

Monitoring Parameters for Behavioral Health Medications

In an effort to assist with assuring the safe and effective use of behavioral health medications, we are providing some guidance on baseline and continued monitoring. This guidance relates to the HEDIS measures for compliance and monitoring of antipsychotic medications, some of which include Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA) and Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM).

Monitoring Parameters – First Generation Antipsychotics									
	Baseline	Week 4	Week 8	Week 12	Quarterly	6 months	Annually	As Clinically Indicated	
Personal Family History	✓						✓		
Medication Review	✓						✓		
Fasting Plasma Glucose and A1c	✓			✓			✓		
Fasting Lipid Profile	✓			✓			✓	✓	
Blood Pressure/Pulse	✓			✓			✓	✓	
Waist circumference	✓						✓		
Weight/BMI	✓			✓			✓		
Tardive Dyskinesia**	✓			✓		√	✓	✓	
EPS	✓							✓	
Sexual function	✓							✓	
Pregnancy status	✓							✓	
Prolactin Level	✓							✓	
Cardiac Monitoring (EKG: chlorpromazine Haloperidol, thioridazine)	√							√	
Ocular Evaluations chlorpromazine	√							√	



								Cy Care	
	Monitoring Parameters – Second Generation Antipsychotics								
	Baseline	Week 4	Week 8	Week 12	Quarterly	6 months	Annually	As Clinically Indicated	
Personal Family History	✓						✓		
Medication Review	✓						✓		
Fasting Plasma Glucose and A1c	✓			✓			√	✓	
Fasting Lipid Profile	✓	*		✓			✓		
Blood Pressure/Pulse	✓			✓			✓	✓	
Waist circumference	✓						✓		
Weight/BMI	✓	✓	✓	✓	✓				
Tardive Dyskinesia**	✓			✓		✓	✓	✓	
EPS	✓							✓	
Sexual function	✓							✓	
Pregnancy status	✓							✓	
Prolactin Level (risperidone and paliperidone; or if symptomatic)								√	
Cardiac Monitoring (EKG: ziprasidone, quetiapine, risperidone, olanzapine)	√							√	
Ocular Evaluations (quetiapine)	✓							✓	

^{*}For patients taking olanzapine, quetiapine, clozapine
** after week 12 done at month 6 and then at 6-month intervals and as clinically indicated



	Monitoring Parameters - Antidepressants									
		В	aseline	During titrati		•	Annually	As Clinically	Indicated	
Blood pressure/p	ulse		✓	✓	/		✓	✓		
Weight/waist circumference			✓				✓			
Pregnancy status			✓					✓		
Suicidal ideation behavior	or	✓		✓	,			✓		
Liver function tes (bupropion, Cymb fluvoxamine, MAC nefazodone, mirtazapine, TCAs venlafaxine)	oalta, Dis,		√					`		
Cardiac Monitoria (EKG: TCAs, escitalopram, citalopram)	ng		√					,	/	
Renal function (bupropion, MAO mirtazapine, venlafaxine)	ls,		✓				✓			
Seizure risk (bupropion, maprotiline)			✓				√			
Plasma levels (TC	As)							✓		
Sexual dysfunction	n	✓						✓		
Medication Revie	·w		✓				✓			
			Monitoring	Parameters	– Mood	stah	oilizers			
	Base	eline	1 Week	3 Months	6 Mont		At Dosage Change	Annually	As Clinically Indicated	
General physical assessment (BP, pulse, height, weight)	٧	/						√		
Pregnancy status	V	/							✓	



Suicidal behavior and ideation	Therapeuti	c Drug Lev	els – Mood St	abilizers and	d Anticonvulsa	ents	V		
Lithium			0.6-1.2 m	0.6-1.2 mEq/L					
Carbamazepine				4-12 mcg	4-12 mcg/mL (Steady state: 2-5 days)				
Valproic acid, tot	al			50-125 m	50-125 mcg/mL (Steady state: 2-4 days)				
Valproic acid, free	е			5-15 mcg/ml					
Ethosuximide				40-100 mcg/mL					
Phenytoin	10-20 mcg/mL								
Phenobarbital	15-40 mcg/mL (Steady state: 20-30 days)								
Primidone			5-12 mcg/mL						
			1211.2						

			Lithiur	n			
	Baseline	1 Week	3 Months	6 Months	At Dosage Change	Annually	As Clinically Indicated
Plasma level	✓			√	√ (5-7 days after dose increase)	√	√
СВС	✓					✓	✓
Pregnancy status	✓						✓
TSH	✓			✓	✓	✓	✓
BUN/CrCl	✓		✓	✓	✓	✓	✓
EKG (if age 40+ or high risk)	✓						✓
Urinalysis	✓						
Calcium	✓					✓	



	Valproic Acid										
	Baseline	1 Week	3 Months	6 Months	At Dosage Change	Annually	As Clinically Indicated				
Plasma level	✓				✓	✓	✓				
CBC with platelets	✓				✓	✓	✓				
Pregnancy status	✓						✓				
Liver function tests*	✓				√	√					

^{*}Elevated ammonia levels may occur with chronic use of valproic acid. Providers should consider measuring ammonia levels if unexplained lethargy, vomiting, or changes in mental status, and also with concomitant topiramate use

Carbamazepine										
	Baseline	1 Week	Every 2 weeks	3 months	At Dosage Change	Annually	As Clinically Indicated			
Plasma level		✓			✓	✓	✓			
Liver and renal function tests	√					✓	√			
СВС	✓				✓	✓	✓			
Ophthalmic exam	✓					✓	✓			

Lamotrigine										
	Baseline	1 Week	3 Months	6 Months	At Dosage Change	Annually	As Clinically Indicated			
BUN/CrCl	✓						✓			
Liver function tests	✓						✓			
Rash assessment and education	✓						√			

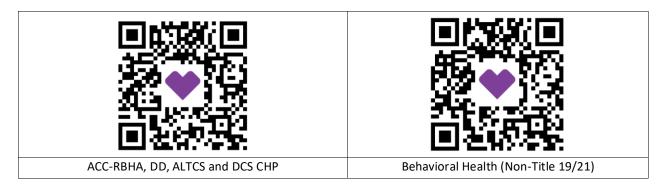
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- 3. https://crediblemeds.org/healthcare-providers/
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- 6. https://www.ncqa.org/hedis/measures/adherence-to-antipsychotic-medications-for-individuals-with-schizophrenia/



7. https://www.ncqa.org/hedis/reports-and-research/national-collaborative-for-innovation-in-quality-measurement/hedis-measures-for-the-safe-judicious-use-of-antipsychotic-medications-in-children-and-adolescents/">https://www.ncqa.org/hedis/reports-and-research/national-collaborative-for-innovation-in-quality-measurement/hedis-measures-for-the-safe-judicious-use-of-antipsychotic-medications-in-children-and-adolescents/

PREFERRED DRUG LIST UPDATES CAN BE FOUND HERE:



^{**} Drugs that are not on the formulary will require a PA (prior authorization) request to be submitted **

Reminder for quicker determinations of a Prior Authorization use the ePA link for Our Providers: Please click here to initiate an electronic prior authorization (ePA) request.

This newsletter is brought to you by the Mercy Care Pharmacy Team. For questions, please email Fanny A Musto (MustoF@mercycareaz.org), Denise Volkov (VolkovD@mercycareaz.org) or Trennette Gilbert (gilbert@mercycareaz.org)