



2017 Medication & Pharmacy User Guide

Alameda County Behavioral Health Care Services

Office of the Medical Director

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- Abnormal Involuntary Movement Scale (AIMS)
- Positive and Negative Syndrome Scale (PANSS)
- Psychoactive Medication Dosing Ranges – Child & Adolescent, Adult
- Clozapine Information Sheets
- Physician Order Sheet for IM Medications

Alameda County Behavioral Health Care Services

TELEPHONE DIRECTORY

Medical Director

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Office of the Medical Director Fax Line.....Fax (510) 567-6850

Ramsell Corp (Pharmacy Benefits Manager)

Help Desk Line.....Tel (866) 726-7355

PA/Eligibility Fax Line.....Fax (800) 848-4241

Other Important Numbers

Medi-Cal Stockton Direct NumberTel (209) 942-6030

Medi-Cal TAR Fax (Stockton).....Tel (800) 829-4325

Poison Control.....Tel (800) 523-2222

BHCS Medi-Cal Share of Cost Assistance.....Tel (510) 383-1550

BHCS Medi-Cal Issue Date Assistance.....Tel (510) 383-1550

PHARMACY SYSTEM TIPS

<u>TOPIC</u>	<u>PROCEDURES</u>
REFILLS	A client can return for a refill when 75% of a 10-34 day supply or 82% of a 35-45 day supply is used.
LOST/STOLEN MEDICATION	The client's physician must call the Office of the Medical Director at (510) 567-8106 if the patient's medications were lost or stolen.
VACATION OR TRAVEL SUPPLY OF MEDICATION	The client's physician must call the Office of the Medical Director at (510) 567-8106 if the client's supply of medications is for vacation/travel. One additional refill is the maximum amount that can be concurrently dispensed.
NON-FORMULARY PSYCHOTROPIC MEDICATION	The client's physician must at a minimum, document two trials of formulary medication in the same therapeutic class listed in the formulary with the Office of the Medical Director at (510) 567-8106 for prior approval.
NON-FORMULARY NON-PSYCHOTROPIC MEDICATION	Requests will be made to the Office of the Medical Director at (510) 567-8106 for prior approval.
DENIED TARS	A copy of the denied TAR and prescription must be faxed by the pharmacist to the Office of the Medical Director at (510) 567-6850. The prescription may then be covered by BHCS.
AMOUNT PRESCRIBED DIFFERENT THAN AMOUNT APPROVED BY MEDI-CAL ON TAR	The pharmacist will submit a "One Time Only" TAR requesting the different amount, with an explanation provided by the patient's psychiatrist.
MEDI-CAL SHARE OF COST	If a share of cost exists, it is requested that the pharmacist call BHCS Finance at (510) 383-1550 prior to prescription adjudication to check if all patient clinical services have been entered chronologically.



Programs

Alameda County Behavioral Health Care Services – Programs

<u>PROGRAMS</u>	<u>ADDRESS</u>	<u>PHONE & FAX #</u>
1. Alameda CSC	2325 Clement Avenue, Suite B Alameda, CA 94501	Tel (510) 522-4668 Fax (510) 521-6729
2. Access for Asian/Pacific Islander	310 8 th Street, Suite 200A Oakland, CA 94607	Tel (510) 735-3939 Fax (510) 474-1715
3. Access for Latino	1501 Fruitvale Avenue Oakland, CA 94601	Tel (510) 535-6200 Fax (510) 535-4169
4. Adult Forensic Behavioral Health	5325 Broder Boulevard Dublin, CA 94568	Tel (925) 551-6740 Fax (925) 551-6727
5. Asian Health Services/ Mental Health	310 8 th Street, Suite 200A Oakland, CA 94607	Tel (510) 735-3900 Fax (510) 474-1715
6. BACS Wellness Centers		
○ Towne House	629 Oakland Avenue Oakland, CA 94611	Tel (510) 658-9480
○ Hedco	590 B Street Hayward, CA 94541	Tel (510) 247-8235
○ Valley	3900 Valley Avenue, Suite B Pleasanton, CA 94566	Tel (925) 484-8457
○ South County	40963 Grimmer Boulevard Fremont, CA 94538	Tel (510) 657-7425
7. Bonita House	6333 Telegraph Avenue, Suite 102 Oakland, CA 94609	Tel (510) 923-0180 Fax (510) 923-0894
8. BOSS North	2116 Broadway Oakland, CA 94612	Tel (510) 899-4100 Fax (510) 350-3322
9. Casa Ubuntu	7200 Bancroft Avenue, Suite 267 Oakland, CA 94605	Tel (510) 735-0864 Fax (510) 746-1196
10. CONREP	2055 Fairmont Drive San Leandro, CA 94578	Tel (510) 667-3950 Fax (510) 667-3903
11. Crisis Response Services (CRP) Fremont	39155 Liberty Street, G710 Fremont, CA 94538	Tel (510) 795-2434 Fax (510) 793-3972
12. Crisis Response Services (CRP) North	7200 Bancroft Avenue, Suite 125A Oakland, CA 94605	Tel (510) 383-5020 Fax (510) 383-5022
13. Crisis Response Services (CRP) South	409 Jackson Street Hayward, CA 94544	Tel (510) 891-5600 Fax (510) 891-5625
14. Crisis Response Services (CRP) Valley	3730 Hopyard Road, Suite 103 Pleasanton, CA 94588	Tel (925) 560-5880 Fax (925) 417-0947
15. Dublin High School	8151 Village Parkway Dublin, CA 94568	Tel (925) 833-3300 Fax (925) 833-3322
16. Eden CSC	2045 Fairmont Drive San Leandro, CA 94578	Tel (510) 667-7500 Fax (510) 667-7711
17. Eden Children’s Services	2045 Fairmont Drive San Leandro, CA 94578	Tel (510) 667-7540 Fax (510) 618-3434
18. FACT	2730 Adeline Street Oakland, CA 94607	Tel (510) 446-7142 Fax (510) 446-7193
19. Geriatric Assessment Response Team (GART)	409 Jackson Street Hayward, CA 94544	Tel (510) 891-5647 Fax (510) 891-5646

Alameda County Behavioral Health Care Services – Programs

<u>PROGRAMS</u>	<u>ADDRESS</u>	<u>PHONE & FAX #</u>
20. Greater HOPE/ Wellness Connections	1065 A Street Hayward, CA 94545	Tel (510) 657-7409 Fax (510) 538-5215
21. Guidance Clinic	2500 Fairmont Drive San Leandro, CA 94578	Tel (510) 667-3000 Fax (510) 667-3005
22. HOST	1422 Harrison Street Oakland, CA 94612	Tel (510) 809-1780 Fax (510) 893-1642
23. La Clinica de la Raza - Casa del Sol	1501 Fruitvale Avenue Oakland, CA 94601	Tel (510) 535-6200 Fax (510) 535-4167
24. La Familia Counseling Services	26081 Mocine Avenue Hayward, CA 94544	Tel (510) 881-5921 Fax (510) 881-5925
25. Mobile Integ. Assessment & Treatment for Seniors	3300 Capitol Avenue Fremont, CA 94537	Tel (510) 574-2062 Fax (510) 574-2054
26. NCSHP (North County Senior Homeless Program)	559 16 th Street Oakland, CA 94612	Tel (510) 613-0330 Fax (510) 238-5165
27. Oakland CSC	7200 Bancroft Avenue, Suite 125 Oakland, CA 94605	Tel (510) 777-3800 Fax (510) 777-3806
28. Oakland Children’s Services	7200 Bancroft Ave., Suite 125D Oakland, CA 94605	Tel (510) 777-3870 Fax (510) 777-3880
29. PREP	22971 Sutro Street Hayward, CA 94541	Tel (510) 318-6100 Fax (510) 728-8605
30. Sausal Creek Outpatient Stabilization Services	2620 26 th Avenue Oakland, CA 94601	Tel (510) 437-2363 Fax (510) 437-2366
31. Schreiber Center	409 Jackson Street Hayward, CA 94544	Tel (510) 891-5650 Fax (510) 891-5646
32. STAY	3800 Coolidge Avenue Oakland, CA 94602	Tel (510) 482-2244 Fax (510) 530-2047
33. TIP	3282 Adeline Street Berkeley, CA 94703	Tel (510) 981-5280 Fax (510) 596-9299
34. TrACT	2730 Adeline Street Oakland, CA 94607	Tel (510) 446-7142 Fax (510) 451-2869
35. Tri-City CSC	39155 Liberty Street, Suite G710 Fremont, CA 94538	Tel (510) 795-2434 Fax (510) 793-3972
36. TRUST Clinic	384 & 386 14 th Street Oakland, CA 94612	Tel (510) 268-2294 Fax (510) 273-3842
37. Valley CSC	3730 Hopyard Road, Suite 103 Pleasanton, CA 94588	Tel (925) 560-5880 Fax (925) 417-0947
38. West Oakland Mental Health	700 Adeline Street Oakland, CA 94607	Tel (510) 465-1800 Fax (510) 465-1508
39. Willow Rock Outpatient Center	2050 Fairmont Drive San Leandro, CA 94578	Tel (510) 483-3030 Fax (510) 483-2329
40. Woodroe Place	22505 Woodroe Avenue Hayward, CA 94541	Tel (510) 537-1688 Fax (510) 537-9222

Alameda County Behavioral Health Care Services – Programs
Community Support Centers

Office of the Medical Director
2000 Embarcadero Cove, Suite 400
Oakland, CA 94606
(510) 567-8110

Aaron Chapman, MD, Medical Director
Charles Raynor, PharmD, Pharmacy Director
Seth Gomez, PharmD, Clinical Pharmacist
Marianne Doral, CPhT, Pharmacy Technician
Cassie Chan, CPhT, Pharmacy Technician

Adult Forensic Behavioral Health
5325 Broder Boulevard
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Jennifer Chaffin, M.D.
Anthony Coppola, M.D.
Sandyha Dubey, M.D.
Neal Edwards, M.D.
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Farah Khan, M.D.
Said Shefayee, M.D.
Khenu Singh, M.D.
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*Mohinder Kaur, M.D.
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Access for Asian/Pacific Islander
310 8th Street, Suite 200A
Oakland, CA 94607
(510) 735-3939

Tim Lukaszewski, M.D.
Karen Yun, M.D.

