TEXAS Health and Human Services

# Psychotropic Monitoring Inpatient Guidelines

Baseline pregnancy test in females before starting psychotropic medication & as clinically indicated.

| Atypical Antipsychotics | Baseline Tests | Ongoing Tests/Monitoring |
|---|---|---|
| • aripiprazole (Abilify®, Abilify Maintena™, Aristada®)<br>• asenapine (Saphris®)<br>• brexpiprazole (Rexulti®)<br>• cariprazine (Vraylar®)<br>• clozapine (Clozaril®, Fazaclo®, Versacloz®)<br>• iloperidone (Fanapt®)<br>• lumateperone (Caplyta®)<br>• lurasidone (Latuda®)<br>• olanzapine (Zyprexa®, Zyprexa Relprevv®)<br>• paliperidone (Invega®, Invega Sustenna®, Invega Trinza®)<br>• quetiapine (Seroquel®)<br>• risperidone (Risperdal®, Risperdal Consta®, Perseris™)<br>• ziprasidone (Geodon®) | • Waist circumference and BMI (weight in lbs x 703)/height$^2$ in inches<br>• FPG or HbA1c<br>• Fasting lipid profile within 30 days of initiation if not done within last year<br>• EPS evaluation (exam for rigidity, tremor, akathisia)<br>• TD assessment<br>• ECG at baseline or as soon as scheduling allows, and patient is able to cooperate<br>• magnesium for iloperidone and ziprasidone if at risk for electrolyte disturbance<br>• CBC<br>• CMP<br>• TSH<br>• Troponin and C-reactive protein (clozapine) | • Bowel function-note at least weekly<br>• BMI and waist circumference monthly for 6 months then quarterly when dose is stable<br>• FPG or HbA1c repeat 3-4 months after starting then at least annually and as clinically indicated<br>• FPG or HbA1c repeat 3-4 months after starting then at least every 6 months and then as clinically indicated (clozapine)<br>• Fasting lipid panel 3-4 months after initiating a new antipsychotic and at least annually if lipid levels are in normal range; repeat every 6 months if LDL is > 130 mg/dL<br>• EPS evaluation weekly after initiation & dose increases, continue 2 weeks after last increase<br>• TD assessment every 3 months and as clinically indicated<br>• ECG as clinically indicated<br>• Serum potassium and magnesium periodically for iloperidone and ziprasidone if at risk for electrolyte disturbance<br>• CBC as clinically indicated, ANC per product labeling for clozapine<br>• CMP including renal and liver function annually<br>• TSH as clinically indicated<br>• Inquiry for symptomatic prolactin elevation yearly (quarterly during 1$^{st}$ year for antipsychotics associated with increased prolactin)<br>• Prolactin level yearly if symptoms of prolactin elevation (e.g., gynecomastia, amenorrhea)<br>• Vision questionnaire and ocular evaluation yearly, ocular eval. every 2 years if ≤ 40 years old<br>• Troponin and C-reactive protein weekly for 4 weeks for clozapine and as clinically indicated for suspected myocarditis<br>• Determine if metabolic syndrome criteria (3 of the 5 criteria) are met 3-4 months after initiating a new antipsychotic medication and at least annually thereafter<br>• Olanzapine pamoate injection requires continuous observation for at least 3 hrs after injection |

| Typical Antipsychotics | Baseline Tests | Ongoing Tests |
|---|---|---|
| • chlorpromazine (Thorazine®)<br>• fluphenazine (Prolixin®, Prolixin Decanoate®)<br>• haloperidol (Haldol®, Haldol Decanoate®)<br>• loxapine (Loxitane®)<br>• perphenazine (Trilafon®)<br>• thiothixene (Navane®)<br>• thioridazine (Mellaril®)<br>• trifluoperazine (Stelazine®) | • Waist circumference and BMI (weight in lbs x 703)/height$^2$ in inches<br>• FPG or HbA1c<br>• Fasting lipid profile within 30 days of initiation if not done within last year<br>• EPS evaluation (exam for rigidity, tremor, akathisia)<br>• TD assessment<br>• ECG prior to initiation of thioridazine<br>• Magnesium prior to initiating thioridazine<br>• CMP<br>• CBC | • BMI and waist circumference monthly for 6 months then quarterly when dose is stable<br>• FPG or HbA1c repeat 3-4 months after starting then at least annually<br>• Fasting lipid panel 3-4 months after initiating a new antipsychotic and at least annually if lipid levels are in normal range; repeat every 6 months if LDL is > 130 mg/dL<br>• EPS evaluation weekly after initiation & dose increases, continue 2 weeks after last increase<br>• TD assessment every 3 months and as clinically indicated<br>• ECG for thioridazine 7-14 days after dose change or change of med impairing metabolism or cardiac effects of thioridazine, every 6 months thereafter and as clinically indicated<br>• Thioridazine- Serum potassium every 6 months and as clinically indicated and magnesium as clinically indicated (especially if potassium level is low)<br>• CMP, CBC as clinically indicated<br>• Inquiry for symptomatic prolactin elevation yearly (quarterly during 1$^{st}$ year for antipsychotics associated with increased prolactin)<br>• Prolactin level yearly if symptoms of prolactin elevation (e.g., gynecomastia, amenorrhea)<br>• Vision questionnaire and ocular evaluation yearly, ocular eval. every 2 years if ≤ 40 years old<br>• Determine if metabolic syndrome criteria (3 of the 5 criteria) are met 3-4 months after initiating a new antipsychotic medication and at least annually thereafter |

