Section 3.15 Psychotropic Medication: Prescribing and Monitoring

I. STATEMENT OF PURPOSE:

The use of psychotropic medications is often an integral part of treatment for persons receiving care for behavioral health conditions at Pascua Yaqui (PY) Centered Spirit Program (CSP) where both prescribing and dispensing of medications occurs. As such, the use of psychotropic medications must be monitored closely to help ensure that persons are treated safely and effectively. CSP follows all applicable local, state, and federal laws pertaining to medications and controlled substances, Commission on Accreditation of Rehabilitation Facilities (CARF) standards for medication use, and Arizona Health Care Cost Containment System (AHCCCS) guidelines and protocols 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.

II. REFERENCES:

The following PY/CSP Provider Manual sections can serve as additional resources for this content area:

Section 3.11, General and Informed Consent to Treatment
Section 3.2, Appointment Standards and Timeliness of Service
Section 3.20, Credentialing and Re-credentialing
Section 7.4, Reporting of Incidents, Accidents and Deaths
Section 4.3, Coordination of Care with AHCCCS Health Plans and Primary Care Providers

The following citations and document can also serve as a resource 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
A.R.S. § 32-1901
CARF International 2023 Behavioral Health Standards Manual

III. STANDARDS:

All TRBHA and subcontracted providers utilize behavioral health medical practitioners to prescribe psychotropic medications to the following populations:

1. All Title XIX/XXI eligible persons;

2. All Non-Title XIX/XXI persons determined to have a Serious Mental Illness (SMI); and

3. All other persons, based on available funding.

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

1. 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.

2. Education regarding all prescribed medications must be routinely provided to persons, family members, guardians, or designated representatives in a culturally competent, language appropriate manner.

3. 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.

4. Opiate pain medications are never prescribed by CSP psychiatrists or nurse practitioners.

5. 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* regarding expectations for coordination of care with PCPs.

IV. PROCEDURES:

A. Basic requirements:

Medications may only be prescribed by TRBHA 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).*

B. Assessments:

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

1. An adequately detailed medical and behavioral health history including co-existing medical conditions and common medical comorbidities;

2. A mental status examination;

3. A diagnosis;

4. Target symptoms;

5. A review of possible medication allergies;

6. A review of previously and currently prescribed medications including effectiveness, any noted side effects, and/or potential drug-drug interactions;

7. Use of over-the-counter (OTC) medications;

8. Use of vitamins and minerals, homeopathics or other supplements;

9. Use of medications by women of childbearing age and use of medications during pregnancy;

10. For sexually active females of childbearing age, a review of reproductive status (pregnancy); and

11. For post-partum females, a review of breastfeeding status;

12. Necessary laboratory studies, tests, or other procedures;

13. Special dietary needs and restrictions associated with medication use.

14. Reassessments must ensure that the provider prescribing psychotropic medication notes in the client's record:

15. The appropriateness of the current dosage;

16. All medication being taken and the appropriateness of the mixture of the medications;

17. Any side effects, abnormal and/or involuntary movements if treated with an anti-psychotic medication; and

18. The reason for the use of the medication and the effectiveness of the medication.

C. Informed consent:

Informed consent must be obtained from the person and/or legal guardian for each psychotropic medication prescribed. Active involvement of the person served, when able, or their parent/guardians should be solicited in making decisions related to the use of medications. In obtaining informed consent,

behavioral health medical practitioners must communicate in a manner that the person and/or legal guardian can understand and comprehend. The comprehensive clinical record must include documentation of the essential elements for obtaining informed consent. Essential elements for obtaining informed consent for medication are contained within PM Form 3.15.1, Informed Consent for Psychotropic Medication Treatment. 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 is recommended as a tool to document informed consent for psychotropic medications. If PM Form 3.15.1 is not used to document informed consent, the essential elements for obtaining informed consent must be documented in the person's individual comprehensive clinical record in an alternative fashion.

For more information regarding informed consent, see *Section 3.11, General and Informed Consent to Treatment.*

D. Psychotropic medication monitoring:

Psychotropic medications must be monitored. While TRBHAs may establish additional guidelines or timelines beyond AHCCCS minimum requirements, at a minimum, these must include:

1. **Heart rate and blood pressure:** On initiation of any medication and at least every six months thereafter, or more frequently as clinically indicated;

2. **Weight:** On initiation of any medication and at least every six months thereafter, or more frequently as clinically indicated;

3. **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;

4. **Body Mass Index (BMI):** On initiation of any medication and at least every six months thereafter, or more frequently as clinically indicated;

5. **Abnormal Involuntary Movements (AIMS):** On initiation of any antipsychotic medication and at least every six months thereafter, or more frequently as clinically indicated;

6. **Fasting glucose**: On initiation of any medication affecting this parameter and at least annually thereafter or more frequently as clinically indicated;

7. **Lipids:** On initiation of any medication affecting this parameter and at least annually thereafter or more frequently as clinically indicated;

8. **Complete Blood Count (CBC):** On initiation of any medication affecting this parameter and at least annually thereafter or more frequently as clinically indicated;

9. **Liver function**: On initiation of any medication affecting this parameter and at least annually thereafter or more frequently as clinically indicated

10. **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;

11. **Thyroid function**: Within one month of initiation of lithium and at least annually thereafter or more frequently as clinically indicated;

12. **Renal function:** Within one month of initiation of lithium and at least annually thereafter or more frequently as clinically indicated;

13. **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;

14. **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.

