

Psychotropic Monitoring Guidelines

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

Atypical Antipsychotics

Aripiprazole (Abilify®), Asenapine (Saphris®), Clozapine (Clozaril®, Fazaclo®), iloperidone (Fanapt®), Lurasidone (Latuda®), Olanzapine (Zyprexa®, Zyprexa Relprevv®), Paliperidone (Invega®, Invega Sustenna®), Quetiapine (Seroquel®), Risperidone (Risperdal® Risperdal Consta®), Ziprasidone (Geodon®)

Baseline CBC (clozapine only)
Waist circumference and BMI (weight in lbs x 703)/height² in inches
FPG or HbgA1c
Fasting lipid profile within 30 days of initiation if not done within last 2 years
EPS evaluation (exam for rigidity, tremor, akathisia)
TD assessment
EKG for clozapine and iloperidone, ziprasidone only if risk factors present for QT prolongation (e.g. known heart disease, history of syncope, FH early sudden death)
Serum potassium and magnesium for iloperidone if at risk for electrolyte disturbance

Ongoing CBC as indicated by manufacturer and as clinically indicated (clozapine only)
BMI and waist circumference monthly for 6 months then quarterly when dose is stable
FPG or HbgA1c yearly if no diabetes risk factors or weight gain
FPG or HbgA1c at 4 months then yearly if diabetes risk or weight gain
Fasting lipid panel at least every 2 years if lipid levels are at goal
Fasting lipid panel every 6 months if LDL is > 130 mg/dL
Inquiry for symptomatic prolactin elevation yearly (quarterly during 1st year for risp and pali)
Prolactin level yearly if symptoms of prolactin elevation (e.g. gynecomastia, amenorrhea)
EPS evaluation weekly after initiation & dose increases, continue 2 weeks after last increase
TD assessment every 3 months and as clinically indicated
Vision questionnaire and ocular evaluation yearly, ocular eval. every 2 years if ≤ 40 years old
EKG annually for clozapine and as clinically indicated; ziprasidone if patient has symptoms of QT prolongation (e.g. syncope)
Troponin and C-reactive protein for clozapine as clinically indicated for suspected myocarditis
Serum potassium and magnesium periodically for iloperidone if at risk for electrolyte disturbance
Olanzapine palmitate injection requires continuous observation for at least 3 hrs after injection

Typical Antipsychotics

Chlorpromazine (Thorazine®), Fluphenazine (Prolixin®, Prolixin Decanoate®), Haloperidol (Haldol®, Haldol Decanoate®), Loxapine (Loxitane®), Perphenazine (Trilafon®), Thiothixene (Navane®), Thioridazine (Mellaril®), Trifluoperazine (Stelazine®)

Baseline Waist circumference and BMI (weight in lbs x 703)/height² in inches
FPG or HbgA1c
Fasting lipid profile within 30 days of initiation if not done within last 2 years
EPS evaluation (exam for rigidity, tremor, akathisia)
TD assessment
EKG prior to initiation of thioridazine
Serum potassium and magnesium prior to initiating thioridazine

Ongoing BMI and waist circumference monthly for 6 months then quarterly when dose is stable
FPG or HbgA1c yearly if no diabetes risk factors or weight gain
FPG or HbgA1c at 4 months then yearly if diabetes risk or weight gain
Fasting lipid panel at least every 2 years if lipid levels are at goal
Fasting lipid panel every 6 months if LDL is > 130 mg/dL
Inquiry for symptomatic prolactin elevation quarterly during 1st year then every year thereafter
Prolactin level yearly if symptoms of prolactin elevation (e.g. gynecomastia, amenorrhea)
EPS evaluation weekly after initiation & dose increases, continue 2 weeks after last increase
TD assessment every 3 months and as clinically indicated
Vision questionnaire and ocular evaluation yearly, ocular eval. every 2 years if ≤ 40 years old
EKG 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
Serum potassium every 6 months and as clinically indicated and magnesium as clinically indicated (especially if potassium level is low)

Anticonvulsants

Monitor all treated with anticonvulsants periodically for emergence of suicidal ideation or behavior

Carbamazepine (Tegretol®)

Baseline CBC with differential
Hepatic function
Electrolytes
HLA-B*1502 test prior to initiation for those of Asian descent (includes South Asians)
Consider HLA-A*3101 if high risk (Asian, Native Am, European, Latin Am)

Ongoing CBC with differential 1 to 2 weeks after each dose increase, annually & as clinically indicated
Electrolytes 1 to 2 weeks after each dose increase, annually & as clinically indicated
Hepatic function monthly for the first 3 months, annually & as clinically indicated
Carbamazepine level 1 week after start, 3-4 weeks after dose change & as clinically indicated

Gabapentin (Neurontin®)

Baseline Renal function (such as serum creatinine)
Optional ongoing tests if clinically indicated
Renal function (such as serum creatinine)

Lamotrigine (Lamictal®)

