

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL
Community Partnership of Southern Arizona (CPSA)**

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

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3.15.1 Introduction

The use of psychotropic medications is often an integral part of treatment for persons receiving care for behavioral health conditions. As such, the use of psychotropic medications must be monitored closely to help ensure that persons are treated safely and effectively. ADHS/DBHS developed guidelines and minimum requirements designed to:

- Ensure the safety of persons taking psychotropic medications;
- Reduce or prevent the occurrence of adverse side effects; and
- Help persons who are taking psychotropic medications restore and maintain optimal levels of functioning and achieve positive clinical outcomes.

3.15.2 References

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

[42 C.F.R. § 438.100](#)

[A.R.S. § 32-1901](#)

[R9-20-101](#)

[R9-20-303](#)

[R9-21-206.01](#)

[R9-21-207](#)

[Section 3.2, Appointment Standards and Timeliness of Service](#)

[Section 3.11, General and Informed Consent to Treatment](#)

[Section 3.20, Credentialing and Privileging](#)

[Section 4.2, Behavioral Health Medical Record Standards](#)

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

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

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

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

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

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

[The Arizona Medical Board's Guidelines for Physicians Who Incorporate or Use Complementary or Alternative Medicine in their Practice](#)

[National Coordinating Council for Medication Error Reporting and Prevention](#)

3.15.3 Scope

To whom does this apply?

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

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

3.15.4 Did you know...?

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

3.15.5 Definitions

[Adverse Drug Event \(ADE\)](#)

[Adverse Drug Reaction \(ADR\)](#)

[Behavioral Health Medical Practitioner](#)

[Complementary and Alternative Medicine](#)

[Cross-tapering](#)

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[Medication Error](#)

3.15.6 Objectives

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

To ensure that medication will not be used as punishment, for the convenience of the staff, or as substitute for other behavioral health services and will be given in the least amount medically necessary with particular emphasis placed on minimizing side effects which otherwise would interfere with aspects of treatment, as stated in R9-21-207(C).

3.15.7 Procedures

3.15.7-A. Basic requirements

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

Psychotropic medication will be prescribed by a psychiatrist who is a licensed physician, or a licensed nurse practitioner, licensed physician assistant, or physician trained or experienced in the use of psychotropic medication, who has seen the client and is familiar with the client's medical history or, in an emergency, is at least familiar with the client's medical history.

When a client on psychotropic medication receives a yearly physical examination, the results of the examination will be reviewed by the physician prescribing the medication. The physician will note any adverse effects of the continued use of the prescribed psychotropic medication in the client's record (see [Section 4.2, Behavioral Health Medical Record Standards](#)).

Whenever a prescription for medication is written or changed, a notation of the medication, dosage, frequency or administration, and the reason why the medication was ordered or changed will be entered in the client's record (see [Section 4.2, Behavioral Health Medical Record Standards](#)).

3.15.7-B. Assessments

Reasonable clinical judgment, supported by available assessment information must guide the prescription of psychotropic medications. To the extent possible, candidates for psychotropic medications must be assessed prior to prescribing and providing psychotropic medications. Psychotropic medication assessments must be documented in the person's comprehensive clinical record per [Section 4.2, Behavioral Health Medical Record Standards](#), and must be scheduled in a timely manner consistent with [Section 3.2, Appointment Standards and Timeliness of Service](#). Behavioral health medical practitioners can use assessment information that has already been collected by other sources and are not required to document existing assessment information that is part of the person's comprehensive clinical record. At a minimum, assessments for psychotropic medications must include:

- An adequately detailed medical and behavioral health history;
- A mental status examination;
- A diagnosis;

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- Target Symptoms;
- A review of possible medication allergies;
- A review of previously and currently prescribed medications including any noted side effects and/or potential drug interactions;
- For sexually-active females of childbearing age, a review of reproductive status (pregnancy); and;
- For post-partum females, a review of breastfeeding status.

Reassessments must ensure that the provider prescribing psychotropic medication notes in the client's record (see [Section 4.2, Behavioral Health Medical Record Standards](#)):

- The appropriateness of the current dosage;
- All medication being taken and the appropriateness of the mixture of the medications;
- Any side effects, abnormal and/or involuntary movements if treated with an anti-psychotic medication; and
- The reason for the use of the medication and the effectiveness of the medication.

3.15.7-C. Informed consent

Informed consent must be obtained from the person and/or legal guardian for each psychotropic medication prescribed. When obtaining informed consent, the behavioral health medical practitioner or registered nurse with at least one year of behavioral health experience must communicate in a manner that the person and/or legal guardian can understand and comprehend. The comprehensive clinical record must include documentation of the essential elements for obtaining informed consent (see [Section 4.2, Behavioral Health Medical Record Standards](#)). Essential elements for obtaining informed consent for medication are contained within [PM Form 3.15.1, Informed Consent for Psychotropic Medication Treatment \[Eng large print\]](#) [[Forma PM 3.15.1 Spanish](#)] [[Spa large print](#)].

It is preferred that the prescribing clinician provide information forming the basis of an informed consent decision. In specific situations in which this is not possible or practicable, information may be provided by another credentialed behavioral health medical practitioner or registered nurse with at least one year of behavioral health experience.

The use of [PM Form 3.15.1 \[Eng large print\]](#) [[Forma PM 3.15.1 Spanish](#)] [[Spa large print](#)] is recommended as a tool to document informed consent for psychotropic medications. If [PM Form 3.15.1 \[Eng large print\]](#) [[Forma PM 3.15.1 Spanish](#)] [[Spa large print](#)] is not used to document informed consent, the essential elements for obtaining informed consent must be documented in the person's comprehensive clinical record in an alternative fashion (see Section 4.2, Behavioral Health Medical Record Standards).