E. Polypharmacy:

AHCCCS recognizes two types of polypharmacy: intra-class polypharmacy and inter-class polypharmacy. Below are AHCCCS expectations regarding prescribing multiple psychotropic medications to a person being treated for a behavioral health condition:

- **Intra-class polypharmacy**: Defined as more than two medications prescribed at the same time within the same class, other than for cross-tapering purposes. The person's medical record must contain documentation specifically describing the rationale and justification for the combined use.

- **Inter-class polypharmacy**: Defined as more than three medications prescribed at the same time from different classes of medications for the

overall treatment of behavioral health disorders. Must contain documentation specifically describing the rationale and justification for the combined use.

F. Documentation requirements:

The clinical record for each prescribed person for whom medication is prescribed must be up-to-date and include all medications including nonprescription and non-psychoactive medications and specify:

1. The name of the medication;
2. The dosage;
3. The frequency;
4. Instructions for use, including the method/route of administration; and
5. The prescribing professional.

G. Reporting requirements:

AHCCCS requires that TRBHAs establish a system for monitoring the following:

1. Adverse drug reactions;
2. Adverse drug event; and
3. Medication errors.

The above referenced events must be identified, reported, tracked, reviewed and analyzed by the CSP Utilization Review Coordinator and the Quality Improvement Committee.

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

H. CSP medication dispensing procedures and management:

Medications are dispensed through contract, tribal, local, or Indian Health Service pharmacies.

Tucson Program:

- El Rio pharmacy, located within the Health Services Division building, dispenses prescribed medications to both behavioral and medical health patients.
- The pharmacy receives and securely stores all medications received from contracted or other pharmacies and pharmaceutical vendors.
- Medications that are expired (including samples) are collected and turned over to the United States Drug Enforcement Agency (DEA) for safe disposal periodically.

Guadalupe Program:

- The Community Health Nursing staff receives and stores medications from contracted pharmacies.
- Ready access is provided to the telephone number of a poison control center for staff members and persons served.
- When psychotropic medications are prescribed by primary care physicians, the CSP consulting psychiatrist coordinates care.
- The CSP consulting psychiatrist writes all new and continuing orders for medications some of which can be administered the Guadalupe CHN program.
- Medications are only administered as they are prescribed by the consulting psychiatrist.
- Any client seeking re-fills or changes in their medication must be directed to the psychiatrist. When off-site, the psychiatrist is available to respond to such inquiries by telephone. Under no circumstances should clients be steered to other primary care providers for psychotropic medications.
- Upon notification of a medication recall from the manufacturer or the FDA, each Guadalupe client will be personally notified by nursing staff and arrangements for an alternate medication regimen will be developed with the treating program psychiatrist.
- For 24/7 consultation regarding medications clients are instructed to contact the CSP crisis line.

- Clients are instructed to contact 911 immediately if they experience any adverse medication reaction that is believed to be a medical emergency and are told to contact CSP to report any adverse or allergic reaction to their prescribed medication.

- The use of medications is required to be integrated into the individual plan for each person served by the individual therapist coordinating services.

I. Medication training:

General medication training is provided to clients and/or their families if the psychiatrist has indicated the need in the psychiatric evaluation or Treatment Plan. Medication training for staff members shall be provided by a psychiatrist or within an online *Relias* Learning Module. Training will address the following areas:

1. How the medication works;

2. Risks associated with each medication;

3. Intended benefits as related to the behavior or symptom targeted by each medication;

4. Potential side effects;

5. Contraindications;

6. Potential implications between medications and diet/exercise;

7. Risks associated with pregnancy;

8. Importance of taking medications as prescribed, including when applicable the identification of potential obstacles to adherence;

9. The need for laboratory monitoring;

10. The rationale for each medication;

11. Early signs of relapse related to medication efficacy;

12. Signs of non-adherence to medications prescriptions;

13. Potential drug reactions when combining prescription and non-prescription medications including alcohol, tobacco, caffeine, illicit drugs, and alternative medications;

14. Instructions on self-administration, when applicable;

15. Wellness management and recovery planning; and

16. The availability of financial supports and resources to assist the clients with handling the costs associated with medications.

Medication training for behavioral health technicians (BHTs) who assist in the self-administration of medication at the Guadalupe Outpatient Treatment Center includes training that is provided by a medical practitioner or a registered nurse or an individual trained by a medical practitioner or registered nurse; and includes:

1. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication;

2. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention

3. Identification of a process for notifying the appropriate entities when an emergency medical intervention is needed;

4. Completion before the BHT provides assistance in the self-administration of medications; and

5. Assistance with the self-administration of medication provided to a patient is in compliance with an order, and documented in the patient's medical record.

J. <u>CSP peer review of prescribers:</u>

CSP behavioral health medical professionals (BHMPs) who prescribe medications participate in a documented peer review that:

- Is conducted at least annually;
- Is performed by a professional licensed to prescribe, or a pharmacist;
- Is a random selection of electronic health records of persons for whom psychotropic medications were prescribed.

The peer review will also assess the appropriateness of each medication, as determined by:

- The needs and preferences of the person served;

- The condition for which the medication was prescribed;
- Dosage;
- Periodic reevaluation of continued use related to the primary condition being treated; and
- The efficacy of the medication.

The peer review will determine whether:

- The following were identified and, if needed, addressed:
    - Contraindications;
    - Side effects; and
    - Adverse reactions.
- Necessary monitoring protocols were implemented;
- There was simultaneous use of multiple medications, including:
    - Polypharmacy; or
    - Co-pharmacy.
- Information collected from the peer review process is:
    - Reported to appropriate personnel;
    - Used to improve the quality of services provided; and
    - Incorporated into the performance measurement and management system.