Alameda Community Support Center
2325 Clement Avenue
Alameda, CA 94601
(510) 522-4668

Lori Glassie, P.A.

Access for Latino
1501 Fruitvale Avenue
Oakland, CA 94607
(510) 535-6200

Wendy Bernstein, M.D.
*Fuensanta (Tita) Botello, M.D.
*John Brim, M.D.
*Laura Klein, M.D.

Asian Health Services/Mental Health
310 8th Street, Suite 200A
Oakland, CA 94607
(510) 735-3900

Tim Lukaszewski, M.D.
Karen Yun, M.D.

Alameda County Behavioral Health Care Services – Programs
Community Support Centers

**Bay Area Community Services
Wellness Centers**

- **Towne House** 629 Oakland Avenue
Oakland, CA 94611
(510) 658-9480
- **Hedco** 590 B Street
Hayward, CA 94541
(510) 247-8235
- **Valley** 3900 Valley Avenue, Suite #B
Pleasanton, CA 94566
(510) 484-8457
- **South County** 40963 Grimmer Boulevard
Fremont, CA 94538
(510) 657-7425

Sarah Kaplan, P.A.
*Janetta Geringson, M.D.
*Paul Jurkowski, M.D.

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7200 Bancroft Avenue, Suite 267
Oakland, CA 94605
Tel (510) 735-0864

Nneka Umeh, N.P.

Condition Release Program (CONREP)
2060 Fairmont Drive
San Leandro, CA 94578
(510) 667-3950

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Bonita House
6333 Telegraph Avenue, Suite 102
Oakland, CA 94609
(510) 923-0180

*Suzannah Luhn, N.P.

Crisis Response Services Fremont
39155 Liberty Street, Suite G710
Fremont, CA 94538
(510) 795-2434

*Yasin Mansoor, M.D.

BOSS North
2116 Broadway
Oakland, CA 94612
(510) 899-4100

Neal Edwards, M.D.

Crisis Response Services North
7200 Bancroft Avenue, Suite 125A
Oakland, CA 94605
(510) 383-5020

Luisito Roxas, M.D.
Karen Yun, M.D.

Alameda County Behavioral Health Care Services – Programs
Community Support Centers

Crisis Response Services South

***409 Jackson Street
Hayward, CA 94544
(510) 891-5600***

Karen Yun, M.D.
*Yasin Mansoor, M.D.

FACT

***2730 Adeline Street
Oakland, CA 94607
(510) 446-7142***

Richard Cicinelli, M.D.
David Schatz, M.D.

Crisis Response Services Valley

***3730 Hopyard Road, Suite 103
Pleasanton, CA 94588
(925) 560-5880***

**Geriatric Assessment Response Team
(GART)**

***409 Jackson Street
Hayward, CA 94544
(510) 891-5647***

Lori Glassie, P.A.
*Lilian Lustman, M.D.

Eden Community Support Center

***2045 Fairmont Drive
San Leandro, CA 94578
(510) 667-7500***

Alan Cohen, M.D.
Nia Lozano, M.D.
Luisito Roxas, M.D.

Greater HOPE/Wellness Connections

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Hayward, CA 94545
(510) 667-7409 ext 312***

*Priyanka Baweja, M.D.

Eden Children's Services

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Alameda County Behavioral Health Care Services – Programs
Community Support Centers

HOST

***1422 Harrison Street
Oakland, CA 94612
(510) 809-1780***

Chelsea Landolin, N.P.
Mona Kim, N.P.

**Mobile Integrated Assessment &
Treatment for Seniors**

***3300 Capitol Avenue
Fremont, CA 94537
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Sudha Manjunath, M.D.

La Clinica de la Raza Casa Del Sol

***1501 Fruitvale Avenue
Oakland, CA 94601
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*John Brim, M.D.
*Laura Klein, M.D.

**NCSHP (North County Senior Homeless
Program)**

***559 16th Street
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Paul Jurkowski, M.D.

La Familia Counseling Service

***26081 Mocine Avenue
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Roger Lauer, M.D.
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Alameda County Behavioral Health Care Services – Programs
Community Support Centers

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7200 Bancroft Avenue, Suite 125D
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Yanni Rho, M.D.

Schreiber Center
409 Jackson Street
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Demian Rose, M.D.

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3282 Adeline Street
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Rebecca Carrillo, M.D.
*Jeffrey Johns, M.D.

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Svc
2620 26th Avenue
Oakland, CA 94601
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James Reichmuth, M.D.
Bernard Williams, P.A.

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Richard Cicinelli, M.D.
David Schatz, M.D.

Alameda County Behavioral Health Care Services – Programs
Community Support Centers

Tri-City Community Support Center
39155 Liberty Street, Suite G710
Fremont, CA 94538
(510) 795-2434

Lori Glassie, P.A.
Sui Kwong Sung, M.D.
Mohammad Sheikh, M.D. (Child)
*Yasin Mansoor, M.D.

West Oakland Mental Health
700 Adeline Street
Oakland, CA 94607
(510) 465-1800

Neal Edwards, M.D.
William MacMorran, M.D.
Carolyn Harris-Muchell, N.P.
*Kimberly Loda, M.D.

TRUST Clinic
384 & 386 14th Street
Oakland, CA 94612
(510) 268-2294

Jeffrey Seal, M.D.
Aislinn Bird, M.D.

Willow Rock Center – Outpatient
2050 Fairmont Drive
San Leandro, CA 94578
(510) 483-3030

Dina Frid, M.D.
Jessica Lee, M.D.

Valley Community Support Center
3730 Hopyard Road, Suite 103
Pleasanton, CA 94588
(925) 560-5880

Catherine Felisky, M.D. (Child)
Giridhar Reddy, M.D.

Woodroe Place
22505 Woodroe Avenue
Hayward, CA 94541
(510) 537-1688

Sarah Kaplan, P.A.
*Janetta Geringson, M.D.

*Substitutes during absences/locum tenens



*Psychiatrists
and Other
Prescribers*

Alameda County Behavioral Health Care Services
Psychiatrists and Other Prescribers

Psychiatrists & Other Prescribers	Service Site	Phone #/ Voicemail	E-mail
*Baweja, Priyanka, M.D.	- Greater HOPE	(510) 667-7409	
Bernstein, Wendy, M.D.	- La Clinica	(510) 535-6200	
Bird, Aislinn, M.D.	- TRUST Clinic	(510) 268-2294	
*Botello, Fuensanta (Tita), M.D.	- La Clinica	(510) 535-6200/ (510) 535-4169	
*Brim, John, M.D.	- La Clinica	(510) 535-6200	
Carrillo, Rebecca, M.D.	- TIP	(510) 981-5280	
Castro, Emma, M.D.	- Sausal Creek	(510) 437-2363	
Chaffin, Jennifer, M.D.	- Adult Forensic Behavioral Health - CONREP	(925) 551-6740/ (925) 551-6738 (510) 667-3950	Jennifer.Chaffin@acgov.org
Cicinelli, Richard, M.D.	- FACT - TrACT	(510) 446-7142 (510) 446-7142	
Cohen, Alan, M.D.	- Eden Adult	(510) 667-7500/ (510) 667-7583	Alan.Cohen@acgov.org
Coppola, Anthony, M.D.	- Adult Forensic Behavioral Health	(925) 551-6740	Anthony.Coppola@acgov.org
Dubey, Sandyha, M.D.	- Guidance Clinic - Adult Forensic Behavioral Health	(510) 667-3000 (925) 551-6740	
Edwards, Neal, M.D.	- West Oakland - BOSS North - Adult Forensic Behavioral Health	(510) 465-1800/ (510) 272-4795 (510) 899-4100 (925) 551-6740	
Felisky, Catherine, M.D.	- Valley Children	(925) 560-5880	Cathy.Felisky@acgov.org
Frid, Dina, M.D.	- Willow Rock Outpatient	(510) 483-0330	
*Geringson, Janetta, M.D.	- BACS Wellness Centers - Woodroe	(510) 658-9480 (510) 537-1688	
Gilligan, Kathleen, N.P.	- PREP	(510) 318-6100	
Glassie, Lori, P.A.	- Alameda CSC - GART - Tri-City Adult CSC	(510) 522-4668 (510) 891-5647 (510) 795-2434	
Graves-Matthews, Mcheko, M.D.	- Adult Forensic Behavioral Health	(925) 551-6740/ (925) 551-6741	Mcheko.Graves-Matthews@acgov.org
*Green, Shana, N.P.	- Oakland Adult CSC	(510) 777-3800	
Harris-Muchell, Carolyn, N.P.	- West Oakland	(510) 465-1800	

*Substitutes during absences/locum tenens

Alameda County Behavioral Health Care Services
Psychiatrists and Other Prescribers

