

**ALAMEDA COUNTY
BEHAVIORAL HEALTH CARE SERVICES**

MEDICATION & PHARMACY USER GUIDE

2007

Office of the Medical Director
Rev 6/07

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES

TABLE OF CONTENTS

Directory	
General	pg. 2
Pharmacy System Tips	pg. 4
Clinics	pg. 6
Psychiatrists	pg. 10
Pharmacy Network	pg. 12
Prescription	pg. 14
Medication Formulary System	
Formulary	pg. 20
Clozapine Monitoring Committee	pg. 26
Atypical Antipsychotic Requirements	pg. 37
Abnormal Involuntary Movement Scale	pg. 40
Positive and Negative Syndrome Scale	pg. 42
Psychoactive Medication Dosing Ranges	
Childhood and Adolescent	pg. 44
Adult	pg. 47
Drug Distribution Policy and Procedures	pg. 51

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES

Telephone Directory

Karl D. Adler, M.D.

Medical Director..... (510) 567-8106
FAX (510) 567-6850

Douglas Del Paggio, Pharm.D., M.P.A..... (510) 567-8110
Director of Pharmacy Services FAX (510) 567-6850

Charles Raynor, Pharm.D..... (510) 383-1737
Clinical Pharmacist FAX (510) 567-6850

National Medical Health Card

Help Desk Line..... (800) 777-0074
PA/Eligibility Fax Line..... (516) 403-2151
Urgent Line..... (516) 403-2150

Medi-Cal Stockton Direct Number..... (209) 942-6030

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

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

BHCS Share of Cost Assistance..... (510) 383-1546

BHCS MediCal Issue Date Assistance..... (510) 383-1546

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES

PHARMACY SYSTEM TIPS

TOPIC

PROCEDURES

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 pharmacy, or indicate on the prescription backside that the patient's medications were lost or stolen.

VACATION or TRAVEL SUPPLY of MEDICATION

The client's physician **must call** the pharmacy, or **indicate on the prescription backside** that 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 document on the prescription backside **two trials of formulary medication in the same therapeutic class listed in the formulary**. Otherwise, the patient must be **registered with the Office of the Medical Director @ (510) 567-8110** for prior approval.

NON-FORMULARY NON-PSYCHOTROPIC MEDICATION

The patient must be **registered with the Office of the Medical Director @ (510) 567-8110**, for prior approval

DENIED TARs

A copy of the **denied TAR and prescription must be faxed** by the pharmacist to PCN at (516) 403-2151 or (516) 403-2150. The prescription will 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.

PRESCRIPTION NOT PICKED UP BY CLIENT

Call the client's **prescribing physician**, or team members associated with the client.

MEDI-CAL SHARE OF COST

If a share of cost exists, it is requested that the pharmacist **call BHCS Finance at (510) 383-1546 prior to prescription adjudication** to check if all patient clinical services have been entered chronologically.

**ALAMEDA COUNTY
BEHAVIORAL HEALTH CARE SERVICES**

CLINICS

**ALAMEDA COUNTY
BEHAVIORAL HEALTH CARE SERVICES
Community Support Centers**

1. Alameda CSC	1429 Oak St., Alameda, CA 94501		(510) 522-4668
		FAX	(510) 521-6729
2. Asian Community Mental Health Services	310 8 th Street, Ste 201, Oakland, CA 94607		(510) 451-6729
		FAX	(510) 268-0202
3. BACS	360 22 nd St., Ste 650, Oakland, CA 94612		(510) 272-4797
		FAX	(510) 839-1849
4. Bonita House	6333 Telegraph Ave., Ste 102, Oakland, CA 94609		(510) 923-0180
		FAX	(510) 923-0894
5. BOSS North	1820 Jefferson St., Oakland, CA 94612		(510) 465-0881
		FAX	(510) 465-5908
6. BOSS South	21761 Meekland Ave., Hayward, CA 94541		(510) 537-1413
		FAX	(510) 582-2398
7. La Clinica de la Raza, Casa del Sol	1501 Fruitvale Ave., Oakland, CA 94601		(510) 535-6200
		FAX	(510) 535-4169
8. CONREP	2060 Fairmont Dr., San Leandro, CA 94578		(510) 667-3950
		FAX	(510) 667-3903
9. Crisis Response Services North	568 West Grand Ave., Oakland, CA 94612		(510) 268-7837
		FAX	(510) 451-4703
10. Crisis Response Services South	15750 Foothill Blvd., San Leandro, CA 94578		(510) 667-4901
		FAX	(510) 667-4964
11. Criminal Justice MH	2060 Fairmont Dr., San Leandro, CA 94578		(510) 667-3900
		FAX	(510) 667-3903
	Santa Rita Jail, 5325 Broder Blvd., Dublin, CA 94568	FAX	(925) 551-6740 (925) 551-6727
12. Dublin High School	8151 Village Parkway, Dublin, CA 94568		(925) 833-3300
		FAX	(925) 833-3322
13. Eden CSC	2045 Fairmont Dr., San Leandro, CA 94578		(510) 667-7500
		FAX	(510) 667-7711
14. La Familia Counseling Services	26081 Mocine Ave., Hayward, CA 94544		(510) 881-5921
		FAX	(510) 881-5925
15. Guidance Clinic	2500 Fairmont Drive, San Leandro, CA 94578		(510) 667-3000
		FAX	(510) 667-3005
16. Oakland CSC	7200 Bancroft Ave., Ste. 125, Oakland, CA 94605		(510) 777-3800
		FAX	(510) 777-3806
17. Sausal Creek Outpt Stabilization Service	2620 26 th Avenue, Oakland, CA 94601		(510) 437-2363
		FAX	(510) 437-2366
18. Tri-City CSC	39155 Liberty St., Ste G710, Fremont, CA 94538		(510) 795-2434
		FAX	(510) 793-3972
19. Valley CSC	3730 Hopyard Road, Pleasanton, CA 94588		(925) 462-3010
		FAX	(925) 417-0947
- West Oakland Health Council Mental Health	2730 Adeline St., Oakland, CA 94607		(510) 465-1800
		FAX	(510) 465-1508
20. Woodroe Place	22505 Woodroe Ave., Hayward, CA 94541		(510) 537-1688
		FAX	(510) 537-9222

ALAMEDA COUNTY
BEHAVIORAL HEALTH CARE SERVICES
Community Support Centers

BHCS Administration

*2000 Embarcadero Cove
Oakland, CA 94606
(510) 567-8100*

Marye L. Thomas, M.D., Director
Karl Adler, M.D., Medical Director
Douglas Del Paggio, Pharm.D., MPA.
Director of Pharmacy Services
Charles Raynor, Pharm.D.
Clinical Pharmacist

Alameda Mental Health

*1429 Oak St.
Alameda, CA 94501
(510) 522-4668*

Said Shefayee, M.D.
Alan Cohen, M.D.

Asian Community Mental Health Services

*310 8th Street, Suite 201
Oakland, CA 94607
(510) 451-6729*

Tuong Vi Ta, M.D.
John Fong, M.D.
Tim Lukaszewski, M.D.
Karen Yun, M.D.

Bay Area Community Services

*360 22nd Street, Suite 650
Oakland, CA 94612
(510) 272-4797*

Neal Edwards, M.D.

BOSS North

*1820 Jefferson Street
Oakland, CA 94612
(510) 465-0881*

Neal Edwards, M.D.

BOSS South

*21761 Meekland Avenue
Hayward, CA 94541
(510) 537-1413*

Neal Edwards, M.D.

Bonita House

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

Floyd Brown, M.D.

Conditional Release Program (CONREP)

*2060 Fairmont Drive
San Leandro, CA 94578
(510) 667-3950*

Mcheko Graves-Matthews, M.D.

Criminal Justice Mental Health

*5325 Broder Blvd.
Dublin, CA 94568
(925) 551-6740*

Fred Rosenthal, M.D.
Said Shefayee, M.D.
Mcheko Graves-Matthews, M.D.
Anthony Coppola, M.D.
John Dupre, M.D.
Karen Gudiksen, M.D.

Crisis Response Services North

*568 West Grand Avenue
Oakland, CA 94612
(510) 268-7837*

Luisito Roxas, M.D.
Kermit Johnson, M.D.
Angela Callender, M.D.

Crisis Response Services South

*15750 Foothill Blvd
San Leandro, CA 94578
(510) 667-4901*

John Cotrufo, D.O.
Kermit Johnson, M.D.
Angela Callender, M.D.

Dublin High School

*8151 Village Parkway
Dublin, CA 94568
(925) 833-3300*

Catherine Felisky, M.D.

Eden Community Support Center

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

Roger Mendelson, M.D.
Jerome Berney, M.D. (Child)
Luisito Roxas, M.D.
Alan Cohen, M.D.
Peter Lavalle, M.D.

La Clinica de la Raza**Casa Del Sol**

1501 Fruitvale Avenue
Oakland, CA 94601
(510) 535-6200

David Flanagan, M.D.
Mariposa McCall, M.D.
Gloria Ramos, M.D.

La Familia Counseling Service

26081 Mocine
Hayward, CA 94544
(510) 881-5921

Daniel Kusnir, M.D.
David Flanagan, M.D.
Adrian Grant, M.D.

Oakland Community Support Center

7200 Bancroft Ave., Ste. 125
Oakland, CA 94605
(510) 777-3800

James Hinson, M.D.
Angela Callender, M.D. (Child)
Paul Opsvig, M.D. (Child)
Giridhar Reddy, M.D.
Bernard Sklar, M.D.

Tri-City Community Support Center

39155 Liberty St., Ste. G710
Fremont, CA 94538
(510) 795-2434

John Cotrufo, D.O.
Seema Sehgal, M.D.
Sui Kwong Sung, M.D.

Sausal Creek Outpatient Stabilization Svc

2620 26th Avenue
Oakland, CA 94601
(510) 437-2363

Stuart Gluck, M.D.

Valley Community Support Center

3730 Hopyard
Pleasanton, CA 94588
(925) 462-3010

Stanley Jung, M.D.
Catherine Felisky, M.D. (Child)
Harinder Auluck, M.D.

West Oakland Mental Health

2730 Adeline
Oakland, CA 94607
(510) 465-1800

Neal Edwards, M.D.
Clyde Martin, M.D.

Woodroe Place

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

Neal Edwards, M.D.