| Antihypertensives for Psychotropic Use | Baseline Tests | Ongoing Tests |
|---|---|---|
| • Beta-Blockers<br>○ atenolol (Tenormin®)<br>○ metoprolol (Lopressor®)<br>○ propranolol (Inderal®) | • ECG (age 45 and over)<br>• Blood pressure<br>• Heart rate<br>• Blood glucose (patients with diabetes) | • Blood pressure and heart rate prior to each dose increase and quarterly and as clinically indicated<br>• ECG (age 45 and over) as clinically indicated<br>• Blood glucose (patients with diabetes) as clinically indicated |

| Sedative/Hypnotics | Baseline Tests | Ongoing Tests |
|---|---|---|
| • benzodiazepines<br>• buspirone (BuSpar® [DSC])<br>• sedating antihistamines<br>○ diphenhydramine (Benadryl®)<br>○ hydroxyzine (Vistaril®, Atarax® [DSC])<br>• non-benzodiazepines<br>○ eszopiclone (Lunesta®)<br>○ zolpidem (Ambien®) | • Assess for signs of respiratory depression (benzodiazepines, non-benzodiazepines) | • Assess for signs of CNS depression (benzodiazepines)<br>• Assess for signs of respiratory depression (benzodiazepines, non-benzodiazepines) |

| Anticonvulsant Mood Stabilizers | Baseline Tests | Ongoing Tests<br>Monitor all treated with anticonvulsants periodically for emergence of suicidal ideation or behavior |
|---|---|---|
| • carbamazepine (Tegretol®)<br>• oxcarbazepine (Trileptal®) | • CBC with differential<br>• Hepatic function<br>• Electrolytes<br>• HLA-B*1502 test prior to initiation for those of Asian descent (includes South Asians)<br>• Consider HLA-A*3101 if high risk (Asian, Native Am, European, Latin Am) (carbamazepine) | • CBC with differential 1 to 2 weeks after each dose increase, annually and as clinically indicated<br>• Electrolytes 1 to 2 weeks after each dose increase, annually and as clinically indicated<br>• Hepatic function monthly for the first 3 months (carbamazepine), annually and as clinically indicated<br>• Carbamazepine level 1 week after start, 3-4 weeks after dose change and as clinically indicated (carbamazepine) |
| • gabapentin (Neurontin®) | • Renal function | • Renal function as clinically indicated<br>• Signs or symptoms of respiratory depression and sedation |
| • lamotrigine (Lamictal®) | • Renal function<br>• Hepatic function<br>• CBC | • Monitor for rash, especially during the first 2 months of therapy<br>• Renal function, Hepatic function, and CBC as clinically indicated |

| **Anticonvulsant Mood Stabilizers** | **Baseline Tests** | **Ongoing Tests**<br>Monitor all treated with anticonvulsants periodically for emergence of suicidal ideation or behavior |
|---|---|---|
| • topiramate (Topamax®) | • CMP (evaluate renal function, hepatic function, and serum bicarbonate)<br>• Eye exam<br>• Weight if topiramate is being used for weight loss | • CMP at 3 months, annually and as clinically indicated<br>• Eye exam annually<br>• Weight every 3 months and as clinically indicated if used for weight loss |
| • valproic acid (Depakene®), divalproex Sodium (Depakote®, Depakote Sprinkles®, Depakote ER®) | • CBC with differential and platelet count<br>• CMP (evaluate hepatic function, serum creatinine, BUN and electrolytes)<br>• Weight | • CBC with differential and platelet count 1-2 weeks after initiation, 1-2 weeks after each dose increase, every 3 months for the first year of treatment, annually and as clinically indicated<br>• CMP every 3 months for the first year, annually and as clinically indicated<br>• VPA level 1-2 weeks after initiation, after each dosage change & as clinically indicated<br>• Weight every 3 months for the first year of treatment, then annually and as clinically indicated |