Psychiatrists & Other Prescribers	Service Site	Phone#/ Voicemail	E-mail
Hinson, James, M.D.	- Oakland Adult CSC	(510) 777-3800/ (510) 777-3847	James.Hinson@acgov.org
Hoffman, Holli, N.P.	- Sausal Creek	(510) 437-2363	
*Johns, Jeffrey, M.D.	- TIP	(510) 981-5280/ (510) 981-5255	
Jurkowski, Paul, M.D.	- BACS Wellness Centers - NCSHP	(510) 658-9480 (510) 613-0330	
Kaplan, Sarah, P.A.	- BACS Wellness Centers - Woodroe	(510) 658-9480 (510) 537-1688	
*Kaur, Mohinder, M.D.	- Adult Forensic Behavioral Health	(925) 551-6740	
Khan, Farah, M.D.	- Adult Forensic Behavioral Health	(925) 551-6740	
Kim, Mona, N.P.	- HOST	(510) 809-1780	
*Klein, Laura, M.D.	- La Clinica	(510) 535-6200	
Landolin, Chelsea, N.P.	- HOST	(510) 809-1780	
Lauer, Roger, M.D.	- La Familia	(510) 881-5921	rmlauer@asia.com
Lee, Jessica, M.D.	- Willow Rock Outpatient	(510) 483-0330	
*Loda, Kimberly, M.D.	- West Oakland	(510) 465-1800	
Lozano, Nia, M.D.	- Eden Adult	(510) 667-7500/ (510) 667-7508	Nia.Lozano@acgov.org
Lucia, Darryl, M.D.	- La Familia	(510) 881-5921	
*Luhn, Suzannah, N.P.	- Bonita House	(510) 923-0180	
Lukaszewski, Tim, M.D.	- Asian Health Services/Mental Health	(510) 735-3900	
*Lustman, Lilian, M.D.	- GART/Schreiber Center	(510) 891-5647	
MacMorran, William, M.D.	- West Oakland	(510) 465-1800	
Manjunath, Sudha, M.D.	- Mobile Integrated Assessment & Tx for Seniors	(510) 574-2062	
*Mansoor, Yasin, M.D.	- Tri-City Adult CSC - Crisis Services South - Crisis Services Fremont	(510) 795-2434 (510) 891-5600 (510) 795-2434	
Minzenberg, Michael, M.D.	- PREP	(510) 318-6100	
Ortiz, Haydee Aurora, N.P.	- La Clinica	(510) 535-6200	
*Rasool Vali, Zulfikar Ali, M.D.	- Adult Forensic Behavioral Health	(925) 551-6740	

*Substitutes during absences/locum tenens

Alameda County Behavioral Health Care Services
Psychiatrists and Other Prescribers

Psychiatrists & Other Prescribers	Service Site	Phone #/ Voicemail	E-mail
Reddy, Giridhar, M.D.	- Valley CSC	(925) 560-5880	Giridhar.Reddy@acgov.org
*Reichmuth, James, M.D.	- Sausal Creek	(510) 437-2363	
Rho, Yanni, M.D.	- Oakland Children	(510) 777-3870	
Roxas, Luisito, M.D.	- Eden Adult CSC - Crisis Services North	(510) 667-7500/ (510) 667-7517 (510) 383-5020	Luisito.Roxas@acgov.org
Schatz, David, M.D.	- FACT - TrACT	(510) 446-7142 (510) 446-7142	
Seal, Jeffrey, M.D.	- TRUST Clinic	(510) 268-2294	
*Shah, Deval, M.D.	- Guidance Clinic	(510) 667-3000	
Shefayee, Said, M.D.	- Adult Forensic Behavioral Health	(925) 551-6740 (925) 551-6738	Said.Shefayee@acgov.org
Sheikh, Mohammad, M.D.	- Tri-City Children - Guidance Clinic	(510) 795-2434/ (510) 795-2439 (510) 667-3000	Mohammad.Sheikh@acgov.org
Singh, Khenu, M.D.	- Adult Forensic Behavioral Health	(925) 551-6740	
Sung, Sui Kwong, M.D.	- Tri-City Adult CSC	(510) 795-2434/ (510) 795-2474	Sui-Kwong.Sung@acgov.org
Umeh, Nneka, N.P.	- Casa Ubuntu	(510) 735-0864	
Vallas, Melissa, M.D.	- Eden Children	(510) 667-7540	
Von Halle, Angelique, N.P.	- STAY	(510) 482-2244/ (510) 530-2047	
Wagle, Rinata, M.D.	- Adult Forensic Behavioral Health	(925) 551-6740	
Williams, Bernard, P.A.	- Sausal Creek	(510) 437-2363	
Yun, Karen, M.D.	- Asian Health Services/Mental Health - Crisis Services North - Crisis Services South	(510) 735-3900/ (510) 474-1715 (510) 383-5020 (510) 891-5600	kareny@acmhs.org Karen.Yun@acgov.org

*Substitutes during absences/locum tenens



Pharmacy Network

Alameda County Behavioral Health Care Services – Pharmacy Network

ALAMEDA			TELEPHONE	FAX
CVS Store #09250	885 A Island Drive	Alameda 94501	(510) 865-2155	(510) 864-7079
CVS Store #09255	931 Marina Village Pkwy.	Alameda 94501	(510) 523-3504	(510) 523-4938
CVS Store #09128	2314 Santa Clara Ave.	Alameda 94501	(510) 523-4929	(510) 523-3430
Midtown Pharmacy	2173 Harbor Bay Parkway	Alameda 94502	(510) 864-4199	(510) 864-4196
Safeway Pharmacy	2227 South Shore Ctr.	Alameda 94501	(510) 863-9004	(510) 863-9005
ALBANY				
CVS Store #09595	1382 Solano Avenue	Albany 94706	(510) 559-3414	(510) 559-3418
BERKELEY				
CVS Store #03026	2300 Shattuck Avenue	Berkeley 94704	(510) 549-4255	(510) 549-4264
CVS Store #09941	1451 Shattuck Avenue	Berkeley 94709	(510) 849-0484	(510) 849-1041
CVS Store #10121	2655 Telegraph Avenue	Berkeley 94704	(510) 549-9063	(510) 883-1372
Drate's Pharmacy	2930 Shattuck Ave, Ste. 304	Berkeley 94705	(510) 848-1010	(510) 848-1020
CASTRO VALLEY				
CVS Store #09904	3667 Castro Valley Blvd.	Castro Valley 94546	(510) 538-1227	(510) 538-3935
DUBLIN				
CVS Store #03024	7201 Regional Street	Dublin 94568	(925) 828-3823	(925) 828-4942
EL CERRITO				
CVS Store #03053	10650 San Pablo Avenue	El Cerrito 94530	(510) 527-5110	(510) 527-6138
CVS Store #09086	670 El Cerrito Plaza	El Cerrito 94530	(510) 524-5895	(510) 527-4938
EMERYVILLE				
CVS Store #09553	4349 San Pablo Avenue	Emeryville 94608	(510) 653-0526	(510) 653-0560
FREMONT				
CVS Store #09234	46445 Mission Boulevard	Fremont 94536	(510) 656-2467	(510) 438-0302
CVS Store #09099	4020 Fremont Hub Ctr.	Fremont 94538	(510) 797-5505	(510) 797-3587
CVS Store #09600	35720 Fremont Blvd (<i>Brookvale</i>)	Fremont 94536	(510) 792-5100	(510) 792-2482
CVS Store #00331	2000 Driscoll Road	Fremont 94539	(510) 770-8571	(510) 770-8784
HAYWARD				
CVS Store #09622	243 West Jackson Street	Hayward 94544	(510) 783-0330	(510) 786-2892
CVS Store #00816	22501 Foothill Boulevard	Hayward 94541	(510) 881-9474	(510) 881-9479
CVS Store #10199	26059 Mission Boulevard	Hayward 94544	(510) 886-2207	(510) 886-2427
LIVERMORE				
CVS Store #09678	1500 First Street	Livermore 94550	(925) 455-5580	(925) 455-5060
CVS Store #09397	4405 First Street	Livermore 94550	(925) 373-8124	(925) 373-4794
NEWARK				
CVS Store #09494	35080 Newark Boulevard	Newark 94560	(510) 796-4050	(510) 796-2963
OAKLAND				
New Oakland Pharmacy	822 Webster Street	Oakland 94607	510-268-0288	510-268-0788
New Oakland Pharmacy #1	333 9th Street	Oakland 94607	(510) 628-0368	(510) 628-0323
La Clinica de la Raza	3451 E. 12th Street	Oakland 94601	(510) 535-3375	(510) 535-4169
Fruitvale Ave Pharmacy	2693 Fruitvale Avenue	Oakland 94601	(510) 261-1412	(510) 261-1414
Wellspring Pharmacy	4184 Piedmont Ave, Ste. C	Oakland 94611	(510) 428-1559	(510) 428-1670
CVS Store #08431	7200 Bancroft Avenue	Oakland 94605	(510) 569-2795	(510) 569-9506
CVS Store #09378	4100 Redwood Road	Oakland 94619	(510) 531-0602	(510) 531-4884
CVS Store #09130	175 41 st Street	Oakland 94611	(510) 658-3496	(510) 658-0772
CVS Store #09226	3320 Fruitvale Avenue	Oakland 94602	(510) 530-3156	(510) 530-1082
CVS Store #09929	2000 Mountain Blvd.	Oakland 94611	(510) 339-8535	(510) 339-8648
CVS Store #01283	3236 Lakeshore Avenue	Oakland 94611	(510) 451-1753	(510) 451-1759
CVS Store #10475	2964 Broadway Avenue	Oakland 94611	(510) 836-7904	(510) 836-7934
CVS Store #9957	344 20th Street	Oakland 94612	(510) 832-8384	(510) 832-0179
PINOLE				
CVS Store #09299	1401 Tara Hills Drive	Pinole 94564	(510) 724-8880	(510) 724-1448
PLEASANTON				
CVS Store #09251	3999 Santa Rita Rd	Pleasanton 94588	(925) 460-8552	(925) 460-5147
CVS Store #10119	6750 Bernal Avenue	Pleasanton 94566	(925) 249-9011	(925) 600-8968
Rite Aid #5944	2819 Hopyard Avenue	Pleasanton 94588	(925) 846-8345	(925) 846-6951
SAN LEANDRO				
CVS Store #09876	699 Lewelling Boulevard	San Leandro 94579	(510) 351-0951	(510) 351-4526
CVS Store #09635	1550 E. 14 th Street	San Leandro 94577	(510) 351-7957	(510) 351-5901
CVS Store #00414	14869 E. 14th Street	San Leandro 94578	(510) 351-1492	(510) 351-5972
CVS Store #09942	1401 Washington Ave	San Leandro 94577	(510) 483-2810	(510) 483-8015
SAN RAMON				
CVS Store #09868	2455 San Ramon Valley Blvd.	San Ramon 94583	(925) 820-7325	(925) 820-0241
CVS Store #09536	490 Market Place	San Ramon 94583	(925) 327-0435	(925) 327-0720
CVS Store #09348	9120 Alcosta Blvd	San Ramon 94583	(925) 829-9335	(925) 829-7933

BOLD = MIA Program Pharmacy

*** = Delivery Pharmacies**

Please note, CVS Pharmacies within Target store locations are not in the BHCS Pharmacy Network.



