

ALAMEDA COUNTY
BEHAVIORAL HEALTH CARE SERVICES

MEDICATION &
PHARMACY USER
GUIDE

2012

**ALAMEDA COUNTY
BEHAVIORAL HEALTH CARE SERVICES**

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**ALAMEDA COUNTY
BEHAVIORAL HEALTH CARE SERVICES**

Telephone Directory

Aaron Chapman, M.D. (510) 567-8111
***Medical Director* FAX (510) 567-6850**

Douglas Del Paggio, Pharm.D., M.P.A..... (510) 567-8110
***Director of Pharmacy Services* FAX (510) 567-6850**

Charles Raynor, Pharm.D..... (510) 383-1737
***Clinical Pharmacist* FAX (510) 567-6850**

Dri Wang, Pharm.D..... (510) 567-8101
***Clinical Pharmacist* FAX (510) 567-6850**

Marianne Tavares (510) 567-8106
***Pharmacy Technician* FAX (510) 567-6850**

Informed Rx (PBM)

Help Desk Line..... (800) 777-0074
PA/Eligibility Fax Line..... (630) 536-1235

Medi-Cal Stockton Direct Number..... (209) 942-6030

Medi-Cal TAR Fax (Stockton)..... (800) 829-4325

Poison Control..... (800) 523-2222

BHCS MediCal Share of Cost Assistance..... (510) 383-1550

BHCS MediCal Issue Date Assistance..... (510) 383-1550

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES

PHARMACY SYSTEM TIPS

TOPIC

PROCEDURES

REFILLS

A client can return for a refill when **75% of a 10-34 day supply** or **82% of a 35-45 day supply** is used.

LOST/STOLEN MEDICATION

The client's physician must call the pharmacy, or indicate on the **prescription backside** that the patient's medications were lost or stolen.

VACATION or TRAVEL SUPPLY of MEDICATION

The client's physician **must call** the pharmacy, or **indicate on the prescription backside** that the client's supply of medications is for vacation/travel. **One additional refill** is the maximum amount that can be concurrently dispensed.

NON-FORMULARY PSYCHOTROPIC MEDICATION

The client's physician must document on the prescription backside **two trials of formulary medication in the same therapeutic class listed in the formulary**. Otherwise, the patient must be **registered with the Office of the Medical Director @ (510) 567-8110** for prior approval.

NON-FORMULARY NON-PSYCHOTROPIC MEDICATION

The patient must be **registered with the Office of the Medical Director @ (510) 567-8110**, for prior approval

DENIED TARs

A copy of the **denied TAR and prescription must be faxed** by the pharmacist to Informed Rx at (630) 536-1235. The prescription will then be covered by BHCS.

AMOUNT PRESCRIBED DIFFERENT THAN AMOUNT APPROVED BY MEDI-CAL on TAR

The pharmacist will submit a **“One Time Only” TAR** requesting the different amount, with an explanation provided by the patient's psychiatrist.

PRESCRIPTION NOT PICKED UP BY CLIENT

Call the client's prescribing physician, or team members associated with the client.

MEDI-CAL SHARE OF COST

If a share of cost exists, it is requested that the pharmacist **call BHCS Finance at (510) 383-1550 prior to prescription adjudication** to check if all patient clinical services have been entered chronologically.