**ALAMEDA COUNTY
BEHAVIORAL HEALTH CARE SERVICES**

PSYCHIATRISTS

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES PSYCHIATRISTS

	SERVICE SITE	MAIN PHONE #	VOICE MAIL	E-MAIL
Auluck, Harinder M.D.	Guidance Clinic Valley Community Support	(510) 667-3000 (925) 551-6851	(510) 667-3007	hauluck@acbhcs.org
Berney, Jerome, M.D.	Eden Children's	(510) 667-7540	(510) 667-7546	iberney@acbhcs.org
Brown, Floyd, M.D.	Bonita House	(510) 923-0180	(510) 923-0180 ext. 27	floyd@bonitahouse.org
Callender, Angela, M.D.	Oakland Children's Center North County Crisis South County Crisis	(510) 777-3870 (510) 268-7837 (510) 667-4901	777-3893	acallendar@acbhcs.org
Cohen, Alan, M.D.	Eden Adult Alameda Community Support	(510) 667-7500 (510) 522-4668	(510) 667-7516	acohen@acbhcs.org
Coppola, Anthony, M.D.	Criminal Justice	(925) 551-6740	(925) 551-6740	coppola@acbhcs.org
Cotrufo, John, D.O.	Tri-City Adult South County Crisis	(510) 795-2434 (510) 667-4901	(510) 795-2477	icotrufo@acbhcs.org
*Dupre, John, M.D.	Criminal Justice	(925) 551-6740	(415) 454-1461 x5680	jdupre@acbhcs.org
Edwards, Neal, MD.	BACS Woodroe Place West Oakland BOSS No BOSS So	(510) 272-4795 (510) 537-1688 (510) 465-1800 (510) 465-0881 (510) 537-1413	(510) 272-4795	
Felisky, Catherine, M.D.	Valley Children's	(925) 551-6851		cfelisky@acbhcs.org
Flanagan, David, M.D.	La Familia La Clinica	(510) 881-5921 (510) 535-4170	(510) 535-6213	dflanagan@laclinica.org
Fong, John, M.D.	Asian Community MH	(510) 451-6729	(510) 451-6729	johnswf@acmhs.org
Gluck, Stuart, M.D.	Sausal Creek Outpt Stabilization	437-2363		sgluck@telecarecorp.com
Graves-Matthews, Mcheke, M.D.	Criminal Justice CONREP	(925) 551-6740 (510) 667-3950	(925) 551-6741	mgraves-matthews@acbhcs.org
Grant, Adrian, M.D.	La Familia	(510) 881-5921		
*Gudiksen, Karen, M.D.	Criminal Justice	(925) 551-6740	(925) 551-6741	kgudiksen@acbhcs.org
Hinson, James, M.D.	Oakland Adult	(510) 777-3800	777-3847	jhinson@acbhcs.org
Johnson, Kermit, M.D.	Crisis Services North Crisis Services South	(510) 268-7837 (510) 667-4901	(510) 667-4945	kjohnson@acbhcs.org
Jung, Stanley, M.D.	Valley Community Support	(925) 551-6851	(925) 551-6853	sjung@acbhcs.org
Kusnir, Daniel, M.D.	La Familia	(510) 887-0303 ext. 12 (T/R) (510) 881-5921 (M/W/F)	(510) 861-8901 cell	Daniel_kusnir@yahoo.com
Lavalle, Peter, M.D.	Eden Adult	(510) 667-7500	(510) 667-7508	plavalle@acbhcs.org
Lukaszewski, Tim, M.D.	Asian Community MH	(510) 451-6729	(510) 869-6004	timl@acmhs.org
Martin, Clyde, M.D.	West Oakland	(510) 465-1800		
McCall, Mariposa	LaClinica	(510) 535-4170		mmccall@laclinica.org
Mendelson, Roger, M.D.	Eden Adult	(510) 667-7500	(510) 667-7507	rmendelson@acbhcs.org
*Moczulski, Raymond, M.D.	Sausal Creek Outpt.	437-2363		
Opsvig, Paul, M.D.	Oakland Children's	(510) 777-3870	777-3892	popsvig@acbhcs.org
Ramos, Gloria, M.D.	LaClinica	(510) 535-4170	(510) 535-6225	grramos@laclinica.org
Reddy, Giridhar, M.D.	Oakland Adult	(510) 777-3800	777-3846	greddy@acbhcs.org
Rosenthal, Fred, M.D.	Criminal Justice	(510) 667-3900	(925) 551-6741	rosenthal@acbhcs.org
Roxas, Luisito, M.D.	Eden Adult Crisis Services North	(510) 667-7500 (510) 268-7837	(510) 667-7517 (510) 268-7387	lroxas@acbhcs.org
Sehgal, Seema, M.D.	Tri-City Adult	(510) 795-2434	(510) 795-2475	ssehgal@acbhcs.org
Shefayee, Said, M.D.	Criminal Justice Alameda Community Support	(925) 551-6740 (510) 522-4668	(925) 551-6738	sshefayee@acbhcs.org
Sklar, Bernard, M.D.	Oakland Adult	(510) 777-3800	777-3845	bsklar@acbhcs.org
Sung, Sui Kwong, M.D.	Tri-City Adult	(510) 795-2434	(510) 795-2474	ssung@acbhcs.org
Ta, Tuong Vi, M.D.	Asian Community MH	(510) 451-6729	(510) 869-6081	
Yun, Karen, M.D.	Asian Community MH	(510) 869-6004	(510) 451-6729	kareny@acmhs.org

*Substitutes during absences

**ALAMEDA COUNTY
BEHAVIORAL HEALTH CARE SERVICES**

PHARMACY NETWORK

**ALAMEDA COUNTY
BEHAVIORAL HEALTH CARE SERVICES
PHARMACY NETWORK**

ALAMEDA			Telephone	Fax
Longs Drug Store #250	885 A Island Drive	Alameda 94501	(510) 865-2155	(510) 864-7079
Longs Drug Store #255	931 Marina Village Parkway	Alameda 94501	(510) 523-3504	(510) 523-4938
Longs Drug Store #5	2314 Santa Clara Avenue	Alameda 94501	(510) 523-4929	(510) 523-3430
Webster Pharmacy	1553 Webster Street	Alameda 94501	(510) 522-3066	(510) 522-3669
BERKELEY				
Longs Drug Store #210	1941 San Pablo Avenue	Berkeley 95003	(510) 841-8466	(510) 841-8470
Longs Drug Store #496	2300 Shattuck Avenue	Berkeley 94704	(510) 549-4255	(510) 549-4264
Longs Drug Store #353	1451 Shattuck Avenue	Berkeley 94709	(510) 849-0484	(510) 849-1041
CASTRO VALLEY				
Longs Drug Store #278	3667 Castro Valley Boulevard	Castro Valley 94546	(510) 538-1227	(510) 538-3935
DUBLIN				
Longs Drug Store #495	7201 Regional Street	Dublin 94568	(925) 828-3823	(925) 828-4942
EL CERRITO				
Longs Drug Store #508	10650 San Pablo Avenue	El Cerrito 94530	(510) 527-5110	(510) 527-6138
Longs Drug Store #002	670 El Cerrito Plaza	El Cerrito 94530	(510) 524-5895	(510) 527-4938
EMERYVILLE				
Longs Drug Store #553	4349 San Pablo Avenue	Emeryville 94608	(510) 653-0526	(510) 653-0560
FREMONT				
Longs Drug Store #234	46445 Mission Boulevard	Fremont 94536	(510) 656-2467	(510) 438-0302
Longs Drug Store #3	4020 Fremont Hub Center	Fremont 94538	(510) 797-5505	(510) 797-3587
Longs Drug Store #49	35720 Fremont Blvd (<i>Brookvale</i>)	Fremont 94536	(510) 792-5100	(510) 792-2482
Longs Drug Store #467	2000 Driscoll Road	Fremont 94539	(510) 770-8571	(510) 770-8784
HAYWARD				
Longs Drug Store #53	243 West Jackson Street	Hayward 94544	(510) 783-0330	(510) 786-2892
Longs Drug Store #472	22501 Foothill Boulevard	Hayward 94541	(510) 881-9474	(510) 881-9479
Medicine Chest	925 "B" Street	Hayward 94541	(510) 538-9711	(510) 538-3204
LIVERMORE				
Longs Drug Store #64	1500 First Street	Livermore 94550	(925) 455-5580	(925) 455-5060
Longs Drug Store #397	4405 First Street	Livermore 94550	(925) 373-8124	(925) 373-4794
NEWARK				
Longs Drug Store #494	35080 Newark Boulevard	Newark 94560	(510) 796-4050	(510) 796-2963
OAKLAND				
The Apothecary	7200 Bancroft Ave., #268	Oakland 94605	(510) 638-7323	(510) 430-2860
Leo's Day & Night	1776 Broadway	Oakland 94612	(510) 839-7900	(510) 844-0013
New Oakland Pharmacy	388 9 th Street	Oakland 94607	(510) 763-3282	(510) 763-8077
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
Midtown Pharmacy	201 3 rd St., #102	Oakland 94607	(510) 451-0100	(510) 251-9467
Longs Drug Store #378	4100 Redwood Road	Oakland 94619	(510) 531-0602	(510) 531-4884
Longs Drug Store #007	175 41 st Street	Oakland 94611	(510) 658-3496	(510) 658-0772
Longs Drug Store #24	3320 Fruitvale Avenue	Oakland 94602	(510) 530-3156	(510) 530-1082
Longs Drug Store #319	2000 Mountain Boulevard	Oakland 94611	(510) 339-8535	(510) 339-8648
Longs Drug Store #375	3300 Webster Street	Oakland 94609	(510) 444-1275	(510) 452-2585
Longs Drug Store #493	5100 Broadway	Oakland 94611	(510) 654-1556	(510) 654-6529
Longs Drug Store #475	3236 Lakeshore Avenue	Oakland 94611	(510) 451-1753	(510) 451-1759
Longs Drug Store #386	344 20 th Street	Oakland 94612	(510) 832-8384	(510) 832-0179
PINOLE				
Longs Drug Store	1401 Tara Hills Drive	Pinole 94564	(510) 724-8880	(510) 724-1448
PLEASANTON				
Longs Drug Store #251	4225 Rosewood Drive	Pleasanton 94588	(925) 460-8552	(925) 460-5147
Rite Aid #5944	2819 Hopyard Avenue	Pleasanton 94588	(925) 846-8345	(925) 846-6951
SAN LEANDRO				
Longs Drug Store #232	699 Lewelling Boulevard	San Leandro 94579	(510) 351-0951	(510) 351-4526
Longs Drug Store #56	1188 E. 14 th Street	San Leandro 94577	(510) 351-7957	(510) 351-5901
Longs Drug Store #469	14869 E. 14th Street	San Leandro 94578	(510) 351-2241	(510) 351-5972
Longs Drug Store #354	1401 Washington Avenue	San Leandro 94577	(510) 483-2810	(510) 483-8015
SAN RAMON				
Longs Drug Store #211	2455 San Ramon Valley Blvd.	San Ramon 94583	(925) 820-7325	(925) 820-0241
Longs Drug Store #536	490 Market Place	San Ramon 94583	(925) 327-0435	(925) 327-0720
Longs Drug Store #348	9120 Alcosta Boulevard	San Ramon 94583	(925) 829-9335	(925) 829-7933