Baseline Renal function (such as serum creatinine)
Hepatic function
CBC

Ongoing Monitor for rash, especially during the first 2 months of therapy

Optional ongoing test if clinically indicated
Renal function, Hepatic function, and CBC

Oxcarbazepine (Trileptal®)

Baseline CBC with differential
Electrolytes
Hepatic function
HLA-B*1502 test prior to initiation for those of Asian descent (includes South Asians)

Ongoing CBC with differential 1 to 2 weeks after each dose increase, annually & as clinically indicated
Electrolytes 1 to 2 weeks after each dose increase, annually & as clinically indicated
Hepatic function annually

Topiramate (Topamax®)

Baseline CMP (evaluate renal function, hepatic function, and serum bicarbonate)
Eye exam
Weight if topiramate is being used for weight loss

Optional CMP at 3 months, annually and as clinically indicated
Eye exam annually
Weight every 3 months and as clinically indicated if used for weight loss

Valproic Acid (Depakene®), Divalproex Sodium (Depakote®, Depakote ER®)

Baseline CBC with differential and platelet count
CMP (evaluate hepatic function, serum creatinine, BUN and electrolytes)
Weight

Ongoing CBC with differential and platelet count 1-2 weeks after each dose increase, every 3 months for the first year of treatment, annually and as clinically indicated
CMP every 3 months for the first year, annually and as clinically indicated
VPA level 1-2 weeks after initiation, after each dosage change & as clinically indicated
Weight every 3 months for the first year of treatment, then annually and as clinically indicated

Antidepressants

Monitor all treated with antidepressants periodically for emergence of suicidal ideation or behavior

Amoxapine (Asendin®)

Baseline EKG
TD assessment
EPS evaluation (exam for rigidity, tremor, akathisia)
Ongoing TD assessment every 3 months and as clinically indicated
EPS evaluation weekly after initiation & dose increases, continue 2 weeks after last increase
Optional ongoing tests if clinically indicated
EKG
Prolactin level if symptoms of prolactin elevation (e.g. gynecomastia, amenorrhea, menstrual disturbance, erectile/ejaculatory disturbances)

Monoamine Oxidase Inhibitors- Phenelzine (Nardil®), Tranylcypromine (Parnate®)

Baseline Hepatic function panel
Renal function test (such as serum creatinine)
Blood pressure
Ongoing Hepatic function panel yearly and as clinically indicated
Renal function test yearly and as clinically indicated
Blood pressure during dosage adjustments and as clinically indicated

SNRIs- Duloxetine (Cymbalta®), Venlafaxine (Effexor®, Effexor XR®)

Baseline Blood pressure
Hepatic function test (duloxetine)
Ongoing Blood pressure during dose titration
Optional ongoing test if clinically indicated
Blood pressure
Hepatic function test (duloxetine)

Trazodone (Desyrel®)

Optional ongoing test if clinically indicated
EKG

Tricyclic Antidepressants- Amitriptyline (Elavil®), Clomipramine (Anafranil®), Desipramine (Norpramin®, Pertofrane®), Doxepin (Sinequan®), Imipramine (Tofranil®), Maprotiline (Ludiomil®), Nortriptyline (Pamelor®, Aventyl®), Protriptyline (Vivactil®), Trimipramine (Surmontil®)

Baseline EKG
Optional ongoing tests if clinically indicated
EKG
Blood levels

Stimulants

Dextroamphetamine (Dexedrine®), Methylphenidate (Ritalin®, Concerta®, Metadate CD®), Dextroamphetamine/Amphetamine (Adderall®, Adderall XR®)

Baseline Height and Weight
Optional ongoing tests if clinically indicated
Height and Weight

Antihypertensives

Beta-Blockers- Atenolol (Tenormin®), Metoprolol (Lopressor®), Nadolol (Corgard®), Propranolol (Inderal®)

Baseline EKG (age 45 and over)
Blood pressure and pulse rate
Ongoing Blood pressure and pulse rate prior to each dose increase and quarterly
Optional ongoing tests if clinically indicated
EKG (age 45 and over) and Blood pressure and pulse rate

Clonidine (Catapres®), Guanfacine (Tenex®)

Baseline Blood pressure
Ongoing Blood pressure daily x4 days after initiation or dose increase
Optional ongoing if clinically indicated
Blood pressure

Miscellaneous

Lithium (Eskalith®, Lithobid®, Eskalith CR®)

Baseline EKG
CBC
Thyroid studies
CMP (evaluate BUN, creatinine, glucose, calcium and electrolytes)
UA
Weight
Ongoing EKG yearly and as clinically indicated
CBC yearly and as clinically indicated
TSH every 6 months and as clinically indicated
CMP at 3 months, annually and as clinically indicated
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
Weight every 6 months and as clinically indicated
Optional ongoing tests if clinically indicated
UA

Naltrexone (Revia®)

Baseline Hepatic function panel
Optional ongoing test if clinically indicated
Hepatic function panel

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