***ALAMEDA COUNTY
BEHAVIORAL HEALTH CARE SERVICES***

PROGRAMS

**ALAMEDA COUNTY
BEHAVIORAL HEALTH CARE SERVICES PROGRAMS**

- | | | |
|---|---|---|
| 1. Alameda CSC | 1429 Oak St., Alameda, CA 94501 | (510) 522-4668
FAX (510) 521-6729 |
| 2. Access for Asian/Pacific Islander | 310 8 th St., Ste 103, Oakland, CA 94607 | (510) 869-7200
FAX (510) 645-1334 |
| 3. Access for Latino | 1501 Fruitvale Ave., Oakland, CA 94601 | (510) 535-6200
FAX (510) 535-4169 |
| 4. Asian Community Mental Health Services | 310 8 th Street, Ste 201, Oakland, CA 94607 | (510) 451-6729
FAX (510) 268-0202 |
| 5. BACS | 1814 Franklin St., 4 th Floor, Oakland, CA 94612 | (510) 613-0330
FAX (510) 839-1849 |
| 6. BACS Wellness Centers | | |
| ○ Towne House | 629 Oakland Ave., Oakland, CA 94611 | (510) 658-9480 |
| ○ Hedco | 590 B Street, Hayward, CA 94541 | (510) 247-8235 |
| ○ Valley | 3900 Valley Ave., Ste. B, Pleasanton, CA 94566 | (925) 484-8457 |
| ○ South County | 40963 Grimmer Blvd., Fremont, CA 94538 | (510) 657-7425 |
| ○ Four Bridges | 1912 Central Ave., Alameda, CA 94501 | (510) 750-8810 |
| 7. Bonita House | 6333 Telegraph Ave., Ste 102, Oakland, CA 94609 | (510) 923-0180
FAX (510) 923-0894 |
| 8. BOSS North | 2116 Broadway, Oakland, CA 94612 | (510) 899-4100
FAX (510) 350-3322 |
| 9. CONREP | 2055 Fairmont Dr., San Leandro, CA 94578 | (510) 667-3950
FAX (510) 667-3903 |
| 10. Crisis Response Services (CRP) North | 568 West Grand Ave., Oakland, CA 94612 | (510) 268-7837
FAX (510) 451-4703 |
| 11. Crisis Response Services (CRP) South | 15750 Foothill Blvd., San Leandro, CA 94578 | (510) 667-4901
FAX (510) 667-4964 |
| 12. Crisis Response Services (CRP) Livermore | 1453 First St., Livermore, CA 94550 | (925) 583-3770
FAX (925) 583-3771 |
| 13. Criminal Justice MH | 2060 Fairmont Dr., San Leandro, CA 94578 | (510) 667-3900
FAX (510) 667-3903 |
| 14. Dublin High School | 8151 Village Parkway, Dublin, CA 94568 | (925) 833-3300
FAX (925) 833-3322 |
| 15. Eden CSC | 2045 Fairmont Dr., San Leandro, CA 94578 | (510) 667-7500
FAX (510) 667-7711 |
| 16. Eden Children's Services | 2045 Fairmont Dr., San Leandro, CA 94578 | (510) 667-7540
FAX (510) 618-3434 |
| 17. FACT | 2551 San Pablo Ave., Oakland, CA 94612 | (510) 446-7142
FAX (510) 446-7193 |
| 18. Greater HOPE | 3607 Main St Suite A, Fremont, CA 94538 | (510) 270-1200
FAX (510) 270-9623 |

19. Guidance Clinic	2500 Fairmont Drive, San Leandro, CA 94578	(510) 667-3000 FAX (510) 667-3005
20. HOST	1422 Harrison, Oakland, CA 94612	(510) 809-1780 FAX (510) 981-8215
21. La Clinica de la Raza, Casa del Sol	1501 Fruitvale Ave., Oakland, CA 94601	(510) 535-6200 FAX (510) 535-4169
22. La Familia Counseling Services	26081 Mocine Ave., Hayward, CA 94544	(510) 881-5921 FAX (510) 881-5925
23. Mobile Integrated Assessment & Treatment for Seniors	3300 Capitol Ave., Fremont, CA 94537	(510) 574-2062 FAX (510) 574-2054
24. NCSHP (No Co Sr. Homeless Project)	1814 Franklin St. 4 th Floor, Oakland, CA 94612	(510) 271-8844 FAX (510) 451-3110
25. Oakland CSC	7200 Bancroft Ave., Ste. 125, Oakland, CA 94605	(510) 777-3800 FAX (510) 777-3806
26. Oakland Children's Services	7200 Bancroft Ave., Suite 125D, Oakland, CA 94605	(510) 777-3870 FAX (510) 777-3880
27. Sausal Creek Outpt Stabilization Service	2620 26 th Avenue, Oakland, CA 94601	(510) 437-2363 FAX (510) 437-2366
28. STAY	3800 Coolidge Ave., Oakland, CA 94602	(510) 482-2244 FAX (510) 530-2047
29. TIP	3282 Adeline St., Berkeley, CA 94703	(510) 981-5280 FAX (510) 981-5265
30. TrACT	2577 San Pablo Ave., Oakland, CA 94612	(510) 446-7142 FAX (510) 451-2869
31. Tri-City CSC & Crisis Response Tri-City	39155 Liberty St., Ste G710, Fremont, CA 94538	(510) 795-2434 FAX (510) 793-3972
32. Valley CSC & Crisis Response Valley	3730 Hopyard Road, Pleasanton, CA 94588	(925) 560-5880 FAX (925) 417-0947
33. West Oakland Mental Health	700 Adeline St., Oakland, CA 94607	(510) 835-9610 FAX (510) 465-1508
34. Willow Rock Outpatient Center	2050 Fairmont Drive, San Leandro, CA 94578	(510) 483-3030 FAX (510) 483-2329
35. Woodroe Place	22505 Woodroe Ave., Hayward, CA 94541	(510) 537-1688 FAX (510) 537-9222

