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**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:

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

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

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

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[Polypharmacy Use: Assessment of Appropriateness and Importance of Documentation Clinical and Recovery Practice Protocol](#)  
[Psychotropic Medication Use in Children, Adolescents, and Young Adults Clinical and Recovery Practice Protocol](#)  
[General and Informed Consent to Treatment for Persons Under the Age of 18 Policy Clarification Memorandum](#)

**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 Reaction** Any response to a drug that is detrimental, unintended or unexpected in doses recognized as accepted in medical practice for prophylaxis, diagnosis or therapy of disease.

**Behavioral Health Medical Practitioner** An individual licensed and authorized by law to use and prescribe medication and devices defined in A.R.S. § 32-1901, and who is one of the following with at least one year of full-time behavioral health work experience:

- a. A physician,

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- b. A physician assistant, or
- c. A nurse practitioner.

**Cross-tapering** A process by which one medication is added to a person's medication regime, and its dosage gradually increased, while the dosage of another medication that has been prescribed for the same clinical purpose is gradually reduced and discontinued. This provides a safe and cautious way to substitute one medication for another.

**Medication Error** Any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in control of the health care professional or patient.

### **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.

### **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.

#### **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 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;
- Target Symptoms;
- A review of possible medication allergies; and
- A review of previously and currently prescribed medications including any noted side effects and/or potential drug-drug interactions.

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Reassessments must be completed on an ongoing basis to ensure medication compliance and to substantiate that the prescribed psychotropic medication(s) are the most effective treatment for the person.

**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, 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](#).

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.

**Psychiatric Services Over Telemedicine** Prior to the delivery of psychiatric services over telemedicine/ video conferencing, the behavioral health medical practitioner must have documentation of telemedicine orientation/training as per Section 10.10 Telemedicine Clinical Services. Evidence of the orientation is placed in the personnel record of the telemedicine health care provider. NARBHA Telemedicine staff is available to provide orientation to SAA/TAA staff on use of videoconferencing equipment, upon SAA/TAA request. Members must complete a **[PM Form 3.11.1 Informed Consent to Participate in Telemedicine \(PUT LINK HERE\)](#)** prior to the delivery of services.

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

**3.15.7-D. High-risk medications**

Psychotropic medications must be monitored adequately to avoid, diminish, or relieve side effects and adverse outcomes. The behavioral health medical practitioner must develop and implement safe and effective prescribing and monitoring practices to ensure that high-risk medications are adequately monitored to promote safe and effective use. At a minimum, this must include:

Type of Medication	Monitoring Action
Antipsychotic Medications	Administer the Abnormal Involuntary Movement Scale (AIMS) and document results. At a minimum, the AIMS must be completed and recorded upon the initiation of a new anti-psychotic medication, at least annually, or more frequently as indicated on an individual basis, or according to additional timeframes established by the T/RBHA Medical

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	Director. Personal/family history, weight, BMI, waist circumference, fasting glucose and fasting lipid profiles must be monitored at least annually, or more frequently as indicated on an individual basis, or according to additional timeframes established by the T/RBHA Medical Director..
Lithium Carbonate	For each person who is prescribed Lithium Carbonate or any related formulations of Lithium, obtain Lithium levels, thyroid function tests, and renal function test at least annually or more frequently as indicated on an individual basis, or according to additional timeframes established by the T/RBHA Medical Director.
Anticonvulsant medications used for mood stabilization	For each person who is prescribed anti-convulsant medications for mood stabilization or related treatment purposes, as indicated, obtain blood levels and liver function tests, CBC or other lab tests at least annually, or more frequently as indicated on an individual basis, or according to additional timeframes established by the T/RBHA Medical Director.
For persons on medications that are known to affect health parameters	For persons on medications that are known to affect health parameters, such as height, weight, heart rate, and blood pressure, assessments will be made of the person's height, weight, heart rate, and blood pressure as indicated on an individual basis, or according to timeframes established by the T/RBHA Medical Director.
Opiate dependence medications	It is not necessary that a SAA/TAA prescriber must always perform a psychiatric assessment on a member who is being referred to a Fee-For-Service Opiate Maintenance program prior to that referral, as the Fee-For-Service Opiate Maintenance Program medical practitioner is the treating physician who will make the determination as to the appropriateness of opiate maintenance medications. Methadone and other opiate dependence medications, such as buprenorphine, are provided as per federal and licensure standards. When opiate dependence medications are discontinued, they are tapered in a safe manner in order to minimize the risks of relapse and physiologic jeopardy.
Transition of medications when person loses	SAA/TAA's ensure that members who need to be disenrolled or who lose their NARBHA medication benefit