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

3.15.7-D. Psychotropic Medication Monitoring

Psychotropic medications must be monitored. While T/RBHAs may establish additional guidelines or timelines beyond ADHS/DBHS minimum requirements, at a minimum, this must include:

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- Heart Rate and Blood Pressures – on initiation of any medication and at least every six months thereafter, or more frequently as clinically indicated.
- Weight – On initiation of any medication and at least every six months thereafter, or more frequently as clinically indicated.
- Abdominal Girth – For individuals at least 18 years old, on initiation of any medication and at least every six months thereafter or more frequently as clinically indicated.
- Body Mass Index (BMI) – On initiation of any medication and at least every six months thereafter, or more frequently as clinically indicated.
- Abnormal Involuntary Movements (AIMs) – On initiation of any antipsychotic medication and at least every six months thereafter, or more frequently as clinically indicated.
- Fasting Glucose – On initiation of any medication affecting this parameter and at least annually thereafter or more frequently as clinically indicated.
- Lipids – On initiation of any medication affecting this parameter and at least annually thereafter or more frequently as clinically indicated.
- Complete Blood Count (CBC) – On initiation of any medication affecting this parameter and at least annually thereafter or more frequently as clinically indicated.
- Liver Function – On initiation of any medication affecting this parameter and at least annually thereafter or more frequently as clinically indicated.
- Lithium Level – Within one month of initiation of lithium or significant change in dose and at least annually thereafter or more frequently as clinically indicated.
- Thyroid Function – Within one month of initiation of lithium and at least annually thereafter or more frequently as clinically indicated.
- Renal Function – Within one month of initiation of lithium and at least annually thereafter or more frequently as clinically indicated.
- Valproic Acid Level – Within one month of initiation of valproic acid or divalproex or significant change in dose and at least annually thereafter or more frequently as clinically indicated.
- Carbamazepine Level – Within one month of initiation of carbamazepine or significant change in dose and at least annually thereafter or more frequently as clinically indicated.

3.15.7-E. Polypharmacy

ADHS/DBHS recognizes two types of polypharmacy intra-class polypharmacy and inter-class polypharmacy. (See Polypharmacy Use: Assessment of Appropriateness and importance of Documentation Practice Protocol.) Below are ADHS/DBHS expectations regarding prescribing multiple psychotropic medications to a person being treated for a behavioral health condition:

- Intra-class Polypharmacy: Defined as more than two medications prescribed at the same time within the same class other than for cross-tapering purposes. The medical record (see [Section 4.2. Behavioral Health Medical Record Standards](#)) must contain documentation specifically describing the rationale and justification for the combined use.
- Inter-class Polypharmacy: Defined as more than three medications prescribed at the same time from different classes of medications for the overall treatment of behavioral health

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disorders. The medical record (see [Section 4.2, Behavioral Health Medical Record Standards](#)) must contain documentation specifically describing the rationale and justification for the combined use.

3.15.7-F. Reporting requirements

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

- Adverse drug reactions
- Adverse drug events
- Medication errors

The above referenced events must be identified, reported, tracked, reviewed and analyzed by the T/RBHA.

Each CSP is responsible to review and monitor its providers for intra-class and inter-class polypharmacy. Each CSP is responsible to intervene when inappropriate or irrational polypharmacy is detected..

An incident report must be completed for any medication errors, adverse drug events and/or adverse drug reactions that result in harm and/or emergency medical intervention. See [Section 7.4, Reports of Incidents, Accidents and Deaths](#) for more information.

3.15.7-G Complementary and alternative medicine (CAM)

Complementary and alternative medicine (CAM) is not AHCCCS reimbursable.

When a physician uses CAM, (see The Arizona Medical Board's Guidelines for Physicians Who Incorporate or Use Complementary or Alternative Medicine in their Practice) informed consent must be obtained from the person and/or legal guardian for each CAM Prescribed (see [Section 3.16, Medication Formulary](#)). When obtaining informed consent, behavioral health medical practitioners must communicate in a manner that the person and/or legal guardian can understand and comprehend. The comprehensive clinical record must include documentation of the essential elements for obtaining informed consent (see [Section 4.2, Behavioral Health Medical Record Standards](#)). Essential elements for obtaining informed consent for medication are contained within [PM Form 3.15.1, Informed Consent for Psychotropic Medication Treatment \[Eng large print\]](#) [\[Forma PM 3.15.1 Spanish\]](#) [\[Spa large print\]](#).

The use of PM Form 3.15.1 is recommended as a tool to document informed consent for CAM. If PM Form 3.15.1 is not used to document informed consent, the essential elements for obtaining informed consent must be documented in the person's individual comprehensive clinical record (see [Section 4.2, Behavioral Health Medical Record Standards](#)) in an alternative fashion.

3.15.7-H. Additional CPSA Requirements

CSPs must maintain and implement written procedures to ensure:

- All prescribed psychotropic medications are incorporated into the individual treatment plan.
- Appropriate receipt, storage, transcription of verbal and written orders, and administration of psychotropic medications.

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- A system is in place for recording any use of sample medications. This must include the name of the drug, receipt and storage information, member name, date of dispensing, quantity dispensed, lot number, expiration date, and physician/nurse practitioner signature.
- Compliance with the CPSA approved formulary and requirements for prior authorization for brand name, non-formulary, and restricted medications as established in [Sections 3.14, Securing Services and Prior Authorization](#), and [3.16 Medication Formulary](#).
- Availability, accessibility, and whenever indicated, the delivery of emergency medications to members.
- Compliance with rules, laws, regulations and standards regarding storage, prescribing, transcribing, dispensing and administration, documentation and education regarding medication.
- Accountability regarding inventory, outdating, recall, adverse drug reactions, and medication errors.