ALAMEDA COUNTY
BEHAVIORAL HEALTH CARE SERVICES
Community Support Centers

BHCS Administration

*2000 Embarcadero Cove
Oakland, CA 94606
(510) 567-8100*
Marye L. Thomas, M.D., Director
Aaron Chapman, M.D., Medical Director
Douglas Del Paggio, Pharm.D., MPA.
Director of Pharmacy Services
Charles Raynor, Pharm.D.
Clinical Pharmacist
Dri Wang, Pharm.D.
Marianne Tavares, Pharmacy Technician

Access for API

*310 8th St., Ste. 103
Oakland, CA 94607
(510) 869-7200*
Tim Lukaszewski, M.D.
Karen Yun, M.D.
Tuong Vi Ta, M.D.

Access for Latino

*1501 Fruitvale Ave.
Oakland, CA 94601
(510) 535-6200*
Gloria Ramos, M.D.

Alameda Mental Health

*1429 Oak St.
Alameda, CA 94501
(510) 522-4668*
Said Shefayee, M.D.
Alan Cohen, M.D.
Giridhar Reddy, M.D.

Asian Community Mental Health Services

*310 8th Street, Suite 201
Oakland, CA 94607
(510) 451-6729*
Tuong Vi Ta, M.D.
Tim Lukaszewski, M.D.
Karen Chiu, M.D.
Karen Yun, M.D.
Sarah Jane Chaumette, M.D.

Bay Area Community Services

*1814 Franklin St., 4th Floor
Oakland, CA 94612
(510) 613-0330*
*Gilda Versales, M.D.
*Bernard Sklar, M.D.
*Mohammed Hyderi, M.D.

**Bay Area Community Services
Wellness Centers**

- *Gilda Versales, M.D.
- *David Cohn, M.D.
 - **Towne House**
*629 Oakland Ave.
Oakland, CA
(510) 658-9480*
 - **Hedco**
*590 B Street
Hayward, CA
(510) 247-8235*
 - **Valley**
*3900 Valley Ave., Ste. B
Pleasanton, CA
(925) 484-8457*
 - **South County**
*40963 Grimmer Blvd.
Fremont, CA
(510) 657-7425*
 - **Four Bridges**
*1912 Central Ave.
Alameda, CA
(510) 750-8810*

BOSS North

*2116 Broadway
Oakland, CA 94612
(510) 899-4100*
Neal Edwards, M.D.

Bonita House

6333 Telegraph Avenue, Suite 102
 Oakland, CA 94609
 (510) 923-0180
 Floyd Brown, M.D.

Conditional Release Program (CONREP)

2060 Fairmont Drive
 San Leandro, CA 94578
 (510) 667-3950
 Neal Edwards, M.D.

Criminal Justice Mental Health

5325 Broder Blvd.
 Dublin, CA 94568
 (925) 551-6740
 Fred Rosenthal, M.D.
 Said Shefayee, M.D.
 Mcheko Graves-Matthews, M.D.
 Anthony Coppola, M.D.
 Neal Edwards, M.D.
 Jennifer Chaffin, M.D.
 Karen Gudiksen, M.D.
 *Janak Raj Sachdev, M.D.
 *Neelam Sachdev, M.D.