Medication Formulary System

Alameda County Behavioral Health Care Services

MEDICATION FORMULARY SYSTEM

Overview:

A formulary system is a method for the medical staff of BHCS to evaluate, appraise, and select from the numerous available drug entities and drug products that are considered most useful for care of our patient population. Only those selected drugs will be routinely available for prescribing from the network pharmacies.

Components of the formulary system include a method for requesting formulary changes (additions and deletions), evaluating the role of new medications released to the market, programs to monitor drug use and adverse events, as well as provision of drug information and education related to optimizing patient care and outcomes. A formulary is not a restrictive list of medications; it is a flexible and dynamic system that reflects the current clinical judgment of the medical staff and BHCS, and needs constant evaluation and revision.

Purpose:

A formulary system has three purposes and associated benefits for Alameda County Behavioral Health Care Services:

1. To ensure the quality and appropriateness of medication provision within BHCS. New drug evaluations, dosing guidelines, drug use evaluations, and adverse drug reaction reporting are some of the ways to support this principle.
2. The second purpose is to teach appropriate drug therapy to staff through education. Drug monographs, treatment guidelines, and in-service educational programs all benefit staff.
3. Finally, a formulary system provides cost-effective drug therapy, not simply drug cost reductions.

Medication Classification:

1. Formulary

Medication can be prescribed by authorized BHCS clinicians.

2. Non-Formulary – Psychotropic Medication

Will require discussion with the Office of the Medical Director for approval. Non-formulary psychotropic medication classes may include:

- a) Antipsychotic Agent
- b) Antidepressant
- c) Mood Stabilizer
- d) Antiparkinsonian/Antidyskinetic Agent
- e) Antianxiety/Hypnotic
- f) Psychostimulant

Alameda County Behavioral Health Care Services

MEDICATION FORMULARY SYSTEM

Formulary Revisions:

Medication additions/deletions to the Alameda County BHCS Formulary will be made in writing to the Office of the Medical Director. All proposed changes will be discussed at the Psychiatric Practices Committee (PPC), and an action recommendation made to the Medical Director. The Medical Director will make the final decision.



*Level I
Medication
Formulary*

ANTIDEPRESSANTS

<i>Selective Serotonin Reuptake Inhibitors</i>		Ave \$ per day	FFS Medi-Cal	Alameda Alliance
citalopram	10, 20, 40 mg, 10mg/5ml (oral solution)	\$0.69	NF	F
escitalopram	5, 10, 20 mg	\$3.80	F	F
fluoxetine	10, 20, 40 mg, 20mg/5ml (oral solution)	\$0.87	F (20 mg tablets & 40 mg tablets/capsules not on formulary)	F (20 mg tablets not on formulary)
fluvoxamine	25, 50, 100 mg	\$0.88	F	F
paroxetine	10, 20, 30, 40 mg, 10mg/5ml (oral suspension)	\$0.79	F	F
sertraline	25, 50, 100 mg, 20mg/ml (oral concentrate)	\$0.65	F	F

<i>Serotonin-Norepinephrine Reuptake Inhibitors</i>		Ave \$ per day	FFS Medi-Cal	Alameda Alliance
venlafaxine	IR: 25, 37.5, 75, 100 mg	\$0.93	NF	F
	XR: 37.5, 75, 150 mg	\$3.81	F (Restricted to Upstate Pharma manufacturer for XR tablets only)	F (XR tablets not on formulary)
duloxetine	20, 30, 40, 60 mg	\$6.00	F	QL [†]

<i>Miscellaneous Agents</i>		Ave \$ per day	FFS Medi-Cal	Alameda Alliance
bupropion	IR: 75, 100 mg	\$0.50	F (Restricted to Valeant Pharm. Manufacturer for XL only)	F
	SR: 100, 150, 200 mg	\$0.97		
	XL: 150, 300 mg	\$1.30		
mirtazapine	7.5, 15, 30, 45 mg	\$0.90	F (7.5 mg tablets not on formulary)	F
	ODT: 15, 30, 45 mg			
phenelzine	15 mg	\$2.15	PA	Bill FFS Medi-Cal
trazodone	50, 100, 150 mg	\$0.69	F (<18 years of age requires TAR)	F

<i>Tricyclic Compounds</i>		Ave \$ per day	FFS Medi-Cal	Alameda Alliance
amitriptyline	10, 25, 50, 75, 100, 150 mg	\$0.83	F	F
clomipramine	25, 50, 75 mg	\$1.07	F	F
desipramine	10, 25, 50, 75, 100, 150 mg	\$2.80	F	F (150 mg not on formulary)
doxepin	10, 25, 50, 75, 100, 150 mg	\$0.79	F	F
imipramine	10, 25, 50 mg	\$1.55	F	F
nortriptyline	10, 25, 50, 75 mg	\$0.77	F	F
protriptyline	5, 10 mg	\$2.12	F	NF

F = Formulary NF = Non-Formulary PA = Prior Authorization (TAR) ST = Step Therapy QL = Quantity Limit AL = Age Limit

† For 20 mg strength, maximum quantity of #60/30 days; for 30 mg strength, maximum quantity of #30/30 days.

ANTIPSYCHOTICS

Please Note: The use of antipsychotics for Medi-Cal beneficiaries 0 – 17 years of age requires TAR approval.

2nd Generation (Atypical Antipsychotics)		Ave \$ per day	FFS Medi-Cal	Alameda Alliance
aripiprazole	2, 5, 10, 15, 20, 30 mg	\$32.27	F (Brand name only)	Bill FFS Medi-Cal
clozapine (BHCS Clozapine Notification Form Required)	12.5, 25, 50, 100, 200 mg	\$2.07	F (Only 200 mg tabs covered & all strengths of FazaClo covered)	Bill FFS Medi-Cal
lurasidone	20, 40, 60, 80, 120 mg	\$25.10	F	Bill FFS Medi-Cal
olanzapine	2.5, 5, 7.5, 10, 15, 20 mg	\$0.96	F	Bill FFS Medi-Cal
	ODT: 5, 10, 15, 20 mg	\$22.56	F	
quetiapine	IR: 25, 50, 100, 200, 300, 400 mg	\$1.07	F	Bill FFS Medi-Cal
	XR: 50, 150, 200, 300, 400 mg	\$15.35	F (Brand name only)	
risperidone	0.25, 0.5, 1, 2, 3, 4 mg, 1mg/ml (oral solution)	\$0.98	F	Bill FFS Medi-Cal
	ODT: 0.25, 0.5, 1, 2, 3, 4 mg	\$4.82	PA	
ziprasidone	20, 40, 60, 80 mg	\$3.34	F	Bill FFS Medi-Cal

2nd Generation Long-Acting Injectables		Ave \$ per mo.	FFS Medi-Cal	Alameda Alliance
Abilify Maintena	300, 400 mg	\$1,800	PA	Bill FFS Medi-Cal
Aristada	441, 662, 882 mg	\$1,950	PA	Bill FFS Medi-Cal
Invega Sustenna	39, 78, 117, 156, 234 mg	\$2,411	PA	Bill FFS Medi-Cal
Risperdal Consta	12.5, 25, 37.5, 50 mg	\$1,600	PA	Bill FFS Medi-Cal

1st Generation Long-Acting Injectables		Ave \$ per vial	FFS Medi-Cal	Alameda Alliance
fluphenazine decanoate	25mg/ml	\$18	PA	Bill FFS Medi-Cal
haloperidol decanoate	50mg/ml, 100mg/ml	\$17	PA	Bill FFS Medi-Cal

1st Generation (Typical Antipsychotics)		Ave \$ per day	FFS Medi-Cal	Alameda Alliance
chlorpromazine	10, 25, 50, 100, 200 mg	\$0.57	F	Bill FFS Medi-Cal
	25mg/ml (rapid-acting injectable)		PA	
fluphenazine	1, 2.5, 5, 10 mg, 2.5mg/5ml (oral elixir), 5 mg/ml (oral conc.)	\$0.70	F	Bill FFS Medi-Cal
haloperidol	0.5, 1, 2, 5, 10, 20 mg, 2mg/ml (oral conc.)	\$0.57	F	Bill FFS Medi-Cal
loxapine	5, 10, 25, 50 mg	\$0.57	F	Bill FFS Medi-Cal
molindone	5, 10, 25 mg	\$2.29	F	Bill FFS Medi-Cal
perphenazine	2, 4, 8, 16 mg	\$1.58	F	Bill FFS Medi-Cal
pimozide	2 mg	\$0.85	PA	Bill FFS Medi-Cal
thioridazine	10, 25, 50, 100 mg	\$0.74	F	Bill FFS Medi-Cal
thiothixene	1, 2, 5, 10, 20 mg	\$0.83	F	Bill FFS Medi-Cal
trifluoperazine	2, 5, 10 mg	\$1.45	F	Bill FFS Medi-Cal