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medication benefit	while receiving psychotropic medications, including methadone, are monitored by an appropriate medical professional who gradually and safely decreases the medication, or continues to prescribe the medication until an alternate provider has assumed responsibility for the member.
Out-of-area prescription refills of non-Schedule II medications	NARBHA maintains a comprehensive pharmacy network that includes many pharmacy chains. Members needing to fill NARBHA prescriptions while out-of-area should have their prescription transferred to a pharmacy chain that is located in the area where the prescription will be picked up. Members who run out or lose their medications while out-of-area should contact their SAA/TAA prescriber to determine the appropriateness of calling in a prescription to a contracted pharmacy near the member's location or to a local pharmacy with a chain pharmacy in that area. Members needing urgent after-hour or weekend refills of medications may receive compassionate dispensing of limited supplies at times from some pharmacists. Other options include presenting to local behavioral health agencies or urgent care centers. Use of emergency rooms for dispensing of routine psychotropic medications is discouraged. Valid member-incurred costs for covered medications can be reimbursed by NARBHA by sending a copy of the receipt and relevant documentation to the NARBHA Business Manager.
Out-of-area prescription refills of Schedule II medications	Schedule II medications, such as stimulants, are tightly controlled by federal and state regulations. These medications require a current printed and signed prescription. Prescribers may not call these medications in to pharmacies and running out of these medications is typically not a behavioral health emergency; therefore members should be advised to plan ahead to ensure adequate supplies of these medications. Members needing urgent after-hour or weekend refills of medications may receive compassionate dispensing of limited supplies from some pharmacists. Other options include presenting to local behavioral health agencies or urgent care centers. Use of emergency rooms for dispensing of routine psychotropic medications is discouraged.
Discharge medications from inpatient facilities	Dispense at least a 3 to 5 days supply of medications for the convenience of families and members at discharge. Give

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	<p>members prescriptions with enough medications and/or refills to last until the first scheduled prescriber appointment. As per <a href="#">Section 3.8 Outreach, Engagement, Re-Engagement and Closure</a> this should be within seven days (and in no case more than 30 days). If the prescriber is concerned about safety issues, then give smaller quantities per prescription but with more refills AND ensure that the member is prioritized to receive a post-discharge follow-up within clinically appropriate time frames. If the member is on STIMULANTS, give enough to last until the first prescriber appointment because stimulants can not be refilled or written in advance and because members will have to be seen by the SAA/TAA prescriber to get a stimulant prescription. Having this medication run out before the prescriber appointment creates an administrative emergency for families and SAAs which is not necessary. FAX or send the SAA/TAA outpatient facility the discharge prescriptions and medications dispensed so that it will know if members are running out of medications inappropriately early.</p>
<p>Medications during transitions between RBHAs, agencies or prescribers</p>	<p>It is the responsibility of the member's current prescriber to ensure that persons transitioning have adequate supplies of medications to last until the appointment with the next prescriber as per <a href="#">Section 3.17 Transition of Persons</a>. It is the responsibility of the SAA/TAA assuming the person's care to ensure that the person is scheduled with an appointment within clinically appropriate time frames such that the person does not run out of medications, does not experience a decline in functioning and in no case longer than 30 days from identification of need as per <a href="#">Section 3.2 Timeliness of Service</a>. See <a href="#">Section 3.16 Medication Formulary</a> for procedures on handling current prescribers not on the NARBHA prescriber panel, non-formulary medications and ways to provide pharmacy benefit exceptions for not yet enrolled persons or non-TIXX/TXXI persons who don't yet have a pharmacy benefit.</p>
<p>Psychotropic medications for persons without a NARBHA pharmacy benefit who are experiencing a serious decline in functioning</p>	<p>Persons can be evaluated at any time during their care for SMI eligibility, not just at enrollment. Substance use disorders carry a high risk of morbidity and mortality and may obscure the ability to determine if a person has a qualifying SMI diagnosis. (See <a href="#">PM Attachment 3.10.2, Substance Use/Psychiatric Symptomatology Table</a>) Requiring that a person be substance-free prior to the initiation of services is not a best practice as per</p>

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	<p>ADHS/DBHS <a href="#">Practice Improvement Protocol 6 Co-occurring Psychiatric and Substance Disorders</a>. Providers may determine that a person is SMI pending receipt of information and response to treatment. Periodic review within three to six months and SMI disenrollment of any person not meeting the criteria is allowed as per <a href="#">Section 3.10 SMI Determination</a>. Other options include providing samples or pharmacy benefit exceptions for ineligible persons as per <a href="#">Section 3.16 Medication Formulary</a>. Additionally, Medicare-eligible persons should be encouraged to enroll in Part D Medication Plans.</p>
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**3.15.7-E. Polypharmacy**

ADHS/DBHS recognizes two types of polypharmacy: intra-class polypharmacy and inter-class polypharmacy. 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 person's medical record must contain documentation specifically describing the rationale and justification for the combined use.

**NARBHA Utilization Management Appropriateness Measure:** Do members get appropriate, medically necessary covered services?

**NARBHA Measures:** Members are not on 2 or more atypicals simultaneously for more than a 60 day period. Members are not on 2 or more SSRIs simultaneously for more than a 60 day period. Members are not on an atypical neuroleptic and a typical neuroleptic simultaneously during the same 60 day period.

**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. The medical record must contain documentation specifically describing the rationale and justification for the combined use.

**NARBHA Utilization Management Accessibility Measure:** medication services are uniformly delivered.

**NARBHA Measure:** 87% of utilizing members with a medication benefit are on 3 or less medications per month excluding comfort medications (stool softener, antihistamines, etc.) and vitamins.

**3.15.7-F. Reporting requirements**

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

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- Adverse drug reactions
- Medication errors

The above referenced events must be identified, reported, tracked, reviewed and analyzed by the T/RBHA. NARBHA Medical Department reviews and analyzes Medication Errors and Adverse Drug Reactions. If follow up by the SAA/TAA was inadequate, corrective action to the SAA/TAA is generated.

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.