Crisis Response Services North

568 West Grand Avenue
 Oakland, CA 94612
 (510) 268-7837
 Luisito Roxas, M.D.
 Angela Callender, M.D.
 Karen Yun, M.D.

Crisis Response Services South

15750 Foothill Blvd
 San Leandro, CA 94578
 (510) 667-4901
 John Cotrufo, D.O.
 Angela Callender, M.D.
 Karen Yun, M.D.

Crisis Response Services Fremont

39155 Liberty St., Ste. G710
 Fremont, CA 94538
 (510) 795-2434
 John Cotrufo,
 D.O.

Crisis Response Services Livermore

1453 First St..
 Livermore, CA 94550
 (925) 583-3770
 Seema Sehgal, M.D.

Crisis Response Services Valley

3730 Hopyard
 Pleasanton, CA 94588
 (925) 560-5880
 Seema Sehgal, M.D.

Dublin High School

8151 Village Parkway
 Dublin, CA 94568
 (925) 833-3300
 Catherine Felisky, M.D.

Eden Community Support Center

2045 Fairmont Drive
 San Leandro, CA 94578
 (510) 667-7500
 Alan Cohen, M.D.
 Luisito Roxas, M.D.
 Nia Lozano, M.D.

Eden Children's Services

2045 Fairmont Drive
 San Leandro, CA 94578
 (510) 667-7540
 Jerome Berney, M.D. (Child)

FACT

2551 San Pablo Ave.
 Oakland, CA 94612
 (510) 446-7142
 Susan Ferguson, M.D.
 Akindele Kolade, M.D.
 Richard Cicinelli, M.D.

Greater HOPE

3607 Main St. Suite A
 Fremont, CA 94538
 (510) 270-1200
 Numan, Farhad, M.D.
 *Akindele Kolade, M.D.

HOST

1422 Harrison
 Oakland, CA 94612
 (510) 809-1780
 Tracy Bitz, NP

La Clinica de la Raza Casa Del Sol

1501 Fruitvale Avenue
 Oakland, CA 94601
 (510) 535-6200
 Gloria Ramos, M.D.
 *Laura Klein, M.D.
 *Maureen Katz, M.D.
 *Ruth DePeralta, M.D.

La Familia Counseling Service

26081 Mocine
Hayward, CA 94544
(510) 881-5921
Darryl Lucia, M.D.
Roger Lauer, M.D.

Mobile Integrated Assessment & Treatment for Seniors

3300 Capitol Ave.
Fremont, CA 94537
(510) 574-2062
Sudha Manjunath, M.D.
Victor Libbey, PA

NCSHP (No Co Sr. Homeless Project)

1814 Franklin St, 4th Floor
Oakland, CA 94612
(510) 271-8844
Lester Love, M.D.

Oakland Community Support Center

7200 Bancroft Ave., Ste. 125
Oakland, CA 94605
(510) 777-3800
German Ascani, M.D.
James Hinson, M.D.
Giridhar Reddy, M.D.

Oakland Children's Services

7200 Bancroft Ave., Ste. 125D
Oakland, CA 94605
(510) 777-3870
Angela Callender, M.D. (Child)
Paul Opsvig, M.D. (Child)

Sausal Creek Outpatient Stabilization Svc

2620 26th Avenue
Oakland, CA 94601
(510) 437-2363
Thomas Brady, M.D.
Emma Castro, M.D.
*Wei Hsun Liao, M.D.
*Tanuj Sidhartha, M.D.
*Shanda Smith, M.D.

STAY

3800 Coolidge Ave.
Oakland, CA 94602
(510) 482-2244
Bradley Engwall, M.D.

TrACT

2577 San Pablo Avenue
Oakland, CA 94612
(510) 446-7142
Akindele Kolade, M.D.

Tri-City Community Support Center

39155 Liberty St., Ste. G710
Fremont, CA 94538
(510) 795-2434
John Cotrufo, D.O.
Seema Sehgal, M.D.
Sui Kwong Sung, M.D.
Mohammad Sheikh, M.D. (child)

TIP

3282 Adeline Street
Berkeley, CA 94703
(510) 981-5280
Yanni Rho, M.D.
*Doug Moorhead, M.D.

Valley Community Support Center

3730 Hopyard
Pleasanton, CA 94588
(925) 560-5880
Stanley Jung, M.D.
Catherine Felisky, M.D. (Child)
Harinder Auluck, M.D.

West Oakland Mental Health

700 Adeline St.
Oakland, CA 94607
(510) 835-9610
Neal Edwards, M.D.
*Murray Eiland, M.D.
William MacMorran, M.D.

Willow Rock Center – Outpatient

2050 Fairmont Drive
San Leandro, CA 94578
(510) 483-3030
Roy Eyal, M.D.
George Stewart, M.D.
*Jennifer Miles, M.D.
*Sarita Patel, M.D.

Woodroe Place

22505 Woodroe Avenue

Hayward, CA 94541

(510) 537-1688

*Bernard Sklar, M.D.