MOOD STABILIZERS

		Ave \$ per day	FFS Medi-Cal	Alameda Alliance
carbamazepine	100 (chew), 200 mg, 100mg/5ml (oral solution)	\$0.73	F	F
oxcarbazepine	150, 300, 600 mg	\$0.57	F	QL (Max #120/30 days)
divalproex	DR: 125, 250, 500 mg	\$0.79	F	F
	ER: 250, 500 mg	\$3.29		
valproic acid	250 mg, 250mg/5ml (oral solution)	\$0.57	F	F
lamotrigine	25 (tab, chew), 100, 150, 200 mg	\$0.77	F	F‡
lithium carbonate	150, 300, 600 mg	\$0.80	F (150 & 600 mg not on formulary)	Bill to FFS Medi-Cal
lithium CR	300, 450 mg	\$1.33	F (450 mg not on formulary)	Bill to FFS Medi-Cal

ANTIPARKINSONIAN/ANTIDYSKINETIC AGENTS

		Ave \$ per day	FFS Medi-Cal	Alameda Alliance
amantadine	100 mg cap, 50mg/5ml (oral syrup)	\$1.98	F	Bill to FFS Medi-Cal
atenolol	25, 50, 100 mg	\$0.59	F	F
benztropine	0.5, 1, 2 mg, 2mg/2ml (injectable)	\$0.93	F	Bill to FFS Medi-Cal
diphenhydramine	25, 50 mg, 50mg/ml (injectable)	\$0.63	F (25 mg not on formulary)	F
propranolol	10, 20, 40, 60, 80, 20mg/5ml (oral solution), 40mg/5ml (oral solution)	\$0.70	F	F
trihexyphenidyl	2, 5 mg, 2mg/5ml (oral solution)	\$1.20	F	Bill to FFS Medi-Cal

F = Formulary NF = Non-Formulary PA = Prior Authorization (TAR) ST = Step Therapy QL = Quantity Limit AL = Age Limit

‡ Maximum dose of #5 tabs/day for 25 mg tablets only.

ANTI-ANXIETY/HYPNOTICS

<i>Benzodiazepines</i>		Ave \$ per day	FFS Medi-Cal	Alameda Alliance
alprazolam	0.25, 0.5, 1, 2 mg	\$0.77	NF	F
clonazepam	0.5, 1, 2 mg	\$0.73	QL (Max #90/fill, 3 fills/75 days)	F
diazepam	2, 5, 10 mg	\$0.57	NF	QL (Max #90/30 days)
flurazepam	15, 30 mg	\$0.83	F (7.5 mg not on formulary)	AL (< Age 64)
lorazepam	0.5, 1, 2 mg	\$0.73	QL (Max #30/fill, 3 fills/75 days)	F
temazepam	7.5, 15, 30 mg	\$0.77	F	F
triazolam	0.125, 0.25 mg	\$0.75	F (Max #15/fill)	F

<i>Non-Benzodiazepines</i>		Ave \$ per day	FFS Medi-Cal	Alameda Alliance
buspirone	5, 10, 15, 30 mg	\$0.74	F	F
chloral hydrate	500 mg	\$0.75	F	NF
zolpidem	5, 10 mg	\$0.65	F	QL (Max #30/30 days)

PSYCHOSTIMULANTS

		Ave \$ per day	FFS Medi-Cal (Restricted to ages 4-16 only)	Alameda Alliance
dextroamphetamine	5, 10 mg	\$1.27	F*	F
dextroamphetamine SR	5, 10, 15 mg	\$4.69	NF	F
dexmethylphenidate ER	5, 10, 15, 20, 30, 40 mg	\$7.77	F*	NF
methylphenidate	5, 10, 20 mg	\$1.23	F*	F
methylphenidate CD (Metadate CD)	10, 20, 30, 40, 50, 60 mg	\$4.16	NF	F
methylphenidate LA (Ritalin LA)	10, 20, 30, 40, 60 mg	\$1.20	NF	ST (Requires prior use of methylphenidate tabs)
methylphenidate XR (Concerta)	18, 27, 36, 54 mg	\$5.24	F*	AL (Ages 4-18) ST~ QL~
amphetamine/dextroamphetamine ER (Adderall XR)	5, 10, 15, 20, 25, 30 mg	\$4.65	F* (Brand name only)	AL (Ages 4-18) QL ^Δ

F = Formulary NF = Non-Formulary PA = Prior Authorization (TAR) ST = Step Therapy QL = Quantity Limit AL = Age Limit

* Restricted to use in ADHD.

~ Requires prior use of dextroamphetamine/amphetamine ER or methylphenidate. For 18, 27, & 54 mg strengths, maximum quantity of #30/30 days; for 36 mg strength, maximum quantity of #60/30 days.

^Δ For 5-15 mg strengths, maximum quantity of #60/30 days; 20-30 mg strengths, maximum quantity of #30/30 days.

MISC AGENTS

		Ave \$ per day	FFS Medi-Cal	Alameda Alliance
acamprosate	333 mg	\$4.50	NF	NF
clonidine	0.1, 0.2, 0.3 mg	\$0.67	F	F
	0.1, 0.2, 0.3 mg/24 hour weekly patch		F	ST (Requires prior use of tabs) QL (#4/30 days)
docusate sodium	100 (tab, cap), 250 mg (cap)	\$0.55	F	F (Capsules only)
guanfacine	1, 2 mg	\$0.67	F	NF
hydroxyzine pamoate	25, 50, 100 mg	\$0.73	F (100 mg not on formulary)	F
levothyroxine	25, 50, 75, 88, 100, 112, 125, 137, 150, 175, 200, 300 mcg	\$0.82	F	F
metformin	500 mg	\$0.70	F	F
nicotine gum	2, 4 mg	\$1.37	QL ^	QL (#360/30 days)
nicotine lozenge	2, 4 mg	\$1.37	QL ^	QL (#360/30 days)
nicotine transdermal patches	7, 14, 21 mg/24 hour	\$2.05	QL +	QL (#84 in 365 days)
metamucil powder	3.4/5.8 g	\$0.60	NF	F
prazosin	1, 2, 5 mg	\$0.81	F	F
vit E cap	200, 400, 1000 units cap	\$0.62	NF	NF
multivit/minerals (Centrum)	tab, cap, syrup	\$0.62	NF	QL (Limited up to 100 day supply)

F = Formulary **NF = Non-Formulary** **PA = Prior Authorization (TAR)** **ST = Step Therapy** **QL = Quantity Limit** **AL = Age Limit**

^ Restricted to (1) a maximum quantity of 220 lozenges or pieces of gum per dispensing; (2) one dispensing in any 25-day period; (3) therapy lasting up to 28 weeks from the dispensing date of the first prescription; and (4) NDC labeler code 00135 (GlaxoSmithKline) only.

+ Restricted to (1) a maximum quantity of 28 patches per dispensing; (2) one dispensing in any 25-day period; and (3) eight dispensings within a 12-month period.



*MIA Program
- Financial
Rewards*

Alameda County Behavioral Health Care Services
MIA (Medically Indigent Adult) Program – Financial Rewards

Description:

The MIA Program is a financial reward incentive program. Clinics that participate in the program help save on medication costs for the county. By reducing the county’s medication costs, a portion of each clinic’s relative savings is distributed back to the clinic for client care use.

Who’s involved:

The provider, client, Patient Assistance Program, Office of the Medical Director Staff, and MIA Program Network Pharmacy*.

How it works:

Step 1:	Step 2:	Step 3:
Eligible client is identified. Application is completed, signed, and submitted by client and provider. 	If the application is approved, the Patient Assistance Program will deliver the client’s medication supply to the clinic. 	The medication supply is picked up by Office of the Medical Director Staff and transported to a MIA Program Network Pharmacy to be dispensed to the client. 

How financial rewards are determined:

Each year, the BHCS Executive team determines a total reward amount to be returned to participating clinics and may fluctuate year to year. The amount given back to an individual clinic is also dependent on their total participation in the MIA Program and medication cost savings in comparison to other participating clinics.

Please contact Marianne Doral (510-567-8106) if you have questions regarding the MIA program or the application process.

MIA (Patient Assistance Programs) & Application Information [^] :	
Abilify tablets:	http://www.needymeds.org/papforms/asfe2475.pdf
Cymbalta:	http://www.lillycares.com/aboutlillycares.aspx
Latuda:	http://www.sunovionsupport.com/support/eligible1.html
Seroquel XR:	http://www.azandmeapp.com/resources/download_application
Zyprexa tabs/Zyprexa Zydis:	http://www.lillycares.com/aboutlillycares.aspx
Long-Acting Injectables:	
Abilify Maintena:	http://www.assure.com/hcp/abilifymaintena/aboutAssure.html
Aristada:	http://aristadacaresupport.com/access-services/financial-assistance
Invega Sustenna:	http://www.janssenprescriptionassistance.com/invega-sustenna-cost-assistance
Risperdal Consta:	http://www.janssenprescriptionassistance.com/risperdal-consta-cost-assistance

* MIA Program Network Pharmacies are listed in **bold** on page 18 of User Guide.

