupropion	Baseline	Upon Dosage Change	Every 6 Months	Annually	As Clinically Indicated
Screen for history of seizures	X				X
Nefazodone	Baseline	Upon Dosage Change	Every 6 Months	Annually	As Clinically Indicated
Liver Function Tests	X				X

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MAO Inhibitors	Baseline	Upon Dosage Change	Every 6 Months	Annually	As Clinically Indicated
Blood Chemistries	X			X	X
Assess Diet	X				X
Avoid tyramine containing food and caffeine during treatment and for 2 weeks after discontinuing					

References:

Table adapted from October, 2012 Magellan Health Services Best Practices Guide. Available at:

http://www.magellanofaz.com/media/296241/best_practice_antidepressant_monitoring_guidelines_final.pdf

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Antipsychotic Medication Management Guidelines

The purpose of this Medication Management Guideline is to promote a common, evidence-based standard of care throughout the Care Compass Network PPS in the treatment of persons treated with antipsychotic medication who are part of the Integration of Behavioral Health and Primary Care project. The intent is to aid primary care providers, including physicians, nurse practitioners, physicians' assistants and other providers in their care of patients.

This Medication Management Guideline has been developed with input from Care Compass Network Behavioral Health Quality Committee for the South Regional Performance Unit, representing primary care and behavioral health specialists, and the Care Compass Network Clinical Governance Committee. This guideline has been approved by the Clinical Governance Committee. On an annual basis, this guideline will be presented to the Behavioral Health Quality Committee for each Regional Performance Unit for improvement. It will be recertified by the Clinical Governance Committee following a review by the Quality Committee.

Common Antipsychotic Medications

- Chlorpromazine
- Haloperidol
- Perphenazine
- Fluphenazine
- Clozapine

Common Atypical (Second Generation) Antipsychotic Medications

- Risperidone
- Olanzapine
- Quetiapine
- Ziprasidone
- Aripiprazole
- Paliperidone
- Lurasidone

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Recommended Patient Monitoring while taking Antipsychotic Medications							
All Antipsychotic Medications	Baseline	4-8 Weeks	12 Weeks	Quarterly	Twice Annually	Annually	As Clinically Indicated
General Physical Assessment							
Blood Pressure, Heart Rate	X		X		X		X
Temperature, Respiratory Rate							X
Medication Reconciliation including OTC and herbal supplements							
Assess side effects and potential drug interactions, including agents that impact electrolyte balance or prolong QT interval.	X					X	X
Waist Circumference	X				X		X
Weight/Body Mass Index	X	X	X		X		X
If patient gains >5% of initial weight, consider dietary intervention and changing agent							
Fasting Plasma Glucose	X		X			X	
Significant diabetes risk factors should be monitored more often							X
Fasting Lipid Screen	X		X			X	X
Pregnancy Status	X						X
Sexual Function Inquiry							
Menstrual disturbances, libido disturbances, or erectile/ejaculatory disturbances	X					X	X
Lifestyle Assessment							
Smoking, exercise, dietary habits, alcohol and drug dependency, oral hygiene	X		X			X	X
Cardiac Evaluation							
Evaluate patient for cardiac risk. Avoid thioridazine, mesoridazine, or pimozide and use caution if using ziprasidone or iloperidone if present.	X						X
EPS including Akathisia							
Assess extrapyramidal side effects during treatment initiation, dosage change and at each clinical visit.	X			X			X
Tardive dyskinesia							
Evaluate for abnormal involuntary movements using the AIMS scale. More frequently for elderly and other high risk patients.	X				X		X
Prolactin Level							
If evidence of disturbances in menstruation, libido, or erection/ejaculation.							X
Ocular Evaluations							
Inquire about visual changes. Refer patient for a slit-lamp exam at medication initiation and at 6 month intervals for chlorpromazine, prochlorperazine, and quetiapine.	X				X		X
Additional Clozapine CBC Monitoring							
WBC and ANC monitoring							X



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http://www.magellanofaz.com/media/296244/best_practice_antipsychotics_monitoring_guidelines_final_10-12.pdf. Accessed November 19, 2015.