*Substitutes during absences/locum tenens

ALAMEDA COUNTY
BEHAVIORAL HEALTH CARE SERVICES

PSYCHIATRISTS

	SERVICE SITE	MAIN PHONE #	VOICE MAIL	E-MAIL
Ascani, German, M.D.	Oakland CSC	(510) 777-3800	(510) 777-3845	gascani@acbhcs.org
Auluck, Harinder, M.D.	Valley CSC	(925) 560-5880	(510) 667-3007	hauluck@acbhcs.org
Berney, Jerome, M.D.	Eden Children	(510) 667-7540	(510) 667-7546	jberney@acbhcs.org
Bitz, Tracy, NP	HOST	(510) 809-1780		
Brady, Thomas, M.D.	Sausal Creek	(510)437-2363		
Brown, Floyd, M.D.	Bonita House HOST	(510) 923-0180 (510) 809-1780	(510) 923-0180 ext. 27	floyd@bonitahouse.org
Callender, Angela, M.D.	Oakland Children North County Crisis South County Crisis	(510) 777-3870 (510) 268-7837 (510) 667-4901	(510) 777-3893	acallender@acbhcs.org
Castro, Emma	Sausal Creek	(510) 437-2363		
Chaffin, Jennifer, M.D.	Criminal Justice	(925) 551-6740	(925) 551-6738	jchaffin@acbhcs.org
Chaumette, Sarah Jane M.D.	Asian Community MH	(510) 451-6729		
Chiu, Karen, M.D.	Asian Community MH	(510) 451-6729		
Cicinelli, Richard, M.D.	FACT	(510) 446-7142		
Cohen, Alan, M.D.	Eden Adult Alameda CSC	(510) 667-7500 (510) 522-4668	(510) 667-7583	acohen@acbhcs.org
*Cohn, David, M.D.	BACS Wellness Centers	(510) 613-0330		
Coppola, Anthony, M.D.	Criminal Justice	(925) 551-6740	(925) 551-6740	coppola@acbhcs.org
Cotrufo, John, D.O.	Tri-City Adult CSC Fremont Crisis South County Crisis	(510) 795-2434 (510) 667-4901	(510) 795-2477	jcotrufo@acbhcs.org
*DePeralta, Ruth, M.D.	LaClinica	(510) 535-6200		
Edwards, Neal, M.D.	West Oakland BOSS No Criminal Justice CONREP	(510) 465-1800 (510) 899-4100 (925) 551-6740 (510) 667-3950	(510) 272-4795	
*Eiland, Murray, M.D.	West Oakland	(510) 835-9610		
Engwall, Bradley, M.D.	STAY	(510) 482-2244		
Eyal, Roy, M.D.	Willow Rock Outpt	(510) 483-0330		Roy_eyal@senecacenter.org
Felisky, Catherine, M.D.	Valley Children	(925) 560-5880		cfelisky@acbhcs.org
Ferguson, Susan, M.D.	FACT	(510) 446-7142		
Graves-Matthews, Mcheko, M.D.	Criminal Justice	(925) 551-6740	(925) 551-6741	mgraves-matthews@acbhcs.org
*Gudiksen, Karen, M.D.	Criminal Justice	(925) 551-6740	(925) 551-6741	kgudiksen@acbhcs.org
Hinson, James, M.D.	Oakland Adult CSC	(510) 777-3800	(510) 777-3847	jhinson@acbhcs.org
*Hyderi, Mohammed, M.D.	BACS	(510) 613-0330	(510)839-1849	
Jung, Stanley, M.D.	Valley CSC	(925) 560-5880	(925) 551-6853	sjung@acbhcs.org
*Katz, Maureen, M.D.	LaClinica	(510) 535-6200		
Klein, Laura, M.D.	LaClinica	(510) 535-6200		
Kolade, Akindele, M.D.	Greater HOPE FACT TrACT	(510) 270-1200 (510) 446-7142 (510) 446-7142	(925) 818-7361	
Lauer, Roger, M.D.	La Familia	(510) 881-5921		rmlauer@asia.com
*Liao, Wei Hsun, M.D.	Sausal Creek	(510) 437-2363		
Libbey, Victor, P.A.	Mobile Integrated Assessment & Tx for Seniors	510-574-2062	510-574-2054	
Love, Lester, M.D.	NCSHP	(510) 271-8844		
Lozano, Nia, M.D.	Eden Adult	(510) 667-7500	(510) 667-7508	nlozano@acbhcs.org