BOLD = MIA Program Pharmacy

**ALAMEDA COUNTY
BEHAVIORAL HEALTH CARE SERVICES**

PRESCRIPTION

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES

- | | |
|--|--|
| <input type="checkbox"/> Crisis Response North 268-7836 | <input type="checkbox"/> Dublin High School (925) 833-3300 |
| <input type="checkbox"/> Crisis Response South 667-4901 | <input type="checkbox"/> Guidance Clinic 667-3000 |
| <input type="checkbox"/> Alameda CSC 522-4668 | <input type="checkbox"/> La Clinica 535-4170 |
| <input type="checkbox"/> Asian CMHS 451-6729 | <input type="checkbox"/> La Familia 881-5921 |
| <input type="checkbox"/> BACS 272-4797 | <input type="checkbox"/> Oakland CSC 777-3800 |
| <input type="checkbox"/> Bonita House 923-0180 | <input type="checkbox"/> Tri-City CSC 795-2434 |
| <input type="checkbox"/> BOSS-North 465-0881 | <input type="checkbox"/> Valley CSC (925) 462-3010 |
| <input type="checkbox"/> BOSS-South 537-1413 | <input type="checkbox"/> West Oakland MH 465-1800 |
| <input type="checkbox"/> CONREP 667-3950 | <input type="checkbox"/> Woodroe Place 537-1688 |
| <input type="checkbox"/> Criminal Justice (925) 551-6740 | <input type="checkbox"/> Sausal Creek 437-2363 |
| <input type="checkbox"/> Eden CSC 667-7500 | |

PRINT PATIENT'S NAME:

BIRTHDATE:

SSN:

CL/INSYST #:

Address _____

Phone _____

PHYSICIAN NAME:

LICENSE & DEA #:

Patient: Medi-Cal Pvt. Insurance Self Pay **Medication:** Medi-Cal (covered) Non-Medi-Cal covered (over)
 No Payer Source Sensitive Service # Pt. Enrolled in MIA Program Non-formulary (over)

MEDICATION AND STRENGTH	AMT.#						
1							
2							
3							
4							
5							

Number of Medications Ordered: 1 2 3 4 5

Signature: _____ Date: _____

Patient's Initial BHCS Visit

NON-FORMULARY MEDICATION REQUEST/T.A.R. MEDICAL JUSTIFICATION FOR PHARMACIST

(Must be completed for non-Medi-Cal covered medications)

1. Requested medication: _____
2. Diagnosis description: _____
3. ICD-9-CM Diagnosis Code (*Must match diagnosis description*): _____
4. Medical Justification:

Previous Medication Trials	Dosage/Frequency	Dates	Duration
1.			
2.			
3.			
Previous Medication	Documentation of Adverse Effect/Lack of Efficacy		
1.			
2.			
3.			

Clinical Update: _____

AIMS _____ PANSS _____ (neg subscale _____)

**ALAMEDA COUNTY
BEHAVIORAL HEALTH CARE SERVICES**

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 those are considered most useful for care of our patient population. Only those selected drugs will be routinely available for prescribing from the community pharmacies.

Components of the formulary system include a method for requesting drug placement onto and withdrawal from the formulary, 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. The principle purpose is 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 provide staff benefit.
3. Finally, a formulary system provides cost-effective drug therapy, not simply drug cost reductions. With a limited formulary, the pharmacy network can maintain a more efficient control on drug costs, while focusing on the quality of care.

Medication Classification:

1. **Formulary**
Medication can be prescribed by authorized BHCS clinicians
2. **Application/Approval Necessary Prior to Dispensing**
-clozapine (Clozaril)
Candidates must be approved by Clozapine Monitoring Committee through a prior application process (see Clozapine Monitoring Committee section).

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES MEDICATION FORMULARY SYSTEM

3. AIMS/PANSS Required Prior to Dispensing

- a) aripiprazole (Abilify)

Candidate must have both AIMS and PANSS (including Negative Subscale) scores written on the flip side of the Alameda County BHCS Prescription form (see Atypical Antipsychotic section). These scores are necessary prior to the first prescription, and at 6 months of treatment (at initiation, and 180 days).

4. **Non-Formulary** – *Psychotropic Medication*

Medications from one of the following therapeutic categories:

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

are only available if **two** prior medication trials of formulary agents in the same therapeutic class were unsuccessful. The medications, doses, and outcomes need to be documented on the flip side of the Alameda County BHCS Prescription form.

5. **Non-Formulary** – *Non-psychotropic Medication*

Medications **not** belonging to one of the above therapeutic categories must be approved by the Office of the BHCS Medical Director (567-8110) prior to prescribing, or the medication will not be dispensed. Information necessary includes patient name, PSP#, medication name and specific justification.

Formulary Revisions:

Medication addition/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 in the Psychiatric Committee (PPC), and an action recommendation made to the Medical Director. The Medical Director will make the final decision.

TARs:

All Medi-Cal eligible patients prescribed non Medi-Cal covered medication must have the flip side of the Alameda County BHCS Prescription form completed. This information is necessary for the network pharmacy to complete a TAR for submission to Medi-Cal.

**ALAMEDA COUNTY
BEHAVIORAL HEALTH CARE SERVICES**

FORMULARY

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES

MEDICATION FORMULARY

ANTIDEPRESSANTS

<i>Serotonin Selective Reuptake Inhibitors</i>		<i>Ave \$ per Day</i>	<i>Covered Medi-Cal ?</i>	<i>Notes</i>
citalopram	10, 20, 40 mg, 10 mg/5cc	\$ 0.40	No	
escitalopram	10, 20 mg	\$ 2.60	Yes	
fluoxetine	10, 20 mg, 20 mg/5 ml	\$ 0.40	Yes	
fluvoxamine	25, 50, 100 mg	\$ 2.95	Yes	
paroxetine	10, 20, 30, 40 mg, 10 mg/5 ml	\$ 1.85	Yes	
sertraline	25, 50, 100 mg, 20 mg/cc	\$ 3.25	Yes	Only brand name covered by MediCal

<i>Miscellaneous Agents</i>		<i>Ave \$ per Day</i>	<i>Covered Medi-Cal ?</i>	<i>Notes</i>
bupropion	75, 100 mg, 100mg SR, 150mg SR, 200mg SR	\$ 2.20	Yes	Only brand name covered by MediCal
mirtazapine	15, 30, 45mg, sol tabs	\$ 1.40	Yes	
phenelzine	15 mg	\$ 1.65	No	Not covered by Medi-Cal
trazodone	50, 100, 150 mg	\$ 0.15	Yes	
venlafaxine	25, 37.5, 75, 100, 150 mg XR: 37.5 mg, 75 mg, 150 mg	\$ 5.15	Yes	Only XR covered by Medi-Cal
duloxetine	20, 30, 60 mg	\$4.45	Yes	

<i>Tricyclic Compounds Sizes</i>		<i>Ave \$ per Day</i>	<i>Covered Medi-Cal ?</i>	<i>Notes</i>
amitriptyline	10, 25, 50 mg, 100 mg	\$ 0.30	Yes	
clomipramine	25, 50, 75 mg	\$ 1.65	Yes	
desipramine	10, 25, 50, 75, 100, 150 mg	\$ 2.30	Yes	
doxepin	10, 25, 50, 75, 100, 150 mg	\$ 0.50	Yes	
imipramine	10, 25, 50 mg	\$ 0.75	Yes	
nortriptyline	10, 25, 50, 75 mg	\$ 0.40	Yes	
protriptyline	5, 10 mg	\$ 1.60	Yes	

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES

MEDICATION FORMULARY

ANTIPSYCHOTICS

2ND Generation (Atypical Antipsychotics)		<i>Ave \$ per Day</i>	<i>Covered Medi-Cal?</i>	<i>Notes</i>
olanzapine	2.5, 5, 7.5, 10, 15mg, 20mg, & Zydys	\$ 15.35	Yes	Restricted to individuals 6 yrs & older
quetiapine	25, 100, 200, 300, 400 mg	\$ 10.05	Yes	Restricted to individuals 6 yrs & older
risperidone	0.5, 1, 2, 3, 4 mg, 1 mg/ml soln & M-tabs 0.5, 1, 2 mg	\$ 8.35	Yes	Restricted to individuals 5 yrs & older
ziprasidone	20, 40, 60, 80 mg	\$ 8.85	Yes	Restricted to individuals 6 yrs & older

AIMS/PANSS required Prior to Dispensing

aripiprazole	2, 5, 10, 15, 20, 30	\$ 12.15	Yes	Restricted to individuals 6 yrs & older
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Application/Approval Necessary Prior to Dispensing

clozapine	25, 100 mg	\$ 7.50	Yes	
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1st Generation

chlorpromazine	10, 25, 50, 100, 200 mg, 10 mg/5 ml, 30 mg/ml, 100 mg/ml	\$.05	Yes	
fluphenazine	1, 2.5, 10 mg, 0.5 mg/ml, 5 mg/ml, 2.5 mg/cc (inj)	\$.30	Yes	
fluphenazine dec.	25 mg/cc (inj)	25mg inj = \$20.00	Yes	
haloperidol	0.5, 1, 2, 5, 10, 20 mg, 2 mg/ml, 5 mg/cc (inj)	\$.05	Yes	
haloperidol dec.	50 mg/cc (inj), 100 mg/cc (inj)	50 mg inj= \$28.00	Yes	
loxapine	5, 10, 25, 50 mg	\$.50	Yes	
molindone	5, 10, 25, 50, 100 mg, 20 mg/ml	\$ 1.35	Yes	
perphenazine	2, 4, 8, 16 mg, 16 mg/5 ml, 5mg/cc (inj)	\$.50	Yes	Restricted to individuals 6 yrs & older
pimozide	2 mg	\$.35	No	Not covered by Medi-Cal
thioridazine	10, 15, 25, 50, 100, 150, 200 mg, 30 mg/ml, 100 mg/ml	\$.05	Yes	Restricted to individuals 6 yrs & older
thiothixene	1, 2, 5, 10, 20 mg, 5 mg/ml	\$.20	Yes	
trifluoperazine	2, 5, 10 mg	\$.40	Yes	Restricted to individuals 6 yrs & older

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES
MEDICATION FORMULARY

MOOD STABILIZERS

		<i>Ave \$ per Day</i>	<i>Covered Medi-Cal ?</i>	<i>Notes</i>
carbamazepine	100, 200 mg, 100 mg/5 ml	\$ 0.35	Yes	
divalproex	125, 250, 500 mg, 500 mg	\$ 6.25	Yes	
lamotrigine	25, 100, 150, 200 mg	\$ 8.25	Yes	
lithium carbonate	150 mg, 300 mg	\$ 0.80	Yes	
lithium CR	300, 450 mg	\$ 1.50	No	Not covered by Medi-Cal
Oxcarbazepine (Trileptil)	150, 300, 600 mg	\$6.65	Yes	
valproic acid	250 mg, 250 mg/5 ml	\$ 2.10	Yes	