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Mood Stabilizing Medication Management Protocol

The purpose of this Medication Management Guideline is to promote a common, evidence-based standard of care throughout the Care Compass Network PPS in the treatment of persons treated with mood stabilizing medication who are part of the Integration of Behavioral Health and Primary Care project. The intent is to aid primary care providers, including physicians, nurse practitioners, physicians' assistants and other providers in their care of patients.

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Common Mood Stabilizing Medications

- Lamotrigine
- Lithium
- Valproic Acid
- Carbamazepine

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Recommended Patient Monitoring while taking Mood Stabilizing Medications				
All Mood Stabilizers	Baseline	6 Months	Annually	As Clinically Indicated
General Physical Assessment				
Blood Pressure, Heart Rate	X	X		
Temperature, Respiratory Rate				X
Medication Reconciliation including OTC and herbal supplements				
Assess side effects and potential drug interactions, including agents that impact electrolyte balance or prolong QT interval.	X		X	X
Medical History				
Assess allergies, medical/psychiatric illnesses, surgeries, injuries, and hospitalizations.	X		X	X
Waist Circumference	X			
Weight/Body Mass Index	X	X	X	
Pregnancy Status	X			
Lifestyle Assessment				
Smoking, exercise, dietary habits, alcohol and drug dependency, oral hygiene	X		X	
Cardiac Evaluation				
Evaluate patient for cardiac risk.	X			X
Assess for Suicide and Homicide Risk	X			X

Lamotrigine	Baseline	6 Months	Annually	As Clinically Indicated
Rash Assessment and Education				
Discontinue medication at the first sign of a drug-related rash, particularly if accompanied by fever or sore throat, if diffuse and widespread, or if facial/mucosal involvement.	X			X

Lithium	Baseline	6 Months	At Dosage Change	Annually	As Clinically Indicated
Serum Level					
Levels should be closely monitored if start or discontinue NSAIDs, ACEIs, diuretics, fluoxetine, or other medications that interact.	X (5-7 days after initiation)	X	X (5-7 days after change)		X
Complete Blood Count (CBC)	X			X	X
Thyroid Function	X (1-2 x in first 6 months)	X (every 6-12 months)			X
BUN/Creatine Clearance	X (2-3 x in first 6 months)	X (every 6-12 months if stable)			X
Electrolytes	X	X		X	X
Fasting Blood Glucose	X				X
Assess side effects, symptom severity, and adherence to treatment plan			X	X	X
Electrocardiogram (ECG)					
If over 40 or cardiovascular risk factors are present	X				X

Valproic Acid	Baseline	3 Months	6 Months	At Dosage Change	Annually	As Clinically Indicated
Serum Level	X (1-2 weeks after initiation)			X (1-2 weeks after change)	X	X
Complete Blood Count (CBC)	X		X			X
Liver Function Tests	X		X			X

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Menstrual History	X	X (4 x in first year)			X	X
Assess side effects, symptom severity, and adherence to treatment plan				X	X	X

Carbamazepine	Baseline	3 Months	6 Months	At Dosage Change	Annually	As Clinically Indicated
Plasma Level	X (1-2 weeks after initiation)			X (1-2 weeks after change)	X	X
Liver Function Tests	X (1-2 weeks after initiation)		X			X
Complete Blood Count (CBC)	X (1-2 weeks after initiation)	X	X	X (1-2 weeks after change)	X	X
Electrolytes						
If risk factors are present	X					
Assess side effects, symptom severity, and adherence to treatment plan				X	X	X

References:

Table adapted from October, 2012 Magellan Health Services Best Practices Guide. Available at:

http://www.magellanofaz.com/media/296247/best_practice_mood_stabilizers_monitoring_guidelines_final_10-12.pdf Accessed November 19, 2015.

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