| **Miscellaneous Mood Stabilizers** | **Baseline Tests** | **Ongoing Tests** |
|---|---|---|
| • lithium (Eskalith®, Lithobid®, Eskalith CR®) | • ECG<br>• CBC<br>• Thyroid studies<br>• CMP (evaluate BUN, creatinine, glucose, calcium, and electrolytes)<br>• UA<br>• Weight | • ECG yearly and as clinically indicated<br>• CBC yearly and as clinically indicated<br>• TSH every 6 months and as clinically indicated<br>• CMP at 3 months, annually and as clinically indicated<br>• Lithium level 5 to 7 days after initiation or dose change, 3 months after initiation and every 6 months during maintenance treatment and as clinically indicated<br>• Weight every 6 months and as clinically indicated<br>• UA as clinically indicated |

| **Antidepressants** | **Baseline Tests** | **Ongoing Tests**<br>Monitor all treated with antidepressants periodically for emergence of suicidal ideation or behavior |
|---|---|---|
| bupropion (Wellbutrin®, Budeprion®, Zyban®) | • Blood pressure and heart rate<br>• Weight<br>• CBC<br>• Hepatic and renal function panels | • Neuropsychiatric reactions (smoking cessation)<br>• CBC, blood pressure, heart rate, ECG, hepatic function panel, renal function as clinically indicated |
| esketamine (Spravato®) | • Blood pressure prior to each dose administration<br>• Risk for abuse/misuse | • Blood pressure 40 minutes post-dose<br>• Blood pressure as clinically indicated for 2 hours post-dose<br>• Sedation & dissociation at least for 2 hours post dose<br>• Evaluate therapeutic benefit after 4 weeks to determine need for continued treatment |
| mirtazapine (Remeron®) | • CBC<br>• Fasting lipid profile within 30 days of initiation if not done within last year<br>• Height & weight<br>• Sodium level (high risk patients)<br>• Blood pressure (children & adolescents) | • Blood pressure during titration (children & adolescents) and as clinically indicated<br>• Height & weight monthly and as clinically indicated<br>• Sodium level (high risk patients) at 4 weeks and as clinically indicated<br>• CBC as clinically indicated and<br>• Fasting lipid profile as clinically indicated<br>• Signs and symptoms of infection (e.g., fever, sore throat, etc.) as clinically indicated |
| Monoamine Oxidase Inhibitors<br>• phenelzine (Nardil®)<br>• tranylcypromine (Parnate®) | • Hepatic function panel<br>• Renal function<br>• Blood pressure<br>• Sodium level (high risk patients) | • Hepatic and renal function panels yearly and as clinically indicated<br>• Blood pressure during dosage adjustments and as clinically indicated<br>• Sodium level (high risk patients) at 4 weeks and as clinically indicated |
| • nefazodone (Serzone®)<br>• trazodone (Desyrel®) | • ALT, AST<br>• CBC<br>• ECG as clinically indicated | • ALT, AST – 1, 2, 4, 6, 12 months, then annually and as clinically indicated. Discontinue if 3 X upper normal limit (nefazodone)<br>• ALT, AST as clinically indicated (trazodone)<br>• CBC as clinically indicated<br>• ECG as clinically indicated |
| SNRIs<br>• duloxetine (Cymbalta®)<br>• venlafaxine (Effexor®, Effexor XR®) | • Blood pressure<br>• Height & weight (children & adolescents)<br>• Sodium level (high risk patients)<br>• Fasting lipid profile if not done within last year (venlafaxine)<br>• Hepatic function<br>• Renal function (duloxetine) | • Blood pressure regularly throughout treatment<br>• Height & weight (children & adolescents) monthly and as clinically indicated<br>• Sodium level (high risk patients) at 4 weeks and as clinically indicated<br>• Fasting lipid panel at least every year if lipid levels are in normal range (venlafaxine)<br>• Fasting lipid panel every 6 months if LDL is > 130 mg/dL (venlafaxine)<br>• Hepatic function as clinically indicated<br>• Renal function as clinically indicated (duloxetine) |
| SSRIs<br>• citalopram (Celexa®)<br>• escitalopram (Lexapro®)<br>• fluoxetine (Prozac®)<br>• fluvoxamine (Luvox®)<br>• paroxetine (Paxil®)<br>• sertraline (Zoloft®) | • ECG (citalopram, escitalopram)<br>• Electrolytes (high risk patients)<br>• Height & BMI (children & adolescents)<br>• Weight | • ECG as clinically indicated<br>• Electrolytes (high risk patients) at 4 weeks and as clinically indicated<br>• Height & BMI (children & adolescents) monthly & as clinically indicated<br>• Weight - at 3, 6, and 12 months, then annually |
| Tricyclic Antidepressants<br>• amitriptyline (Elavil®)<br>• amoxapine (Asendin®)<br>• clomipramine (Anafranil®)<br>• desipramine (Norpramin®)<br>• doxepin (Sinequan®)<br>• imipramine (Tofranil®)<br>• maprotiline (Ludiomil®)<br>• nortriptyline (Pamelor®)<br>• protriptyline (Vivactil®)<br>• trimipramine (Surmontil®) | • Blood pressure and heart rate<br>• ECG<br>• Hepatic function panel (clomipramine)<br>• Sodium level (high risk patients)<br>• Weight<br>• EPS evaluation (exam for rigidity, tremor, akathisia) (amoxapine only)<br>• TD assessment (amoxapine only)<br>• Height & weight (children & adolescents) | • Blood pressure and heart rate during titration & as clinically indicated<br>• ECG as clinically indicated<br>• Hepatic function panel (clomipramine) as clinically indicated<br>• Sodium level (high risk patients) at 4 weeks and as clinically indicated<br>• Therapeutic blood levels (not amoxapine) as clinically indicated<br>• Weight - at 3, 6, and 12 months, then annually<br>• EPS evaluation & TD assessment every 3 months and as clinically indicated (amoxapine only)<br>• Prolactin level yearly if symptoms of prolactin elevation (e.g., gynecomastia, amenorrhea)<br>• Height & weight (children & adolescents) monthly as clinically indicated |