ANTIPARKINSONIAN/ANTIDYSKINETIC AGENTS

		<i>Ave \$ per Day</i>	<i>Covered Medi-Cal ?</i>	<i>Notes</i>
amantadine	100 mg cap, 50 mg/5 ml	\$.10	Yes	
atenolol	25, 50, 100 mg	\$.05	Yes	
benztropine	0.5, 1, 2 mg, 1 mg/cc (inj)	\$.05	Yes	
diphenhydramine	25 mg, 50 mg, 10 mg/ml, 50 mg/cc (inj)	\$.05	Yes	25 mg not covered by Medi-Cal
propranolol	10, 20, 40, 60, 80, 90 mg, 4 mg/ml 8 mg/ml	\$.05	Yes	
trihexyphenidyl	2, 5 mg, 2 mg/5 ml	\$.25	Yes	

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES
MEDICATION FORMULARY

ANTI-ANXIETY/HYPNOTICS

<i>Benzodiazepines</i>		<i>Ave \$ per Day</i>	<i>Covered Medi-Cal ?</i>	<i>Notes</i>
alprazolam	0.25, 0.5, 1, 2 mg	\$.10	No	Not covered by Medi-Cal
clonazepam	0.5, 1, 2 mg	\$.60	Yes	Medi-Cal = 90 day limit
diazepam	2 – 20 mg tab	\$.05	No	Not covered by Medi-Cal
flurazepam	15, 30 mg	\$.05	Yes	Medi-Cal = Restricted to use in tx of insomnia
lorazepam	0.5, 1, 2 mg	\$.25	Yes	Medi-Cal = Max tabs #30, 3 rx's per 75 days
temazepam	15, 30 mg	\$.05	Yes	Medi-Cal = Restricted to use in tx of insomnia
triazolam	0.125, 0.25 mg	\$.25	Yes	Medi-Cal = Restricted to use in tx of insomnia

Non-Benzodiazepines

buspirone	5, 10, 30 mg	\$ 1.40	Yes	
chloral hydrate	250, 500 mg	\$.25	Yes	
zolpidem	5, 10 mg	\$.85	Yes	Medi-Cal = Restricted to use in treatment of insomnia

PSYCHOSTIMULANTS

		<i>Ave \$ per Day</i>	<i>Medi-Cal ?</i>	<i>Notes</i>
dextroamphetamine	5, 10 mg,	\$.20	Yes	Medi-Cal = Restricted to Attention Deficit Disorder age 4-16
dextroamphetamine sustained release	5, 10, 15 mg	\$ 1.10	No	Not covered by Medi-Cal
dexmethylphenidate HCL (Focalin XR)	5, 10, 15, 20 mg	\$6.50	Yes	Only brand name covered by Medi-Cal
methylphenidate	5, 10, 20 mg	\$.20	Yes	Medi-Cal = Restricted to Attention Deficit Disorder age 4-16
methylphenidate CD (Metadate CD)	20 mg	\$.65	No	Not covered by Medi-Cal
Ritalin LA	10, 20, 30, 40 mg	\$.70	No	Not covered by Medi-Cal
methylphenidate XR (Concerta)	18, 27, 36, 54 mg	\$ 3.37	No	Not covered by Medi-Cal, unless prev. disp. prior to 12/1/2004 & within 100 days of last Rx

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES
MEDICATION FORMULARY

MISC. AGENTS

		<i>Ave \$ per Day</i>	<i>Covered Medi-Cal ?</i>	<i>Notes</i>
clonidine	0.1, 0.2, 0.3, 0.5 mg Patch: 2.5, 5.0, 7.5 mg	\$.05	Yes	
disulfiram	250, 500 mg	\$.05	Yes	
docusate sodium	100, 250 mg	\$.05	Yes	
guanfacine	1 mg, 2 mg	\$.35	Yes	
hydroxyzine	10, 25, 50 mg	\$.05	Yes	
levothyroxin Tabs	all strengths	\$.05	Yes	
Nicorette Gum	2, 4 mg	\$.35	No	Limited to six months
Nicotine Transdermal Patches	7, 14, 21 mg/24 hr.	\$.70	Yes	Limited to six weeks
Metamucil powder	390 g	\$.10	Yes	
vit E cap	all strengths	\$.05	No	Not covered by Medi-Cal
multivit/minerals	Generic Centrum	\$.05	No	Not covered by Medi-Cal

**ALAMEDA COUNTY
BEHAVIORAL HEALTH CARE SERVICES**

CLOZAPINE MONITORING COMMITTEE

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES

Clozapine Monitoring Committee Guidelines

I. Background/General Information

Clozapine is a dibenzodiazepine derivative indicated for the treatment of psychotic disorders. Numerous studies have demonstrated the effectiveness of this drug for treatment-resistant patients unresponsive to standard antipsychotics, with fewer incidences of troubling extrapyramidal reactions, neuroleptic malignant syndrome, and tardive dyskinesia. However, due to the 1% to 2% incidence of agranulocytosis associated with use of the medication as well as the high cost, special protocols have been developed for prescribing and distributing the drug.

A. Clozapine Monitoring Committee

No patient will be started on clozapine within the outpatient clinics of Alameda County BHCS without prior approval by the Clozapine Monitoring Committee. When patients are referred to a county outpatient clinic from an inpatient facility, the referring psychiatrist is to complete the Clozapine Monitoring Committee Application Form prior to initiating clozapine.

If a patient who is already receiving clozapine is admitted to any Alameda County outpatient clinic, and that patient does not meet the Clozapine Patient Criteria below, the patient will be reviewed by the assigned physician and the Clozapine Monitoring Committee for possible change to another clinically appropriate treatment.

II. Clozapine Patient Criteria

Patients who meet the following criteria will be considered for clozapine initiation:

A. Documented history of one of the following diagnoses:

1. Severe schizophrenia
2. Severe schizo-affective disorder
3. Bipolar disorder unresponsive to treatment with lithium, carbamazepine, and valproic acid (divalproex)

B. Be over the age of 16

C. A history of trials with at least *two* different (atypical) antipsychotics which were titrated to the maximum dose, and were maintained for at least 2 months before discontinuation due to inadequacy of symptom response or adverse effects.

<u>DRUG</u>	<u>DOSE</u>
risperidone	4-8mg
olanzapine	15-20mg
quetiapine	400-800mg
ziprasidone	120-160mg
aripiprazole	10-15mg

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES

Clozapine Monitoring Committee Guidelines

- D. None of the following complications or contraindications are present:
1. History of clozapine-induced leukopenia, agranulocytosis or granulocytopenia
 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 WBC < 3500/mm³ (or neutrophil < 2000/ 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 disorders
- E. The following potential concerns and complications have been addressed, if applicable:
1. Presence of concurrent active substance abuse
 2. History of seizure disorder, or neurological illness
 - i. Finnish or Jewish background, especially Ashkenazi Jew
 - ii. Laboratory or clinical evidence of significant hepatic, renal, or cardiopulmonary disease
 - iii. Unexplained abnormalities in laboratory tests within the preceding four weeks
 - iv. Prostatic enlargement or narrow angle glaucoma
 - v. Need for continued use of heterocyclic or MAOI-type antidepressants
 - vi. Concomitant use of (*see Table #1, page 35*):
 - a. Bone marrow suppressants
 - b. Antihypertensive agents
 - c. CNS depressants
 - d. Highly protein bound drugs
 - e. Substrates/inhibitors/inducers of CYP 1A2, 2D6, and 3A4
 - vii. History of orthostatic hypotension
- F. Clozapine Monitoring Committee Application Form (*attachment #1*) completion and approval.

III. Initiation of Clozapine Treatment

The following must be completed if the patient is approved for clozapine administration:

1. Physician must be registered as a provider with the National Registry by calling the National Registry or providing the completed forms to the registry.
2. Physician will explain medication to the patient and have patient sign Informed Consent for Clozapine.
3. Physician calls the National Registry to obtain rechallenge clearance authorization. A patient number is received from the National Registry, and documented in the client Medical Record.

Telephone Numbers

Clozaril (Novartis) Patient Registry	(800) 448-5938	FAX (800) 648-6015
Clozapine (IVAX) Patient Registry	(800) 507-8334	FAX (800) 507-8339

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES

Clozapine Monitoring Committee Guidelines

IV. Clozapine Treatment Requirements:

- A. The following items must be performed prior to initiation of clozapine:
1. WBC with differential
 2. Electrolytes, serum creatinine, total protein and albumin, liver function panel
 3. Drug screen
 4. Pregnancy test, if possibly pregnant (Pregnancy Category B)
 5. An assessment of the patient's physical condition
 6. Vital signs (including orthostatic BP, pulse) and weight
 7. Geriatric patients or patients with history of cardiovascular disease:
 - o **ECG or evaluation by internist**
 8. Patients with history of seizures, recent head trauma or intracranial disease:
 - o **EEG or evaluation by internist**
 9. Registration with the Clozapine National Registry
- B. The following items must be obtained during clozapine treatment:
1. Review of weekly WBC count and ANC during the initial 6 months of treatment, biweekly for the next 6 months, and every 4 weeks thereafter, if client meets the criteria outlined below (see Monitoring Requirements for Clozapine).
 2. Vital signs taken at each visit (including orthostatic BP and pulse).
- C. Prescription of Clozapine
1. No PRN use of clozapine shall be prescribed.
 2. The medication will be prescribed weekly for the first 6 months of therapy. If the patient meets the requirements for biweekly or every 4 weeks blood draws (see Monitoring Requirements for Clozapine), then clozapine may be prescribed on a biweekly or every 4 weeks basis.

V. Monitoring Requirements for Clozapine:

- A. On an ongoing basis the physician will monitor patient outcomes, medication dosing, and adverse effect development, notifying the Clozapine Monitoring Committee of any critical adverse effects, including:
1. **Agranulocytosis** – Agranulocytosis has been estimated to occur in association with clozapine therapy in ~1-2% of patients. Risk is highest during the first 6 months of clozapine therapy, during which weekly blood count monitoring must be performed.
 2. **Seizure/myoclonus** – Dose-related seizures have been associated with the use of clozapine. At doses below 300 mg/day seizure risk is comparable to other antipsychotic drugs (~1-2%). At doses between 300-600 mg/day seizure risk is increased to 3-4%, while in patients receiving 600-900 mg/day the risk is 5%. Caution should be used when using clozapine for patients having a history of seizures or other predisposing factors.
 3. **Myocarditis** – Analyses of postmarketing safety databases suggest that clozapine is associated with an increased risk of fatal myocarditis, especially during, but not limited to, the first month of therapy. Signs and symptoms of myocarditis may include: unexplained fatigue, dyspnea, tachypnea, fever, chest pain, and palpitations, other signs/symptoms of heart failure, tachycardia, ST-T wave abnormalities on EKG, or arrhythmias. In patients

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES

Clozapine Monitoring Committee Guidelines

in whom myocarditis is suspected, clozapine treatment should be promptly discontinued, and a re-challenge should not be attempted.