[^] Patient Assistance Programs are subject to change and/or may be terminated by the Drug Manufacturer at any given time.



Clozapine Monitoring

Alameda County Behavioral Health Care Services
Clozapine Monitoring

I. Background

1. General Information

Clozapine is the only antipsychotic that is FDA approved for treatment-refractory schizophrenia and reduction of recurrent suicidal behavior in schizophrenia or schizoaffective disorder.

Numerous studies have demonstrated the effectiveness of this medication for treatment-resistant patients unresponsive to standard antipsychotics with fewer incidences of troubling extrapyramidal reactions, neuroleptic malignant syndrome, and tardive dyskinesia.

2. Clozapine REMS Program

The requirements to prescribe, dispense, and receive clozapine have changed and are now incorporated into a single, shared program called the Clozapine Risk Evaluation and Mitigation Strategy (REMS). Clozapine REMS is used to manage the potential risk of fatal agranulocytosis that occurs in 1% to 2% of patients prescribed clozapine. As a precautionary measure, the Office of the Medical Director will need to be notified of every patient prescribed clozapine.

3. Clozapine Notification Form for the Office of the Medical Director

Please complete a clozapine notification form for any patient who is already receiving clozapine admitted to any Alameda County outpatient clinic or anyone newly started on clozapine and fax to the Office of the Medical Director (see page 33).

II. Clozapine Patient Criteria

Historically, psychiatric guidelines recommended two failed antipsychotic trials prior to initiation of clozapine. A more recent guideline allows for an earlier trial of clozapine in patients with a history of recurrent suicidality, violence, or comorbid substance abuse¹. The following are recommended monitoring parameters prior to initiation of clozapine:

- A. Documented history of one of the following treatment-resistant diagnoses:
 1. Schizophrenia
 2. Schizoaffective disorder
 3. Bipolar disorder
- B. Be over the age of 16
- C. A documented history of at least one failed antipsychotic trial of adequate dose and duration. For example, a patient previously on olanzapine 20mg for 6 weeks exhibiting either partial or nonresponse.
- D. Please ensure that none of the following complications or contraindications are present:
 1. History of clozapine-induced neutropenia or agranulocytosis
 2. Medical condition or drug associated with myeloproliferative disease or immunosuppression
 3. Severe medical condition, or other illnesses causing central nervous system depression or concurrent organic state
 4. Poor medical compliance and/or poor compliance with lab testing
 5. Initial ANC < 1500/mm³
 6. History of hypersensitivity to a clozapine related drug (amoxapine, loxapine)
 7. History of significant physical illness in the prior month
 8. History of blood disorder

¹Moore TA, et al. The TMAP algorithm for schizophrenia. J Clin Psychiatry 2007; 68(11):1751-62

Alameda County Behavioral Health Care Services
Clozapine Monitoring

- E. The following potential concerns and complications have been addressed, if applicable:
1. History of seizure disorder, or neurological illness, not currently on an anticonvulsant.
 2. Finnish or Jewish background, especially Ashkenazi Jew (may be more susceptible to agranulocytosis).
 3. Laboratory or clinical evidence of significant hepatic, renal, or cardiopulmonary disease that may increase the concentration of clozapine metabolite to a toxic level.
 4. Prostatic enlargement or narrow angle glaucoma that may worsen due to clozapine's anticholinergic properties.
 5. The use of concomitant medications that have potentially additive adverse outcomes including those with the following effects:
 - a. Bone marrow suppression
 - b. CNS Depression
 - c. Seizure provoking or threshold lowering
 - d. Blood pressure lowering agents (anti-hypertensives)
 - e. Substrates/inhibitors/inducers of CYP1A2, 2D6, and 3A4
 - f. Highly protein bound drugs

III. Initiation of Clozapine Treatment

The following must be completed per FDA regulations for prescribing and administering clozapine to clients:

- A. Physician must enroll and become certified in the Clozapine Risk Evaluation and Mitigation Strategy (REMS) Program.
- B. Physician (or designee) must enroll clients into the REMS program and review the risk and benefits of clozapine with the client and any caregivers.
- C. Baseline ANC must be reported prior to initiation of clozapine.

IV. Clozapine REMS contact information

Website:	www.clozapinerems.com
Contact number:	844-267-8678
Fax number:	844-404-8876

Alameda County Behavioral Health Care Services
Clozapine Monitoring

V. Additional Clozapine Resources:

- A. Clozapine REMS website: www.clozapinerems.com
 - 1. Guide for Healthcare Providers
 - 2. Guide for Patients and Caregivers
 - 3. Providers' Knowledge Assessment Forms

- B. Clozapine Information:
<http://www.acbhcs.org/MedDir/UserGuide/ClozapineInfoSheets.pdf>
 - 1. Blood Monitoring Requirements
 - 2. Clozapine Blood Concentrations
 - 3. ANC Reporting Requirements
 - 4. Black Box Warnings and Serious Adverse Drug Reactions
 - 5. Common Side Effects
 - 6. Drug Interactions
 - 7. Myocarditis Monitoring Algorithm
 - 8. Clozapine Side Effect Severity Scale (GASS-C)
 - 9. REMS Enrollment Forms

Alameda County Behavioral Health Care Services
Clozapine Monitoring

VI. Frequency of ANC Monitoring and Treatment Recommendations

Recommended Monitoring Frequency and Clinical Decisions by ANC Level

ANC Level	Treatment Recommendation	ANC Monitoring
Normal Range for a New Patient <ul style="list-style-type: none"> General Population (ANC \geq 1500/μL) 	<ul style="list-style-type: none"> Initiate treatment If treatment interrupted: <ul style="list-style-type: none"> < 30 days, continue monitoring as before \geq 30 days, monitor as if new patient Discontinuation for reasons other than neutropenia 	<ul style="list-style-type: none"> Weekly from initiation to 6 months Every 2 weeks from 6 to 12 months Monthly after 12 months See Section 2.4 of the full Prescribing Information
BEN POPULATION <ul style="list-style-type: none"> BEN Population (ANC \geq 1,000/μL) Obtain at least two baseline ANC levels before initiating treatment 	<ul style="list-style-type: none"> Discontinuation for reasons other than neutropenia 	<ul style="list-style-type: none"> See Section 2.4 of the full Prescribing Information
Mild Neutropenia (1000 to 1499/μL)*	GENERAL POPULATION <ul style="list-style-type: none"> Continue treatment 	GENERAL POPULATION <ul style="list-style-type: none"> Three times weekly until ANC \geq 1500/μL Once ANC \geq 1500/μL, return to patient's last "Normal Range" ANC monitoring interval**
	BEN POPULATION <ul style="list-style-type: none"> Mild Neutropenia is normal range for BEN population, continue treatment Obtain at least two baseline ANC levels before initiating treatment If treatment interrupted <ul style="list-style-type: none"> < 30 days, continue monitoring as before \geq 30 days, monitor as if new patient Discontinuation for reasons other than neutropenia 	BEN POPULATION <ul style="list-style-type: none"> Weekly from initiation to 6 months Every 2 weeks from 6 to 12 months Monthly after 12 months See Section 2.4 of the full Prescribing Information
Moderate Neutropenia (500 to 999/μL)*	GENERAL POPULATION <ul style="list-style-type: none"> Recommend hematology consultation Interrupt treatment for suspected clozapine induced neutropenia Resume treatment once ANC normalizes to \geq 1000/μL 	GENERAL POPULATION <ul style="list-style-type: none"> Daily until ANC \geq 1000/μL, then Three times weekly until ANC \geq 1500/μL Once ANC \geq 1500/μL, check ANC weekly for 4 weeks, then return to patient's last "Normal Range" ANC monitoring interval**
	BEN POPULATION <ul style="list-style-type: none"> Recommend hematology consultation Continue treatment 	BEN POPULATION <ul style="list-style-type: none"> Three times weekly until ANC \geq 1000/μL or \geq patient's known baseline. Once ANC \geq 1000/μL or patient's known baseline, then check ANC weekly for 4 weeks, then return to patient's last "Normal BEN Range" ANC monitoring interval**
Severe Neutropenia (less than 500/μL)*	GENERAL POPULATION <ul style="list-style-type: none"> Recommend hematology consultation Interrupt treatment for suspected clozapine induced neutropenia Do not rechallenge unless prescriber determines benefits outweigh risks 	GENERAL POPULATION <ul style="list-style-type: none"> Daily until ANC \geq 1000/μL Three times weekly until ANC \geq 1500/μL If patient rechallenged, resume treatment as a new patient under "Normal Range" monitoring once ANC \geq 1500/μL
	BEN POPULATION <ul style="list-style-type: none"> Recommend hematology consultation Interrupt treatment for suspected clozapine induced neutropenia Do not rechallenge unless prescriber determines benefits outweigh risks 	BEN POPULATION <ul style="list-style-type: none"> Daily until ANC \geq 500/μL Three times weekly until ANC \geq patient's established baseline If patient rechallenged, resume treatment as a new patient under "Normal Range" monitoring once ANC \geq 1000/μL or at patient's baseline

* Confirm all initial reports of ANC less than 1500/ μ L (ANC < 1000/ μ L for BEN patients) with a repeat ANC measurement within 24 hours

** If clinically appropriate



Fax to: Office of the Medical Director
Fax #: 510-567-6850

Clozapine Notification Form

- Currently receiving clozapine**
- Initiation of clozapine**

Date: _____

Client's Name: _____

Insyst #: _____ **Date of Birth:** _____

Name of prescribing physician: _____

BHCS Program: _____



*Antipsychotic
Monitoring & Long-
acting IM Antipsychotics
& Tx of Adult ADHD
Requirements*

Antipsychotic Monitoring Requirements

1. Baseline assessment of movement disorders documented
2. If possible symptoms of T.D., 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/A1c:** Measured at baseline, at 3 months, at 6 months, then annually
5. **Cholesterol/triglycerides:** Measured at baseline, at 3 months, at 6 months, then annually
6. **Prolactin** (for clients on risperidone, paliperidone or any conventional agent): Measured annually & symptom assessment

Psychotropic Guidelines

Aripiprazole (***Abilify***) should be dosed only as once daily.