Lucia, Darryl, M.D.	LaFamilia	(510) 881-5921		
Lukaszewski, Tim, M.D.	Asian Community MH	(510) 451-6729	(510) 869-6004	timl@acmhs.org
MacMorran, William, M.D.	West Oakland	(510)465-1800		
Manjunath, Sudha M.D.	Mobile Integrated Assessment & Tx for Srs.	(510) 574-2062		
*Miles, Jennifer, M.D.	Willow Rock Outpt	(510) 483-0330		
*Moorhead, Doug, M.D.	TIP	(510) 981-5221		
Numan, Farhad, M.D.	Greater HOPE	(510) 270-1200		
Opsvig, Paul, M.D.	Oakland Children	(510) 777-3870	(510) 777-3892	popsvig@acbhcs.org
*Patel, Sarita, M.D.	Willow Rock Outpt	(510) 483-0330		
Ramos, Gloria, M.D.	LaClinica	(510) 535-6200		grramos@laclinica.org
Reddy, Giridhar, M.D.	Oakland Adult CSC Alameda CSC	(510) 777-3800 (510) 522-4668	(510) 777-3846	greddy@acbhcs.org
Rho, Yanni, M.D.	TIP	(510) 981-5280		
Rosenthal, Fred, M.D.	Criminal Justice	(510) 551-6741	(925) 551-6741	frosenthal@acbhcs.org
Roxas, Luisito, M.D.	Eden Adult CSC Crisis Services North	(510) 667-7500 (510) 268-7837	(510) 667-7517 (510) 268-7372	lroxas@acbhcs.org
*Sachdev, Janak Raj, M.D.	Criminal Justice	(925) 551-6740		
*Sachdev, Neelam, M.D.	Criminal Justice	(925) 551-6740		
Sehgal, Seema, M.D.	Tri-City Adult Crisis Services Valley Crisis Services Livermore	(510) 795-2434 (925) 560-5880 (925) 583-3770	(510) 795-2475	ssehgal@acbhcs.org
Shefayee, Said, M.D.	Criminal Justice Alameda CSC	(925) 551-6740 (510) 522-4668	(925) 551-6738	sshefayee@acbhcs.org
Sheikh, Mohammad, M.D.	Tri-City Children Guidance Clinic	(510) 795-2434 (510) 667-3000	(510) 795-2439	msheikh@acbhcs.org
*Sidhartha, Tanuj	Sausal Creek	(510) 437-2363		
*Sklar, Bernard, M.D.	Woodroe Place	(510) 537-1688		
*Smith, Shanda M.D.	Sausal Creek	(510) 437-2363		
Stewart, George, M.D.	Willow Rock Outpt	(510) 483-0330		
Sung, Sui Kwong, M.D.	Tri-City Adult CSC	(510) 795-2434	(510) 795-2474	ssung@acbhcs.org
Ta, Tuong Vi, M.D.	Asian Community MH	(510) 451-6729	(510) 869-6081	
*Versales, Gilda, M.D.	BACS	(510) 613-0330		
Yun, Karen, M.D.	Asian Community MH Crisis Services North Crisis Services South	(510) 451-6729 (510) 268-7837 (510) 667-4901	(510) 451-6729	kareny@acmhs.org kyun@acbhcs.org