4. **Marked hypotension** – Orthostatic hypotension with or without syncope can occur with clozapine treatment and may represent a continuing risk in some patients. It is more likely to occur during initial titration in association with rapid dose escalation and may even occur on first dose. Rarely, collapse can be profound and be accompanied by respiratory and/or cardiac arrest.
 5. **Respiratory depression** – see above section “Marked hypotension.” Also, some of the cases of collapse/respiratory arrest/cardiac arrest during initial treatment occurred in patients who were being administered benzodiazepines, caution is advised when clozapine is initiated in patients taking a benzodiazepine.
 6. **Increased glucose, lipids and/or weight** – hyperglycemia, hyperlipidemia, and weight gain have been reported in patients treated with atypical antipsychotics including clozapine. Patients with established diagnoses of diabetes mellitus, hyperlipidemia, or obesity who are started on clozapine should be monitored regularly for worsening of glucose or lipid control, or for further weight gain. Patients with risk factors for the above disorders who are starting clozapine therapy should undergo fasting blood glucose and lipid testing, along with weight monitoring, at the beginning of treatment and periodically during treatment (see Alameda County BHCS Psychotropic Medication Practice Guidelines).
 7. **Fever or other possible clozapine-induced side effects** – During clozapine therapy, patients may experience transient temperature elevations above 100.4F, with the peak incidence within the first 3 weeks of treatment. While this fever is generally benign and self-limiting, it may necessitate discontinuing patients from treatment. On occasion, there may be an associated increase or decrease in WBC count. Patients with fever should be carefully evaluated to rule out the possibility of an underlying infectious process or the development of agranulocytosis. In the presence of high fever, the possibility of Neuroleptic Malignant Syndrome must be considered.
- B. Patients who are being treated with clozapine must have a baseline white blood cell and differential count before initiation of treatment and a WBC/ANC every week thereafter for the first 6 months. If acceptable WBC counts ($WBC > 3500/mm^3$ with $ANC > 2000/mm^3$) have been maintained during the first 6 months of continuous therapy, WBC/ANC can be monitored every other week for the next 6 months. Thereafter, if acceptable WBC/ANC ($WBC > 3500/mm^3$ with $ANC > 2000/mm^3$) have been maintained during the second 6 months of continuous therapy, WBC/ANC may be monitored every 4 weeks. WBC counts must be monitored weekly for at least 4 weeks after the discontinuation of clozapine.
- C. Patients with interrupted therapy (*flowchart #1, page 34*):
1. *Patients on clozapine < 6 months with no abnormal blood work and a break in therapy < 1 month:* continue the weekly blood work from where client has left off for the duration of the six months using the initial start date, before transitioning to biweekly draws.
 2. *Patients on clozapine < 6 months with no abnormal blood work and a break in therapy > 1 month:* restart the weekly blood draws for another 6 months, before transitioning to biweekly draws.

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES

Clozapine Monitoring Committee Guidelines

3. *Patients on clozapine for 6-12 months with no abnormal blood work and a break in therapy <1 month:* restart weekly blood draws for **6 weeks**, then continue with biweekly blood draws for another 6 months, before transitioning to every 4 weeks draws.
4. *Patients on clozapine for 6-12 months with no abnormal blood work and a break in therapy >1 month:* restart weekly blood draws for **6 months**, then continue with biweekly blood draws for another 6 months, before transitioning to every 4 weeks draws.
5. *Patients on clozapine for > 12 months with no abnormal blood work and a break in therapy <1 month:* restart weekly blood draws for **6 weeks**, then return to every 4 weeks blood draws.
6. *Patients on clozapine for > 12 months with no abnormal blood work and a break in therapy >1 month:* restart weekly blood draws for **6 months**, then continue with biweekly blood draws for 6 months, before transitioning to every 4 weeks draws.

D. Abnormal blood draws (*also see Blood Monitoring Requirements – Section VI*):

1. Regardless of length of clozapine treatment, if a patient experiences an abnormal blood count (WBC <3500/mm³ or ANC <2000/mm³), but remains rechallengeable (WBC >2000/mm³ and/or ANC >1000/mm³), the following must occur:
 - a. Daily blood draws until WBC >3000/mm³ and ANC >1500/mm³
 - b. Twice-weekly blood draws until WBC >3500/mm³ and ANC >2000/mm³.
 - c. May rechallenge when WBC >3500/mm³ and ANC >2000/mm³.
 - d. If rechallenged, perform weekly blood draws for 1 year, then biweekly for 6 months, then every 4 weeks thereafter.
 - e. Note: data suggest that patients who have an initial episode of moderate leucopenia (3000/mm³ > WBC=2000/mm³) have up to a 12-fold increased risk of having a subsequent episode of agranulocytosis (ANC ≤500/mm³) when rechallenged, compared to the full cohort of patients treated with clozapine. Although clozapine may be resumed once a patient is deemed to be rechallengeable, prescribers are strongly advised to reconsider the risks vs benefits of continuing clozapine therapy.

E. Obtain an EKG if cardiovascular sequelae are observed.

F. Obtaining a clozapine blood level may be warranted if (a) noncompliance is suspected or if (b) there is an unexpected outcome (either inadequate efficacy or clinical evidence of toxicity) resulting from a normally therapeutic dose.

- There are currently no established guidelines which identify a specific target range of blood levels for clozapine. However, therapeutic response to clozapine has been associated with blood levels of 300-450 ng/mL. Clinical evidence of toxicity has generally been associated with blood levels of ~800 ng/mL or higher.

VI. Blood Monitoring Requirements (*see Table 2, page 35*):

A. Within the week prior to each prescription, a WBC/ANC will be obtained, with results forwarded to the pharmacy working with the individual client. The pharmacy will submit these results to the National Registry.

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES

Clozapine Monitoring Committee Guidelines

- B. Clozapine should not be initiated if WBC count is $<3500/\text{mm}^3$. When the WBC is greater than $3500/\text{mm}^3$, the WBC will be done weekly, biweekly, or every 4 weeks, based upon history of clozapine therapy (see Monitoring Requirements for Clozapine).
- C. If the total WBC count is above $3500/\text{mm}^3$ but there has been a single drop or a cumulative drop within 3 weeks of over $3000/\text{mm}^3$, perform a repeat WBC/ANC. If repeat values are $3000/\text{mm}^3 = \text{WBC} \leq 3500/\text{mm}^3$ and $\text{ANC} > 2000/\text{mm}^3$, then monitor twice weekly. Clozapine treatment may continue but with twice a week WBC & differentials until $\text{WBC} > 3500/\text{mm}^3$ and $\text{ANC} > 2000/\text{mm}^3$. Then return to previous monitoring frequency.
- D. If the WBC count is between $2000-3000/\text{mm}^3$, or the ANC is between 1000 and $1500/\text{mm}^3$, interrupt clozapine therapy and begin daily WBC counts until $\text{WBC} > 3000/\text{mm}^3$ and $\text{ANC} > 1500/\text{mm}^3$ (see Table 2).
- E. If the WBC is <2000 or the ANC <1000 , discontinue clozapine therapy and do not attempt a re-challenge.
- F. With a drop in WBC/ANC, the patient may or may not show clinical signs and symptoms such as lethargy, weakness, fever, or sore throat. Monitor closely.

VII. Discontinuation of Clozapine:

- A. Generally clozapine will be tapered and discontinued for patients who have not experienced substantial benefit from it after a trial period of no longer than 24 weeks. At least 12 of those 24 weeks should be at a therapeutic dose. Exceptions may occur on a case-by-case basis with the approval of the Clozapine Monitoring Committee.
- B. The pharmacy will be notified of a patient's discontinuation of clozapine.
- C. The Clozapine Monitoring Committee will be notified of a patient's discontinuation.
- D. Patients must receive weekly blood tests for four weeks following the d/c of clozapine
- E. The case manager will be informed of the clozapine discontinuation and the need for subsequent blood tests in the event that the patient needs assistance.

Alameda County
Department of Behavioral Health Care Services
Mental Health Division

Client Name: _____
Birthdate: _____ Admit Date: _____
Chart No.: _____ Reporting Unit: _____
PSP Client No.: _____

CLOZAPINE APPLICATION

DATE _____ PHYSICIAN _____ FACILITY _____

Patient _____ DOB _____ Insyst# _____

Insurance: [] MediCal [] MIA [] Other: _____

DSM IV: AXIS I _____ **AXIS II** _____

AXIS III _____

Comments: _____

CURRENT ANTIPSYCHOTIC MEDICATIONS

NAME	DOSE	DURATION
<input type="checkbox"/> ARIPIRAZOLE	_____	_____
<input type="checkbox"/> CHLORPROMAZINE	_____	_____
<input type="checkbox"/> CLOZAPINE	_____	_____
<input type="checkbox"/> FLUPHENAZINE po/im	_____	_____
<input type="checkbox"/> HALOPERIDOL po/im	_____	_____
<input type="checkbox"/> LOXAPINE	_____	_____
<input type="checkbox"/> MOLINDONE	_____	_____
<input type="checkbox"/> OLANZAPINE	_____	_____
<input type="checkbox"/> PERPHENAZINE	_____	_____
<input type="checkbox"/> QUETIAPINE	_____	_____
<input type="checkbox"/> RISPERIDONE	_____	_____
<input type="checkbox"/> THIORIDAZINE	_____	_____
<input type="checkbox"/> THIOTHIXENE	_____	_____
<input type="checkbox"/> TRIFLUOPERAZINE	_____	_____
<input type="checkbox"/> ZIPRASIDONE	_____	_____

PAST ANTIPSYCHOTIC MEDICATIONS

NAME	DOSE	DURATION
<input type="checkbox"/> ARIPIRAZOLE	_____	_____
<input type="checkbox"/> CHLORPROMAZINE	_____	_____
<input type="checkbox"/> CLOZAPINE	_____	_____
<input type="checkbox"/> FLUPHENAZINE po/im	_____	_____
<input type="checkbox"/> HALOPERIDOL po/im	_____	_____
<input type="checkbox"/> LOXAPINE	_____	_____
<input type="checkbox"/> MOLINDONE	_____	_____
<input type="checkbox"/> OLANZAPINE	_____	_____
<input type="checkbox"/> PERPHENAZINE	_____	_____
<input type="checkbox"/> QUETIAPINE	_____	_____
<input type="checkbox"/> RISPERIDONE	_____	_____
<input type="checkbox"/> THIORIDAZINE	_____	_____
<input type="checkbox"/> THIOTHIXENE	_____	_____
<input type="checkbox"/> TRIFLUOPERAZINE	_____	_____
<input type="checkbox"/> ZIPRASIDONE	_____	_____
<input type="checkbox"/> OTHER	_____	_____