| Substance Use Treatment | Baseline Tests | Ongoing Tests |
|---|---|---|
| • acamprosate (Campral®) | • CMP (renal)<br>• Eye exam | • Eye exam annually<br>• Monitor for worsening depression, suicidal ideation, or suicidal behavior<br>• CMP as clinically indicated |
| • buprenorphine (Subutex®), buprenorphine/naloxone (Suboxone®) | • Liver function | • Respiratory status<br>• CNS depression/mental status<br>• Blood pressure<br>• Withdrawal symptoms<br>• Signs of addiction, abuse, or misuse<br>• Signs or symptoms of hypogonadism or hypoadrenalism<br>• Signs or symptoms of toxicity or overdose (especially with hepatic impairment)<br>Optional ongoing tests if clinically indicated:<br>• Liver function (periodically, and as clinically indicated) |
| • disulfiram (Antabuse®) | • CMP (hepatic function, serum chemistries)<br>• CBC | • CMP within 2 weeks of initiation<br>Optional ongoing tests if clinically indicated<br>• CBC, CMP, Eye Exam |
| • naltrexone (ReVia®, Vivitrol®) | • Liver function | • Opioid withdrawal<br>• Depression and suicidal thinking<br>• Injection site reactions (Vivitrol®)<br>• Liver function (periodically and as clinically indicated) |
| • topiramate (Topamax®) | See Anticonvulsants | |

| ADHD/ADD Treatment | Baseline Tests | Ongoing Tests |
|---|---|---|
| • dextroamphetamine (Dexedrine®, Zenzedi®)<br>• dextroamphetamine/amphetamine (Adderall®)<br>• dexmethylphenidate ER (Focalin XR®)<br>• lisdexamfetamine (Vyvanse®)<br>• methylphenidate (Ritalin®, Concerta®) | • Height and weight (children)<br>• Physical exam, including cardiac assessment<br>• ECG, based on risk factors, as clinically indicated<br>• Blood pressure<br>• Risk for misuse | • Height and Weight (children) as clinically indicated<br>• Physical exam, including cardiac assessment as clinically indicated<br>• ECG, based on risk factors, as clinically indicated<br>• Blood pressure at 1 to 3 months, then every 6 to 12 months and as clinically indicated<br>• CBC as clinically indicated (dexmethylphenidate, methylphenidate)<br>• Signs of misuse |
| • atomoxetine (Strattera®) | • Height and Weight (children)<br>• Blood pressure and heart rate<br>• ECG, based on risk factors, as clinically indicated | • Blood pressure and heart rate monthly for 3 months then every 6 months<br>• Height and Weight (children) as clinically indicated<br>• Monitor periodically for emergence of suicidal ideation or behavior<br>• ECG, based on risk factors, as clinically indicated |
| • clonidine (Catapres® [DSC], Kapvay®)<br>• guanfacine (Tenex® [DSC], Intuniv®) | • Blood pressure and heart rate<br>• Personal and family cardiovascular history | • Blood pressure and heart rate—following dose increases and as clinically indicated<br>• Personal and family cardiovascular history |