

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL**

Section 3.15 **Psychotropic Medication: Prescribing and Monitoring**

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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. 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; and
- Help persons who are taking psychotropic medications restore and maintain optimal levels of functioning and achieve positive clinical outcomes.

3.15.2 **References**

The following citations can serve as additional resources for this content area:

[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 3.20, Credentialing and Privileging](#)

[Section 4.3, Coordination of Care With AHCCCS Health Plans and Primary Care Providers](#)

[Section 7.4, Reporting of Incidents, Accidents and Deaths](#)

[Informed Consent for Psychotropic Medication Treatment Clinical and Recovery Practice Protocol](#)

[Polypharmacy Use: Assessment of Appropriateness and Importance of Documentation Clinical and Recovery Practice Protocol](#)

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[Psychotropic Medication Use in Children, Adolescents, and Young Adults Clinical and Recovery Practice Protocol](#)

[General and Informed Consent to Treatment for Persons Under the Age of 18 Policy Clarification Memorandum](#)

3.15.3 Scope

To whom does this apply?

All T/RBHA and subcontracted providers utilizing behavioral health medical practitioners to prescribe psychotropic medications to the following populations:

- All Title XIX/XXI eligible persons;
- All non-Title XIX/XXI persons determined to have a Serious Mental Illness; and
- All other persons, based on available funding.

3.15.4 Did you know...?

- A person's target symptoms and clinical responses to treatment must be identified for each medication prescribed and documented in the person's comprehensive clinical record. Also, the use of psychotropic medication must always be referenced and incorporated into the person's individual treatment plan.
- Education regarding all prescribed medications must be routinely provided to persons, family members, guardians, or designated representatives in a culturally competent, language appropriate manner.
- Psychotropic medications that are not clinically effective after reasonable trials should be discontinued, unless the rationale for continuation can be supported and is documented in the person's comprehensive clinical record.
- Behavioral health medical practitioners must coordinate with primary care providers (PCPs) or other health care providers to minimize the potential for adverse clinical outcomes when prescribing psychotropic medications. See [Section 4.3, Coordination of Care with AHCCCS Health Plans and Primary Care Providers](#) and Medicare Providers regarding expectations for coordination of care with PCPs and other health care providers.

3.15.5 Definitions

[Adverse Drug Reaction](#)

[Behavioral Health Medical Practitioner](#)

[Cross-tapering](#)

[Medication Error](#)

3.15.6 Objectives

To ensure that psychotropic medications prescribed for persons are prescribed and monitored in a manner that provides for safe and effective use.

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3.15.7 Procedures

3.15.7-A. Basic requirements

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

3.15.7-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 and must be scheduled in a timely manner consistent with [Section 3.2, Appointment Standards and Timeliness of Service](#). Behavioral health medical practitioners 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; and
- A review of previously and currently prescribed medications including any noted side effects and/or potential drug-drug interactions.

Reassessments must be completed on an ongoing basis to ensure medication compliance and to substantiate that the prescribed psychotropic medication(s) are the most effective treatment for the person.

3.15.7-C. Informed consent

Informed consent must be obtained from the person and/or legal guardian for each psychotropic medication prescribed. 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. 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. **[T/RBHA, insert link here to T/RBHA specific informed consent]**

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For more information regarding informed consent, please see [Section 3.11, General and Informed Consent to Treatment](#).

3.15.7-D. High-risk medications

Psychotropic medications must be monitored adequately to avoid, diminish, or relieve side effects and adverse outcomes. The behavioral health medical practitioner must develop and implement safe and effective prescribing and monitoring practices to ensure that high-risk medications are adequately monitored to promote safe and effective use. At a minimum, this must include:

Type of Medication	Monitoring Action
Antipsychotic Medications	Administer the Abnormal Involuntary Movement Scale (AIMS) and document results. At a minimum, the AIMS must be completed and recorded upon the initiation of a new anti-psychotic medication, at least annually, or more frequently as indicated on an individual basis, or according to additional timeframes established by the T/RBHA Medical Director. Personal/family history, weight, BMI, waist circumference, fasting glucose and fasting lipid profiles must be monitored at least annually, or more frequently as indicated on an individual basis, or according to additional timeframes established by the T/RBHA Medical Director.. [T/RBHAs Enter Specific Information Here]
Lithium Carbonate	For each person who is prescribed Lithium Carbonate or any related formulations of Lithium, obtain Lithium levels, thyroid function tests, and renal function test at least annually or more frequently as indicated on an individual basis, or according to additional timeframes established by the T/RBHA Medical Director. [T/RBHAs Enter Specific Information Here]
Anticonvulsant medications used for mood stabilization	For each person who is prescribed anti-convulsant medications for mood stabilization or related treatment purposes, as indicated, obtain blood levels and liver function tests, CBC or other lab tests at least annually, or more frequently as indicated on an individual basis, or according to additional timeframes established by the T/RBHA Medical Director. [T/RBHAs Enter Specific Information Here]
For persons on medications that are known to affect health parameters	For persons on medications that are known to affect health parameters, such as height, weight, heart rate, and blood pressure, assessments will be made of the person's height, weight, heart rate, and blood pressure as indicated on an individual basis, or according to timeframes established by the T/RBHA Medical Director. [T/RBHAs Enter Specific Information Here]

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3.15.7-E. Polypharmacy

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 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 must contain documentation specifically describing the rationale and justification for the combined use.

3.15.7-F. Reporting requirements

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

- Adverse drug reactions
- Medication errors

The above referenced events must be identified, reported, tracked, reviewed and analyzed by the T/RBHA. **[T/RBHA fill in applicable info here]**

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