EXTRAPYRAMIDAL SIDE EFFECTS/MOVEMENT DISORDERS

() Akathesia () Tremor () Muscle Rigidity/Stiffness () Dystonia () Tardive Dyskinesia

Comments _____

CLINICAL STATUS/LEVEL OF IMPAIRMENT

SYMPTOMS	SEV	MOD	MILD	NONE
Emotional withdrawal				
Lack of spontaneity				
Blunted affect				
Inability to experience pleasure				
A/V hallucinations				
Paranoia				
Delusions				
Disorganization				
Attention difficulties				
Memory/recall difficulties				
Hx noncompliance with tx				

SYMPTOMS	SEV	MOD	MILD	NONE
Bizarre appearance				
Hostility/aggression				
Inability to develop relationships				
Conflict with caregivers				
Conflicts with family				
Persistent depression				
Suicidal thoughts/plans				
Substance abuse active/hx				
Hospitalization risk				

CLOZAPINE MEDICAL QUESTIONS:

Recent concurrent conditions:

- myeloproliferative disease
 immunosuppression
 organic illness
 hypotension
 cardiovascular, renal, hepatic or other systemic disease
 head trauma/seizure disorder
 blood disorder
 pregnancy
 none of the above

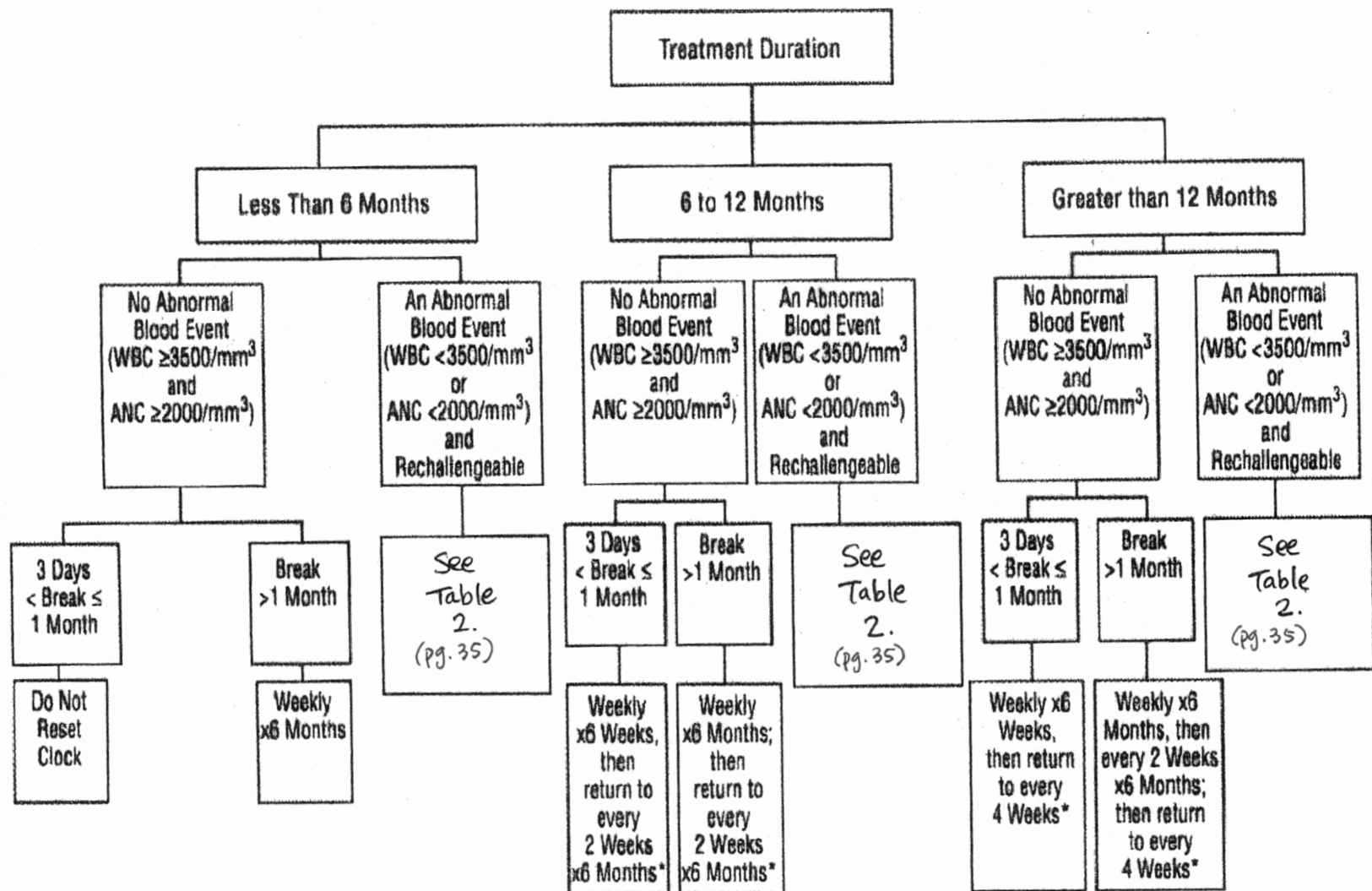
Comments:

CURRENT MEDICATION REGIMEN:

Name	Dose	Frequency	Name	Dose	Frequency

**Please FAX to Office of Medical Director
 FAX: (510) 567-6850**

Resuming Monitoring Frequency after Interruption in Therapy.



*Transitions to reduce frequency of monitoring only permitted if all WBC ≥ 3500 and ANC ≥ 2000.

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES

Clozapine Monitoring Committee Guidelines

Table 1 – Drug Interactions (see Section II.E.6.)

Class	Examples	Interaction
Bone marrow suppressants	Carbamazepine, sulfonamides, propylthiouracil, zidovudine, chemotherapeutic agents	Additive risk of myelosuppression
Antihypertensive agents	Hydrochlorothiazide, atenolol, metoprolol, verapamil, diltiazem, lisinopril, enalapril, prazosin, terazosin	Additive risk of orthostasis, hypotension
CNS depressants	Benzodiazepines, lithium, other very sedating agents	Additive risks of sedation, respiratory depression, loss of consciousness
Highly protein bound drugs	Warfarin, divalproex Na, phenytoin, digoxin	Clozapine may displace or be displaced from protein binding sites by these agents. Monitor closely for adverse effects.
Substrates/inhibitors/inducers of CYP 1A2, 2D6, and 3A4	Erythromycin, ketoconazole, SSRIs can increase clozapine levels Cigarette smoking, carbamazepine may decrease clozapine levels	Potential for drug-drug interactions. Monitor for loss/reduction of drug efficacy or for increased toxicity.

Table 2: Frequency of Monitoring based on Stage of Therapy or Results from WBC Count and ANC Monitoring Tests

Situation	Hematological Values for Monitoring	Frequency of WBC and ANC Monitoring
Initiation of therapy	WBC = 3500/mm ³ ANC = 2000/mm ³ Note: Do not initiate in patients with 1) history of myeloproliferative disorder or 2) Clozaril [®] (clozapine) induced agranulocytosis or granulocytopenia	Weekly for 6 months
6 months – 12 months of therapy	All results for WBC = 3500/mm ³ and ANC = 2000/mm ³	Every 2 weeks for 6 months
12 months of therapy	All results for WBC = 3500/mm ³ and ANC = 2000/mm ³	Every 4 weeks ad infinitum
Immature forms present	N/A	Repeat WBC and ANC
Discontinuation of Therapy	N/A	Weekly for at least 4 weeks from day of discontinuation or until WBC = 3500/mm ³ and ANC > 2000/mm ³
Substantial drop in WBC or ANC	Single Drop or cumulative drop within 3 weeks of WBC = 3500/mm ³ or ANC = 1500/mm ³	1. Repeat WBC and ANC 2. If repeat values are 3000/mm ³ = WBC ≤ 3500/mm ³ and ANC > 2000/mm ³ , then monitor twice weekly
Mild Leukopenia	3500/mm ³ > WBC ≥ 3000/mm ³ and/or	Twice-weekly until WBC > 3500/mm ³ and ANC > 2000/mm ³ then return to previous monitoring frequency
Mild Granulocytopenia	2000/mm ³ > ANC ≥ 1500/mm ³	
Moderate Leukopenia	3000/mm ³ > WBC = 2000/mm ³ and/or	1. Interrupt therapy 2. Daily until WBC > 3000/mm ³ and ANC > 1500/mm ³ 3. Twice-weekly until WBC > 3500/mm ³ and ANC > 2000/mm ³ 4. May rechallenge when WBC > 3500/mm ³ and ANC > 2000/mm ³ 5. If rechallenged, monitor weekly for 1 year before returning to the usual monitoring schedule of every 2 weeks for 6 months and then every 4 weeks ad infinitum
Moderate Granulocytopenia	1500/mm ³ > ANC ≥ 1000/mm ³	
Severe Leukopenia	WBC < 2000/mm ³ and/or	1. Discontinue treatment and do not rechallenge patient 2. Monitor until normal and for at least four weeks from day of discontinuation as follows: • Daily until WBC > 3000/mm ³ and ANC > 1500/mm ³ • Twice weekly until WBC > 3500/mm ³ and ANC > 2000/mm ³ • Weekly after WBC > 3500/mm ³
Severe Granulocytopenia	ANC < 1000/mm ³	
Agranulocytosis	ANC ≤ 500/mm ³	1. Discontinue treatment and do not rechallenge patient 2. Monitor until normal and for at least four weeks from day of discontinuation as follows: • Daily until WBC > 3000/mm ³ and ANC > 1500/mm ³ • Twice weekly until WBC > 3500/mm ³ and ANC > 2000/mm ³ • Weekly after WBC > 3500/mm ³

**ALAMEDA COUNTY
BEHAVIORAL HEALTH CARE SERVICES**

**ATYPICAL ANTIPSYCHOTICS
MONITORING REQUIREMENTS**

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES

Atypical Antipsychotics Requirements

Aripiprazole (**Abilify**)

Alameda County Behavioral Health Care Services requires three patient symptom assessment scores to be completed by the patient's physician, and recorded on the flip side of the Alameda County Behavioral Health Care Services Prescription form in order to process the prescription. The scales are the AIMS (Abnormal Involuntary Movement Scale), and PANSS (Positive and Negative Syndrome Scale), including the separate score for the Negative Subscale. **WITHOUT THE PRESENCE OF THESE SCORES ON THE PRESCRIPTION, THE MEDICATION CANNOT BE DISPENSED.** These objective assessment scales will provide Behavioral Health Care Services with the data to monitor patient outcomes, medication efficacy, and its impact on system costs. After the initial pretreatment score, these scores need to be repeated at six months, and documented on the prescription backside.