*Substitutes during absences/locum tenens

ALAMEDA COUNTY
BEHAVIORAL HEALTH CARE SERVICES

PHARMACY NETWORK

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES PHARMACY NETWORK

ALAMEDA			Telephone	Fax
CVS Store #09250	885 A Island Drive	Alameda 94501	(510) 865-2155	(510) 864-7079
CVS Store #09255	931 Marina Village Parkway	Alameda 94501	(510) 523-3504	(510) 523-4938
CVS Store #09128	2314 Santa Clara Avenue	Alameda 94501	(510) 523-4929	(510) 523-3430
Safeway Pharmacy	2227 South Shore Center	Alameda 94501	(510) 863-9004	(510) 863-9005
BERKELEY				
CVS Store #03026	2300 Shattuck Avenue	Berkeley 94704	(510) 549-4255	(510) 549-4264
CVS Store #09941	1451 Shattuck Avenue	Berkeley 94709	(510) 849-0484	(510) 849-1041
CASTRO VALLEY				
CVS Store #09904	3667 Castro Valley Boulevard	Castro Valley 94546	(510) 538-1227	(510) 538-3935
DUBLIN				
CVS Store #03024	7201 Regional Street	Dublin 94568	(925) 828-3823	(925) 828-4942
EL CERRITO				
CVS Store #03053	10650 San Pablo Avenue	El Cerrito 94530	(510) 527-5110	(510) 527-6138
CVS Store #09086	670 El Cerrito Plaza	El Cerrito 94530	(510) 524-5895	(510) 527-4938
EMERYVILLE				
CVS Store #09553	4349 San Pablo Avenue	Emeryville 94608	(510) 653-0526	(510) 653-0560
FREMONT				
CVS Store #09234	46445 Mission Boulevard	Fremont 94536	(510) 656-2467	(510) 438-0302
CVS Store #09099	4020 Fremont Hub Center	Fremont 94538	(510) 797-5505	(510) 797-3587
CVS Store #09600	35720 Fremont Blvd (<i>Brookvale</i>)	Fremont 94536	(510) 792-5100	(510) 792-2482
CVS Store #00331	2000 Driscoll Road	Fremont 94539	(510) 770-8571	(510) 770-8784
HAYWARD				
CVS Store #09622	243 West Jackson Street	Hayward 94544	(510) 783-0330	(510) 786-2892
CVS Store #00816	22501 Foothill Boulevard	Hayward 94541	(510) 881-9474	(510) 881-9479
LIVERMORE				
CVS Store #09678	1500 First Street	Livermore 94550	(925) 455-5580	(925) 455-5060
CVS Store #09397	4405 First Street	Livermore 94550	(925) 373-8124	(925) 373-4794
NEWARK				
CVS Store #09494	35080 Newark Boulevard	Newark 94560	(510) 796-4050	(510) 796-2963
OAKLAND				
The Apothecary	7200 Bancroft Ave., #268	Oakland 94605	(510) 638-7323	(510) 430-2860
New Oakland Pharmacy	822 Webster Street	Oakland 94607	510-268-0288	510-268-0788
New Oakland Pharmacy #1	333 9th Street	Oakland 94607	(510) 628-0368	(510) 628-0323
La Clinica de la Raza	3451 E. 12th Street	Oakland 94601	(510) 535-3375	(510) 535-4169
Midtown Pharmacy	201 3 rd St., #102	Oakland 94607	(510) 451-0100	(510) 251-9467
Fruitvale Ave Pharmacy	2693 Fruitvale Ave	Oakland 94601	(510) 261-1412	(510) 261-1414
CVS Store #09378	4100 Redwood Road	Oakland 94619	(510) 531-0602	(510) 531-4884
CVS Store #09130	175 41 st Street	Oakland 94611	(510) 658-3496	(510) 658-0772
CVS Store #09226	3320 Fruitvale Avenue	Oakland 94602	(510) 530-3156	(510) 530-1082
CVS Store #09929	2000 Mountain Boulevard	Oakland 94611	(510) 339-8535	(510) 339-8648
CVS Store #03023	5100 Broadway	Oakland 94611	(510) 654-1556	(510) 654-6529
CVS Store #01283	3236 Lakeshore Avenue	Oakland 94611	(510) 451-1753	(510) 451-1759
CVS Store #9957	344 20th Street	Oakland 94612	(510) 832-8384	(510) 832-0179
PINOLE				
CVS Store #09299	1401 Tara Hills Drive	Pinole 94564	(510) 724-8880	(510) 724-1448
PLEASANTON				
CVS Store #09251	4225 Rosewood Drive	Pleasanton 94588	(925) 460-8552	(925) 460-5147
Rite Aid #5944	2819 Hopyard Avenue	Pleasanton 94588	(925) 846-8345	(925) 846-6951
SAN LEANDRO				
CVS Store #09876	699 Lewelling Boulevard	San Leandro 94579	(510) 351-0951	(510) 351-4526
CVS Store #09635	1188 E. 14 th Street	San Leandro 94577	(510) 351-7957	(510) 351-5901
CVS Store #00414	14869 E. 14th Street	San Leandro 94578	(510) 351-2241	(510) 351-5972
CVS Store #09942	1401 Washington Avenue	San Leandro 94577	(510) 483-2810	(510) 483-8015
PayLess Drug LTC Pharmacy	10800 Bigge Street	San Leandro 94577	(800) 330-3665	(800) 982-2730
SAN RAMON				
CVS Store #09868	2455 San Ramon Valley Blvd.	San Ramon 94583	(925) 820-7325	(925) 820-0241
CVS Store #09536	490 Market Place	San Ramon 94583	(925) 327-0435	(925) 327-0720
CVS Store #09348	9120 Alcosta Boulevard	San Ramon 94583	(925) 829-9335	(925) 829-7933

BOLD = MIA Program Pharmacy

ALAMEDA COUNTY
BEHAVIORAL HEALTH CARE SERVICES

MEDICATION FORMULARY SYSTEM

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES MEDICATION FORMULARY SYSTEM

Overview:

A formulary system is a method for the medical staff of BHCS to evaluate, appraise, and select from the numerous available drug entities and drug products that those are considered most useful for care of our patient population. Only those selected drugs will be routinely available for prescribing from the community pharmacies.