Antipsychotic medications should not be used **solely** for sleep or anxiety disorders.

Long-Acting Injectable Antipsychotics

- Zyprexa Relprevv (olanzapine pamoate)
- Invega Trinza (paliperidone palmitate)

The above long acting antipsychotics are **NOT covered by either BHCS or Medi-Cal**. Medi-Cal will require a TAR. Only patients *with an approved Medi-Cal TAR or approved through a respective Patient Asst. Program, if available, will be eligible to receive these medications*. To inquire about the availability or acquire an application for a Patient Assistant Program, contact the Office of the Medical Director (510-567-8106).

Adult-Attention Deficit Hyperactivity Disorder (ADHD)

BHCS does not treat patients with a primary diagnosis of Adult ADHD. However, clients with a *co-morbid diagnosis* of Adult ADHD may be treated along with their primary psychiatric disorder(s). Please refer to the *BHCS Adult ADHD Assessment & Rating Guidelines*, which can assist in both diagnosis and treatment.



*Medication
Monitoring
Criteria*

Alameda County Behavioral Health Care Services

Alameda Behavioral Health Care Services perform randomly selected chart reviews every 1-2 quarters to ensure adherence to prescribing standards and expectations and provide recommendations to improve quality of documentation. At minimum, the charts should include the following:

I. General psychotropic prescribing

- A. Document dose, frequency, and indications of all psychotropic medications.
- B. Must document rationale in progress notes if dose exceeds FDA approved ranges.
- C. Indicate specific target symptoms for off-label use.

II. Antipsychotic prescribing

- A. Prescribing antipsychotics as anxiolytics and sedative/hypnotic is highly discouraged
- B. Monitoring
 - i. Weight: measured at baseline, then every visit for 9 months, then quarterly
 - ii. Blood pressure: measured at baseline, 3 months, then annually
 - iii. Fasting glucose: measured at baseline, at 3 months, at 6 months, then annually
 - iv. Fasting lipid: measured at baseline, at 3 months, at 6 months, then annually
 - v. Prolactin: measured annually for typical antipsychotics, risperidone, and paliperidone and when clinically indicated
 - vi. Extrapyramidal Side Effects (EPS)-document assessments for EPS with each encounter
- C. Abnormal labs
 - i. Metabolic (weight, glucose, lipid)-document discussion with the client or caregiver AND one of the following
 - 1. Document a change of medication or dose
 - 2. Document education on physical life style improvements
 - 3. Document referral or discussion with clients PCP
 - ii. Prolactin- documentation of a symptom assessment should always accompany an abnormal level
- D. Antipsychotic polypharmacy
 - i. Rationale shall be provided in every case of polypharmacy
 - ii. Cross titrations and temporary oral overlap for a long acting injectable are not considered polypharmacy but clear documentation on the intended use is expected
- E. Tardive Dyskinesia (TD)
 - i. Document the presence or absence of involuntary movements for each encounter
 - ii. With current or history of involuntary movements, an AIMS shall be performed at least every six months

Alameda County Behavioral Health Care Services

III. **Antiparkinsonian agent prescribing**

- A. Routine prophylaxis for EPS is discouraged
- B. Document dose, frequency, specify target symptoms and outcomes

IV. **Mood stabilizer prescribing**

- A. Lithium
 - i. Documentation of serum levels assessments when starting or after dosage adjustment, every six months and when clinically indicated
 - ii. History of lithium toxicity should be documented
 - iii. Baseline thyroid function test, CBC w/ diff, BUN/Cr, urinalysis, and pregnancy status for child bearing aged females
 - iv. Documentation of ongoing labs, pregnancy status and side effect assessments when applicable
 - v. If serum level is found outside the therapeutic range, chart documentation indicates symptoms assessment, and/or an appropriate intervention
- B. Carbamazepine and Valproic acid derivatives
 - i. Baseline liver function test, CBC with differential, and pregnancy status for child bearing aged females
 - ii. Documentation of ongoing labs, pregnancy status and side effect assessments when applicable
 - iii. If serum level is found outside the therapeutic range, chart documentation indicates symptoms assessment, and/or an appropriate intervention

V. **Stimulants**

- A. Monitoring
 - i. Height and weight every six months (children & adolescents)
 - ii. Pulse every 3 months, and blood pressure every 6 months (clients >12 years old)



*ACBHCS Clinic
and Medication
Room Policy &
Procedures*



Alameda County Behavioral Health Care Services
Office of the Medical Director

2000 Embarcadero Cove, Suite 400
Oakland, CA 94606
Tel (510) 567-8100
Fax (510) 567-6850

POLICY/ PROCEDURE REGARDING: ACBHCS Clinic Medication Rooms

Issued By: Aaron Chapman, M.D.
ACBHCS Medical Director

Date: January 26, 2016

PURPOSE:

This policy and procedures is intended to serve as a guideline for compliance with state and federal laws and regulations as well as for general safe practice medication standards to ensure medication safety in the clinic setting.

SCOPE:

This policy applies to ACBHCS affiliated clinics and to staff working in ACBHCS-affiliated clinics.

POLICY:

All ACBHCS affiliated clinics shall be in compliance with state and federal laws and regulations in the access, ordering and receiving, storage, prescribing and dispensing, and disposal of medications.

1. ACCESS

- a. All prescription medications, medication injection equipment (syringes, needles) and non-prescription medication will be stored in a locked medication room or closet with access and administration limited to legally authorized, medical staff only (Clinic Director shall have access for storage purposes only). Designated medical staff will be identified in writing by the clinic.

LICENSED STAFF	NAME	AUTHORIZED (Access, dispensing, administration, ordering)
PHYSICIANS		
PHARMACISTS, PHARMACY TECHNICIAN		
NURSES		
CLINIC DIRECTOR		(Access for storage only)
OTHER: _____		

- b. Keys that open medication cabinets are issued to the above authorized medically licensed personnel who are assigned to work at these sites only; these staff members are expected to maintain possession of the keys and to return the keys when no longer assigned to the clinic.
- c. The medication room shall not be accessible via the facility’s master key.
- d. Total number of keys available at this location:_____

2. **STOCK MEDICATIONS** (ex. Urgent Supply of medications)

- a. The urgent supply of medications that may be available at the clinic includes:

DRUG NAME	DOSE	FORM
Diphenhydramine	50mg/ 1mL	inj
Epinephrine	1:1000	inj

- b. Every clinic that maintains urgent supply of medications must keep records of their acquisition, administration, and disposition (B&P Code 4081, 4105, 4180). The designated staff member will be responsible for keeping inventory. Expired urgent supply of medications shall be logged prior to proper disposal. (Use “**Urgent Medication Log**”, **Attachment Log #1.**)

3. **RECEIVING AND STORING MEDICATIONS**

- a. The clinic shall only receive medication deliveries when medical/authorized staff is present.
- b. Medications delivered to the clinic should be received by authorized personnel, and then promptly and appropriately cataloged and stored in the medication room. (Use “**Medication Receipt Log**”, **Attachment Log #2.**)
- c. Non-medical staff, such as a front desk clerk, may receive medication deliveries but shall immediately notify authorized staff to promptly record and store medications securely in the medication room. Packages shall never be left unattended.
- d. Every clinic that receives and stores medications must keep records of their acquisition and disposition (B&P Code 4081, 4105, 4180). A chain of custody chronologically documenting the receipt, dispense, administration, and/or disposal of all medications shall be maintained.
- e. Clinics must log the receipt of all client medications (CCR, Title 22 73361). Copies of the pharmacy’s delivery log **may** serve as the medication receipt log provided it meets all of the requirements of a medication receipt log below. All records of received medications shall be retained for at least 3 years (CCR, Title 22 73361). All medication receipt logs must contain all of the following information:
 - i. Medication name,
 - ii. Strength and quantity,
 - iii. Name of the client,
 - iv. Date ordered (date medication request made to the pharmacy),
 - v. Date received, and
 - vi. Name of dispensing pharmacy.

- f. Client medication shall be stored separate from clinic stock and urgent supply.
- g. Client's own medications shall not be "shared" or utilized as floor stock medications under any circumstances. Client medications shall only be distributed to the specific client for whom it was prescribed and labeled.
- h. Drug room/storage area is secure, clean, and orderly. Drugs are stored in a manner that prevents crowding and/or confusion.
- i. Drugs will not be retained after the expiration date indicated on the label. No contaminated or deteriorated drugs are to be available for use.
- j. Drugs for external use will be stored separately from oral or injectable medications.
- k. Containers which are cracked, soiled, or without secure closure shall not be used.
- l. All multiple dose injectable medications should be marked with date of first puncture. The decanoate (haloperidol and fluphenazine) vials should expire 28 days after date of first puncture as per manufacturer's information, U.S. Pharmacopeia, and Association for Professionals in Infection Control and Epidemiology (APIC).
- m. Expired and clients' returned medications, are properly disposed of according to written policy.
- n. Test reagents, germicides, disinfectants, and other non-ingestible substances shall be stored separately from drugs.
- o. Drugs requiring refrigeration shall be stored in a refrigerator maintained between 2-8 degrees C (36-46 degrees F). (Temperature documentation (on each working day) using **"Temperature Log for Refrigerator", Attachment Log #3.**)
- p. No food shall be stored in the same refrigerator as medications.
- q. Drugs requiring room temperature shall be stored in a place maintained between 15-30 degrees C (59-86 degrees F). (Temperature documentation (on each working day) using **"Temperature Log for Room", Attachment Log #4.**)
- r. Controlled drugs will not be stocked at clinic sites.