Risperidone long-acting depot IM (**Consta**)

Risperdal Consta is non-formulary and NOT covered by Medi-Cal (it is only available through the Medi-Cal TAR process). Due to the potential cost impact (see below), current County budget crisis, and no coverage by Medi-Cal, only patients *with an approved Medi-Cal TAR or approved through the Janssen Cares Patient Asst. Program will be eligible to receive Risperdal Consta.* An application for that program is available from the Office of the Medical Director or at the Risperdal website.

http://www.janssen.com/active/janus/en_US/assets/common/company/pap_app.pdf

			<u>Per Inj</u>	<u>Per Month</u>
Risperdal Consta	25mg	IM	\$ 278	\$ 556
	37.5mg	IM	\$ 416	\$ 832
	50mg	IM	\$ 555	\$1,110

Pharmacoeconomic Study

1. All patients started on Long-acting IM Risperidone will be entered in the study. This includes both MediCal (through approved TAR) and indigent clients (through approved PAP).
2. The **PANSS** score (overall and negative subscale) would be required **upon initiation** and again **after 6 months treatment**.
3. The use of anticholinergic agents, concurrent atypical antipsychotics and impact on metabolic parameters would additionally be monitored.
4. Compliance with 2 week injection schedule will be tracked, as well as dose titration.

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES

Adult-Attention Deficit Hyperactivity Disorder (ADHD)

BHCS does not treat patients with a primary diagnosis of Adult ADHD. But patients with a *secondary diagnosis* of Adult ADHD may be treated along with their primary psychiatric diagnosis. Please refer to the *BHCS Adult ADHD Assessment & Rating Guidelines*, which can assist in both diagnosis and treatment.

At a minimum, the 30-item Conners' Adult ADHD Rating Scale (**CAARS**) Self Reporting & Screening Version needs to be scored at both assessment and again after 30 days of medication treatment. These four scores (A thru D) need to be documented in the BHCS patient chart. If a non-formulary medication is requested, then these scores must be written on the backside of the BHCS prescription, or called into BHCS Pharmacy Services.

**ALAMEDA COUNTY
BEHAVIORAL HEALTH CARE SERVICES**

**ABNORMAL INVOLUNTARY MOVEMENT
SCALE (AIMS)**

ABNORMAL INVOLUNTARY MOVEMENT SCALE (AIMS)

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SVCS Abnormal Involuntary Movement Scale (AIMS)

Rate highest severity observed, rate movements that occur upon activation one less than those observed spontaneously.

Dentures present? Y N

Current problems with teeth/dentures Y N

Date Date Date Date Date Date

1. Muscles of facial expression (mvts. of forehead, eyebrows, periorbital area)	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
2. Lips and perioral area (puckering, pouting, smacking, cheeks)	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
3. Jaw (biting, clenching, chewing, mouth opening, lateral movements)	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
4. Tongue – rate only movements both in and out of mouth, NOT ability to sustain movement	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
5. Upper Extremities – do not include tremor (arms, wrists, hands, fingers)	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
6. Lower Extremities (legs, knees, ankles, toes)	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
7. Trunk (neck, shoulders, hips)	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
SUB-TOTAL (add scores 1-7)						
Incapacitation by abnormal movements	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
Patient awareness of abnormal movements – rate only patient’s report	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
Overall Severity of Abnormal Movements	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
TOTAL SCORE (subtotal and above)						

0 = none, 1 = minimal may be extreme normal, 2 = mild, 3 = moderate, 4 = severe

**ALAMEDA COUNTY
BEHAVIORAL HEALTH CARE SERVICES**

**POSITIVE AND NEGATIVE SYNDROME SCALE
(PANSS)**

ALAMEDA COUNTY BHCS
Positive and Negative Syndrome Scale
PANSS

1 = absent, 2 = minimal, 3 = mild, 4 = moderate
 5 = moderate/severe, 6 = severe. 7 = extreme

Date				
1. Positive Subscale				
P1. Delusions	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
P2. Conceptual disorganization	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
P3. Hallucinatory behavior	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
P4. Excitement	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
P5. Grandiosity	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
P6. Suspiciousness/persecution	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
P7. Hostility	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Subtotal				
2. Negative Subscale				
N1. Blunted affect	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
N2. Emotional withdrawal	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
N3. Poor rapport	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
N4. Passive/apathetic social withdrawl	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
N5. Difficulty in abstract thinking	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
N6. Lack of spontaneity, conversation	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
N7. Stereotyped thinking	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Subtotal				
3. General Psychopathological Subscale				
G1. Somatic concerns	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
G2. Anxiety	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
G3. Guilt feelings	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
G4. Tension	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
G5. Mannerism and posturing	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
G6. Depression	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
G7. Motor retardation	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
G8. Uncooperativeness	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
G9. Unusual thought content	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
G10. Disorientation	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
G11. Poor attention	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
G12. Lack of judgment and insight	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
G13. Disturbance of volition	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
G14. Poor impulse control	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
G15. Preoccupation	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
G16. Active social avoidance	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Subtotal				
TOTAL PANSS SCORE				

**ALAMEDA COUNTY
BEHAVIORAL HEALTH CARE SERVICES**

**PSYCHOACTIVE MEDICATION:
CHILDHOOD AND ADOLESCENT DAILY
DOSING RANGES**

**PSYCHOTROPIC CHILDHOOD & ADOLESCENT DAILY DOSING
ALAMEDA COUNTY BHCS**

(Approved by the BHCS Psychiatric Practices Committee, June 26, 2002)

<u>ANTIPSYCHOTIC AGENTS</u> <u>(1ST Generation)</u>	<u>CHILDHOOD DOSE</u> <u>(AGE 4-12 YEARS)</u>	<u>ADOLESCENT DOSE</u> <u>(AGE 12-19 YEARS)</u>
chlorpromazine (Thorazine)	10 -100 mg	10 – 200 mg
fluphenazine (Prolixin)	1 – 10 mg	1 – 20 mg
haloperidol (Haldol)	0.5 – 10 mg	0.5 – 20 mg
perphenazine (Trilafon)	2 – 16 mg	2 – 64 mg
*thioridazine (Mellaril)	10 – 100 mg	10 – 200 mg
thiothixene (Navane)	1 – 20 mg	1 – 40 mg
trifluoperazine (Stelazine)	1 – 10 mg	2 – 20 mg
<u>ANTIPSYCHOTIC AGENTS (2ND Generation)</u>	<u>CHILDHOOD DOSE</u>	<u>ADOLESCENT DOSE</u>
clozapine (Clozaril)	not used	200 – 450 mg (>16 years)
olanzapine (Zyprexa)	1.25 – 15 mg	1.25 – 20 mg
quetiapine (Seroquel)	25 – 600 mg	25 – 800 mg
risperidone (Risperdal)	0.5 4 mg	0.5 – 6 mg
ziprasidone (Geodon)	10 – 120 mg	10 – 160 mg
aripiprazole (Abilify)	5 – 15 mg	5 – 15 mg
<u>MOOD STABILIZERS</u>	<u>CHILDHOOD DOSE</u>	<u>ADOLESCENT DOSE</u>
carbamazepine (Tegretol)	200 – 800 mg	200 – 1200 mg
gabapentin (Neurontin)	300 – 1800 mg	600 – 3600 mg
lithium carbonate	300 – 900 mg	300 – 1200 mg
#oxcarbazepine (Trileptal)	150 – 1200 mg	300 1800 mg
valproic acid/divalproex (Depakene/Depakote)	125 – 750 mg	125 – 1250 mg
<u>ANTIDEPRESSANTS (Tricyclic Agents)</u>	<u>CHILDHOOD DOSE</u>	<u>ADOLESCENT DOSE</u>
clomipramine (Anafranil)	25 – 100 mg	25 – 200mg
desipramine (Norpramin)	not used	25 – 100 mg
imipramine (Tofranil)	10 – 75 mg	10 – 100 mg
nortriptyline (Aventyl, Pamelor)	not used	30 – 50 mg
bupropion (Wellbutrin)	37.5 – 225 mg	75 – 300 mg
citalopram (Celexa)	10 – 40 mg	10 – 60 mg

**PSYCHOTROPIC CHILDHOOD & ADOLESCENT DAILY DOSING
ALAMEDA COUNTY BHCS**

(Approved by the BHCS Psychiatric Practices Committee, June 26, 2002)

<u>ANTIDEPRESSANTS (Selective Agents)</u>	<u>CHILDHOOD DOSE</u>	<u>ADOLESCENT DOSE</u>
fluoxetine (Prozac)	10 -20 mg	10 – 60 mg
fluvoxamine (Luvox)	25 - 200 mg	25 - 300 mg
mirtazapine (Remeron)	15 - 30 mg	15 - 45 mg
nefazodone (Serzone)	100 - 300 mg	100 -600 mg
paroxetine (Paxil)	10 – 20 mg	10 – 50 mg
sertraline (Zoloft)	25 - 50 mg	25 - 100 mg
trazodone (Desyrel)	25 - 50 mg	25 - 400 mg
venlafaxine (Effexor)	12.5 – 37.5 mg	25 – 75 mg
<u>STIMULANTS</u>	<u>CHILDHOOD DOSE</u>	<u>ADOLESCENT DOSE</u>
dextroamphetamine (Dexedrine)	2.5 – 40 mg	5 - 40 mg
##*dextromethylphenidate (Focalin)	2.5 - 30 mg	2.5 30 mg
methylphenidate (Ritalin)	2.5 – 60 mg	5 - 60 mg
##mixed amphetamine salts (Adderall)	2.5 - 30 mg	5 - 30 mg
##*pemoline (Cylert)	18.75 mg	3.75 – 112.5 mg
<u>ANTIANSIETY/HYPNOTICS</u>	<u>CHILDHOOD DOSE</u>	<u>ADOLESCENT DOSE</u>
bupirone (BuSpar)	5 - 20 mg	10 - 45 mg
clonazepam (Klonopin)	0.25 - 4 mg	0.25 - 6 mg
diazepam (Valium)	1 - 10 mg	2 - 15 mg
hydroxyzine (Atarax, Vistaril)	25 - 50 mg	25 - 100 mg
lorazepam (Ativan)	0.25 - 4 mg	0.25 - 6 mg
temazepam (Restoril)	15 mg	15 – 30 mg
<u>ANTIPARKINSONIAN AGENTS</u>	<u>CHILDHOOD DOSE</u>	<u>ADOLESCENT DOSE</u>
benztropine (Cogentin)	0.5 - 4 mg	0.5 – 0.6 mg
diphenhydramine (Benadryl)	15 – 50 mg	15 – 100 mg
trihexyphenidyl (Artane)	1 - 10 mg	1 - 15 mg
<u>MISCELLANEOUS AGENTS</u>	<u>CHILDHOOD DOSE</u>	<u>ADOLESCENT DOSE</u>
##clonidine (Catapres)	0.05 – 0.3 mg	0.05 – 0.4 mg
guanfacine (Tenex)	0.5 – 4 mg	0.5 – 4 mg