4. DRUGS AND SHARPS DISPOSAL

- a. General requirements: Every clinic that maintains a stock of drugs including urgent supply of meds must keep records of their acquisition and disposition (B&P Code 4081, 4105, 4180). All medications shall be disposed in accordance to applicable federal,

state, and local regulations for disposal of chemicals and potentially dangerous or hazardous substances.

- b. Medications for disposal may include:
 - i. Medications which are not taken with the client upon termination of services.
 - ii. Discontinued medications.
 - iii. Expired, contaminated, or deteriorated medications.
- c. Clients' medications may be disposed of at the clinic through pick up services by ACBHCS pharmacy staff.
 - i. No controlled medications will be accepted from clients for disposal.
 - ii. Non-controlled medications must be cataloged on the "**Medication Disposal Log**", **Attachment Log #5** by appropriate staff prior to contacting ACBHCS pharmacy staff for disposal.
 - iii. Drugs will be destroyed in the presence of a pharmacist or registered nurse.
- d. Disposal of urgent supply of medications will be documented on the "**Urgent Medication Log**", **Attachment Log #1** found in the ACBHCS Medication and Pharmacy User Guide.

5. DRUG SAMPLES

- a. Medication samples are not allowed in clinics.

6. MEDICATION ADMINISTRATION

- a. Medications may only be administered by authorized personnel upon an order by a prescriber lawfully authorized to prescribe. ACBHCS personnel who are authorized to administer medications under their scope of practice are: physicians, pharmacists, physician assistants, nurse practitioners, registered nurses, licensed vocational nurses, and licensed psychiatric technicians.
- b. Authorized personnel administering a medication are responsible:
 - i. For knowing a drug's usual dosage range, indications, side effects, toxicity, stability, expiration date and the client's hypersensitivity or allergies.
 - ii. For ensuring that the fundamentals of med administration are followed: right client, right drug, right dose, right route, and right time.
- c. Prior to drug administration, establish the client's identity by using two distinct client identifiers (ex. asking the client to state their name and date of birth).
- d. For injectable medication administration:
 - i. Use universal and blood borne pathogen precautions.
 - ii. Use safety needles.
- e. Documentation by the person administering the medication shall be documented on the "**Medication Administration Log**", **Attachment Log #6**.

**I acknowledge that I have received, read and understand the policies and procedures regarding
ACBHCS clinic medication rooms.**

Signature: _____

Print Name and Title: _____

Date: _____

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES



Urgent Medication Log – To be retained for at least 3 years

Expiration Date Inspection/Administration

Log #1

Clinic Name: _____

<i>Medication Name & Strength</i>	<i>Manufacturer & Lot #</i>	<i>Expiration Date</i>	<i>Disposal Date</i>	<i>Restock Date</i>	<i>Date, Name, & DOB of Client Receiving Medication</i>	<i>Amount Client Received</i>	<i>Initials</i>

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES



Medication Receipt Log – To be retained for at least 3 years

Log #2

Clinic Name: _____

<u>Client Name & DOB</u>	<u>Medication Name & Strength</u>	<u>Quantity</u>	<u>Date Ordered</u>	<u>Date Received</u>	<u>Issuing Pharmacy</u>



ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES

Temperature Log for Refrigerator – To be retained for at least 3 years Log #3

Clinic Name: _____ Month/Year: _____

Completing this temperature log: Check the temperature in the refrigerator at a minimum of each working day. Place an “X” in the box that corresponds with the temperature, the time of the temperature reading, and your initials. Once the month has ended, save each month’s completed form for 3 years.

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Staff Initials																															
Time																															
am/pm																															

Danger! Temperatures above 46°F are too warm! Write any unacceptable temperature in the boxes below and call BHCS (510-567-8106) immediately!																															
46°F																															
45°F																															
44°F																															
43°F																															
42°F																															
41°F																															
40°F																															
39°F																															
38°F																															
37°F																															
36°F																															
Danger! Temperatures below 36°F are too cold! Write any unacceptable temperature in the boxes below and call BHCS (510-567-8106) immediately!																															

Write any unacceptable temperatures (above 46°F or below 36°F) in the boxes below. Then take action!

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES

Room Temperature Log – To be retained for at least 3 years Log #4

Clinic Name: _____ Month/Year: _____

Completing this temperature log: Check the temperature in room at a minimum of each working day. Place an “X” in the box that corresponds with the temperature, the time of the temperature reading, and your initials. Once the month has ended, save each month’s completed form for 3 years.

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Staff Initials																															
Time																															
am/pm																															

Danger! Temperatures above 86°F are too warm! Write any unacceptable temperature in the boxes below and call BHCS (510-567-8106) immediately!																															
86°F																															
84-85°F																															
82-83°F																															
80-81°F																															
78-79°F																															
76-77°F																															
74-75°F																															
72-73°F																															
70-71°F																															
68-69°F																															
66-67°F																															
64-65°F																															
62-63°F																															
60-61°F																															
59°F																															
Danger! Temperatures below 59°F are too cold! Write any unacceptable temperature in the boxes below and call BHCS (510-567-8106) immediately!																															

Write any unacceptable temperatures (above 86°F or below 59°F) in the boxes below. Then take action!

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES

Medication Disposal Log – To be retained for at least 3 years

Log #5

Clinic Name: _____

Table with 5 columns: Client Name & DOB, Medication Name & Strength, Rx#, Amount Destroyed, Date of Destruction. Contains 15 empty rows for data entry.

Name of Rph/RN: _____

Name of Witness: _____

Signature of Rph/RN: _____ Date: _____

Signature of Witness: _____ Date: _____



ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES

Medication Administration Log – To be retained for at least 3 years

Log #6

Clinic Name: _____

<i>Date of Admin.</i>	<i>Client Name & DOB</i>	<i>MD Name/ Administered by</i>	<i>Med Name & Strength</i>	<i>Route & Location of Admin.</i>	<i>Frequency</i>	<i>Quantity</i>	<i>Indications & Usage</i>	<i>Exp. Date</i>



Alameda County Behavioral Health Care Services

Medication Storage Compliance Checklist

Clinic: _____

Date: _____

RPh/CPhT: _____

Clinic Supervisor: _____

Please check if clinic meets all criteria. Please note all exceptions under "NOTES".

General

Yes No

- Area where medications are stored is clean and organized.
- Access to stored medication is limited to authorized personnel, is identified in writing, and is posted or readily accessible.
- No samples are available for use in the clinic.

URGENT SUPPLY OF MEDICATIONS

Yes No

- An Urgent Supply of medication is available at the clinic.
- This Urgent Supply only includes:

Drug Name	Dose	Form	Expiration Date
Diphenhydramine	50 mg/1 ml	inj	
Epinephrine	1:1000	inj	

- The Clinic Director, a nurse or a physician is responsible for this Urgent Supply.
- The Urgent supply is stored in a secure, locked area.
- Log sheet is up to date with complete documentation of all medication acquisition, administration, and disposition.

LABELING AND STORAGE OF DRUGS

Yes No

- All drugs are kept in a secured area: locked medication room locked cabinet or drawer.
- Drugs are stored in an orderly manner and organized by generic name.
- No drug or device package is opened to expose drug or its contents and left unattended (e.g. single dose parenteral container, pill bottles, or blister packages).
- Drugs for external use will be stored separately from oral or injectable medications.

LABELING AND STORAGE OF DRUGS cont.

Yes No

- Test reagents, germicides, disinfectants, and other non-ingestible substances are stored separately and away from drugs.
- No expired, contaminated, deteriorated or recalled drugs are available for use.
- Containers which are cracked, soiled, or without secure closure are not available for use.
- Medication logs including acquisition, administration and disposition are up to date and completed appropriately.
- No controlled substances are stored in the clinic and available for use.
- Drugs are properly labeled according to federal and state laws and are legible: labels altered only by persons legally authorized to do so.

Yes No N/A

- IM multi-dose parenteral vials are initialed and dated when first punctured and with an expiration date that does not exceed 28 days post initial puncture or manufacturer’s expiration, whichever comes first.
- Drugs requiring refrigeration shall be stored between 2-8°C (36-46°F). Daily temperature log completed.
- Drugs stored in a refrigerator shall not be stored with food.
- Drugs requiring room temperature shall be stored between 15-30°C (59-86°F). Daily temperature log completed.

DISPOSAL OF DRUGS

Yes No

- Pharmaceutical or Hazardous waste bins are accessible.
- The medication disposal log for expired, contaminated, deteriorated, discontinued, or clients’ returned medication supply is completed appropriately.

NOTES:

ADDITIONAL TOOLS & RESOURCES

ACBHCS websites:

<http://achcsa.org/behavioral-health/>

For the following tools and resources, please visit:

http://www.acbhcs.org/meddir/MedDir_default.htm

- [Abnormal Involuntary Movement Scale](#)

- [Positive and Negative Syndrome Scale](#)

- Psychoactive Medication Dosing Ranges
 - [Child & Adolescent](#)
 - [Adult](#)

- [Clozapine Information Sheets](#)

- [Physician Order Sheet for IM Medications](#)

Formulary websites:

Medi-Cal	www.dhcs.ca.gov/services/Pages/FormularyFile.aspx
Alameda Alliance	client.formularynavigator.com/Search.aspx?siteCode=2661492682
Anthem Blue Cross	mediproviders.anthem.com/Documents/CACA_CAID_Formulary.pdf