*restricted usage, not to be used as first-line agent
##not on BHCS formulary

**ALAMEDA COUNTY
BEHAVIORAL HEALTH CARE SERVICES**

**PSYCHOACTIVE MEDICATION:
ADULT DAILY DOSING RANGES**

**ALAMEDA COUNTY BHCS
PSYCHOTROPIC DOSING RANGES**

ADULT DAILY DOSING

ANTIPSYCHOTICS	BRAND	DAILY DOSING RANGE
		ADULT
aripiprazole*	Abilify	5 – 30 mg
chlorpromazine	Thorazine	10 – 1000 mg
clozapine	Clozaril	300 – 900 mg
fluphenazine	Prolixin	1 – 40 mg
fluphenazine decanoate	Prolixin Dec.	12.5 – 100 mg q 2-4 wks
haloperidol	Haldol	1 – 40 mg
haloperidol decanoate	Haldol Dec.	25 – 200 mg q 4 wks
loxapine	Loxitane	20 – 250 mg
molindone	Moban	15 – 225 mg
olanzapine	Zyprexa	5 – 30 mg
perphenazine	Trilafon	12 – 64 mg
quetiapine**	Seroquel	300 – 800 mg
risperidone	Risperdal	0.5 – 8 mg
thioridazine	Mellaril	40 – 800 mg
thiothixene	Navane	6 – 60 mg
trifluoperazine	Stelazine	2 – 40 mg
ziprasidone***	Geodon	120 – 160 mg
ANTIDEPRESSANTS	BRAND	ADULT
amitriptyline	Elavil	50 – 300 mg
bupropion	Wellbutrin	150 – 450 mg
citalopram	Celexa	20 – 60 mg
clomipramine	Anafranil	25 – 250 mg
desipramine	Norpramin	25 – 300 mg
doxepin	Sinequan	25 – 300 mg
fluoxetine	Prozac	10 – 80 mg
fluvoxamine	Luvox	50 – 300 mg
imipramine	Tofranil	30 – 300 mg
mirtazapine	Remeron	15 – 45 mg
nefazodone	Serzone	200 – 600 mg
nortriptyline	Pamelor	30 – 150 mg
paroxetine	Paxil	10 – 50 mg
phenelzine	Nardil	45 – 90 mg

**ALAMEDA COUNTY BHCS
PSYCHOTROPIC DOSING RANGES**

ADULT DAILY DOSING

ANTIDEPRESSANTS (cont)	BRAND	ADULT
protriptyline	Vivactyl	15 – 60 mg
sertraline	Zoloft	50 – 200 mg
trazodone	Desyrel	150 – 600 mg
venlafaxine	Effexor	75 – 375 mg

MOOD STABILIZERS	BRAND	ADULT
gabapentin	Tegretol	400 – 1600 mg
gabapentin	Neurontin	300 – 3600 mg
lamotrigine	Lamictal	50 – 500 mg
lithium	Eskalith	600 – 1800 mg
valproic acid	Depakote	500 – 3000 mg

ANTIPARKINSONIANS	BRAND	ADULT
benztropine	Cogentin	1 – 8 mg
diphenhydramine	Benadryl	25 – 200 mg
trihexphenidyl	Artane	2 – 15 mg
amantadine	Symmetrel	100 – 400 mg

HYPNOTICS/ ANTI-ANXIETY	BRAND	ADULT
alprazolam	Xanax	0.75 – 10 mg
chlordiazepoxide	Librium	10 – 300 mg
clonazepam	Klonopin	1.5 – 15 mg
diazepam	Valium	4 – 40 mg
flurazepam	Dalmane	15 – 30 mg
lorazepam	Ativan	1 – 10 mg
temazepam	Restoril	7.5 – 30 mg
triazolam	Halcion	0.125 – 0.5 mg
bupirone	Buspar	15 – 60 mg
chloral hydrate	Noctec	250 – 1000 mg
zaleplon	Sonata	5 – 20 mg
zolpidem	Ambien	5 – 10 mg

PSYCHOSTIMULANTS	BRAND	ADULT
dextroamphetamine	Dexedrine	5 – 60 mg
methylphenidate	Ritalin	5 – 60 mg

**ALAMEDA COUNTY BHCS
PSYCHOTROPIC DOSING RANGES**

ADULT DAILY DOSING

PSYCHOSTIMULANTS (cont)	BRAND	ADULT
methylphenidate (extended release)	Concerta	18 – 54 mg
pemoline	Cylert	37.5 – 75 mg

MISC. AGENTS	BRAND	ADULT
clonidine	Catapres	0.1 – 0.8 mg
disulfiram	Antabuse	250 – 500 mg
hydroxyzine	Atarax	50 – 400 mg
propranolol	Inderal	20 – 240 mg

* *quetiapine (Seroquel)* doses should be at least 400 mg within 3 months of initiation

** *aripiprazole (Abilify)* initiated at doses of 5-15 mg and should be maintained at that dose for at least 4 weeks.

*** *ziprasidone (Geodon)* should be titrated to 120-160 mg within the first two months of treatment.

**ALAMEDA COUNTY
BEHAVIORAL HEALTH CARE SERVICES**

**DRUG DISTRIBUTION POLICY
AND PROCEDURES**

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES
Drug Distribution Policy and Procedures – Rehabilitative Mental Health Services

I. ORDERS FOR MEDICATION

- A. No drugs shall be administered except on the written order of a physician lawfully authorized to give such an order.
- B. Telephone orders by a physician for medication administration shall be given only to a physician, pharmacist, licensed nurse, or psychiatric technician. The physician giving the verbal order must, within 5 days, sign these orders.
- C. All orders for drug administration shall be entered into the patient's medical record/chart and signed by the prescriber. Medication orders must include:
 - 1. drug name
 - 2. dosage strength
 - 3. quantity or duration of therapy
 - 4. frequency or time of administration
 - 5. route of administration

II. ADMINISTRATION OF DRUGS

Definition: Providing a patient with medication for immediate use, through either the oral or intramuscular route.

- A. Drugs will be administered as prescribed. Each dose shall be recorded in the patient medical record with date, dose, time administered, signature and site of IM injection.
- B. All intramuscular (IM) medications administered must be documented on the IM Medication Administration Record, located in the Medical Section of the Patient's Chart (see attachment #1)
- C. Only a physician, nurse, or psychiatric technician will administer drugs.

III. DISPENSING OF DRUGS

Definition: Providing a patient with a supply of medication for home use.

- A. Drugs will be dispensed by a physician or pharmacist, only in an urgent situation, in full compliance of applicable laws and regulations.
- B. A record of the drug dispensed will be entered on the patient's medical record/profile.
- C. The label of all dispensed medication must include:
 - 1. manufacturer's trade name or generic name and manufacturer's name
 - 2. directions for use of the drug
 - 3. name of the patient
 - 4. name of the prescriber
 - 5. date of issue

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES
Drug Distribution Policy and Procedures – Rehabilitative Mental Health Services

6. name and address of the furnisher
7. prescription number or other means of identifying the prescription
8. strength of drug prescribed
9. quantity of drug supplied
10. medication expiration date

D. An Urgent Supply of medication may be available at the clinic.

1. This Urgent Supply may include:

DRUG NAME	DOSE	FORM
benztropine	2 mg/2 ml	inj
diphenhydramine	50 mg/1 ml	inj
Epinephine	1 mg	inj
Fluphenazine decanoate*	25 mg/ml	inj
Haloperidol decanoate*	100 mg/ml	inj

**Only Crisis Response Services*

2. The Clinic Director, a nurse or a physician will be responsible for this Urgent Supply, its storage in a secure area, monthly checking of expiration dates, and restocking the supply. The above person responsible for these functions will be identified in writing to BHCS prior to receiving any medications.

E. No physician samples will be stocked or dispensed in any Alameda County Behavioral Health Care Services program.

IV. LABELING AND STORAGE OF DRUGS

- A. All drugs will be kept in a secure, locked cabinet or drawer.
- B. The Urgent Supply of Medication will be kept in a secure, locked cabinet or drawer.
- C. Drugs will be stored in an orderly manner, organized by generic name.
- D. Drugs will be stored in a secure area accessible only to the physicians, nurses, pharmacists and the designated Clinic Director.
- E. Drugs will not be retained after the expiration date indicated on the label. No contaminated or deteriorated drugs are to be available for use.
- F. No single dose IM injectable will be stored.

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES
Drug Distribution Policy and Procedures – Rehabilitative Mental Health Services

- G. All multiple dose IM injectable medications will be initialed and have the date of first entry recorded on the label.
- H. Each medication expiration date will be checked on a monthly basis and documented by the Clinic Director (see attachment #2) or designated person. The above person responsible for these functions will be identified in writing to BHCS prior to receiving any medications.
- I. Containers, which are cracked, soiled, or without secure closure shall not be used.
- J. Drugs intended for external use will be stored separately from oral or injectable medications.
- K. Test reagents, germicides, disinfectants, and other non-ingestible substances shall be stored separately from drugs.
- L. All drugs will be stored at appropriate temperatures:
 - 1. Drugs requiring room temperature shall be stored in a place maintained between 15-30 degrees C (59-86 degrees F).
 - 2. Drugs requiring refrigeration shall be stored in a refrigerator maintained between 2-8 degrees C (36-46 degrees F).
 - 3. Drugs stored in a refrigerator used also for food storage shall be confined to a closed contained clearly labeled “DRUGS”.
- M. All drugs obtained by prescription will be labeled in compliance with federal and state laws.

V. DISPOSAL OF DRUGS

Drugs, which are expired or removed from stock due to contamination, deterioration, or medication that has been abandoned by individuals, will be documented by the clinic (see attachment #3). Then the BHCS Clinical Pharmacist Specialist (567-8110 or x38110) will be notified to provide further instructions regarding disposal or returning medication to the manufacturer.

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES

Drug Distribution Policy and Procedures

When medications are dispensed at one of the BHCS programs, but not part of the routine services, the following procedures shall be followed regarding procurements, storage, and dispensing by the physician or nurse at the site:

Procurement

Any request for medication must be through the BHCS Director of Pharmacy Services (567-8110). If appropriate, the medication will be delivered to the physician or nurse at the program.

Storage

The medication will be secured with the other Urgent Meds at the program. This means locked in a cabinet, within a locked room. In addition, access to these medications is limited to physicians, nurses and pharmacy personnel. Medications will be monitored monthly for expiration by the program physician or nurse, and that review will be documented on *Attachment #2*. If any medication has expired, the disposal of that medication will be documented on *Attachment#3*.

Dispensing

When medications are occasionally dispensed to patients at that program, the following information must be documented on *Attachment #4*.

- Date
- Patient Name
- PSP#
- Allergy Assessment
- Medication dispensed
- Initials of physician or nurse

Monthly Inspection

**ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES
MONTHLY MEDICATION EXPIRATION DATE INSPECTION**

CLINIC NAME _____ YEAR _____

All medications are within their expiration date

MONTH	DATE	INITIALS	YES	NO	NOTES
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