Components of the formulary system include a method for requesting drug placement onto and withdrawal from the formulary, evaluating the role of new medications released to the market, programs to monitor drug use and adverse events, as well as provision of drug information and education related to optimizing patient care and outcomes. A formulary is not a restrictive list of medications; it is a flexible and dynamic system that reflects the current clinical judgment of the medical staff and BHCS, and needs constant evaluation and revision.

Purpose:

A formulary system has three purposes and associated benefits for Alameda County Behavioral Health Care Services:

1. The principle purpose is to ensure the quality and appropriateness of medication provision within BHCS. New drug evaluations, dosing guidelines, drug use evaluations, and adverse drug reaction reporting are some of the ways to support this principle.
2. The second purpose is to teach appropriate drug therapy to staff through education. Drug monographs, treatment guidelines, and in-service educational programs all provide staff benefit.
3. Finally, a formulary system provides cost-effective drug therapy, not simply drug cost reductions. With a limited formulary, the pharmacy network can maintain a more efficient control on drug costs, while focusing on the quality of care.

Medication Classification:

1. **Formulary**
Medication can be prescribed by authorized BHCS clinicians
2. **Application/Approval Necessary Prior to Dispensing**
-clozapine (Clozaril)
Candidates must be approved by Clozapine Monitoring Committee through a prior application process (see Clozapine Monitoring Committee section).

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES MEDICATION FORMULARY SYSTEM

3. **Non-Formulary** – *Psychotropic Medication*

Medications from one of the following therapeutic categories:

- a) Antipsychotic Agent
- b) Antidepressant
- c) Mood Stabilizer
- d) Antiparkinsonian/Antidyskinetic Agent
- e) Antianxiety/Hypnotic
- f) Psychostimulant

are only available if **two** prior medication trials of formulary agents in the same therapeutic class were unsuccessful. The medications, doses, and outcomes need to be documented on the flip side of the Alameda County BHCS Prescription form.

4. **Non-Formulary** – *Non-psychotropic Medication*

Medications **not** belonging to one of the above therapeutic categories must be approved by the Office of the BHCS Medical Director (567-8110) prior to prescribing, or the medication will not be dispensed. Information necessary includes patient name, PSP#, medication name and specific justification.

Formulary Revisions:

Medication addition/deletions to the Alameda County BHCS Formulary will be made in writing to the Office of the Medical Director. All proposed changes will be discussed in the Psychiatric Committee (PPC), and an action recommendation made to the Medical Director. The Medical Director will make the final decision.

TARs:

All Medi-Cal eligible patients prescribed non Medi-Cal covered medication must have the flip side of the Alameda County BHCS Prescription form completed. This information is necessary for the network pharmacy to complete a TAR for submission to Medi-Cal.

***ALAMEDA COUNTY
BEHAVIORAL HEALTH CARE SERVICES***

FORMULARY

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES
MEDICATION FORMULARY

ANTIDEPRESSANTS

<i>Serotonin Selective Reuptake Inhibitors</i>		<i>Ave \$ per Day</i>	<i>Covered Medi-Cal ?</i>	<i>Notes</i>
citalopram	10, 20, 40 mg, 10 mg/5cc	\$.36	No	Not covered by Medi-Cal
escitalopram	10, 20 mg	\$ 2.88	Yes	
fluoxetine	10, 20 mg, 40 mg, 20 mg/5 ml	\$.44	Yes	
fluvoxamine	25, 50, 100 mg	\$ 1.46	Yes	
paroxetine	10, 20, 30, 40 mg, 10 mg/5 ml	\$.55	Yes	
sertraline	25, 50, 100 mg, 20 mg/cc	\$.28	Yes	

<i>Miscellaneous Agents</i>		<i>Ave \$ per Day</i>	<i>Covered Medi-Cal ?</i>	<i>Notes</i>
bupropion	75, 100 mg, 100mg SR, 150mg SR, 200mg SR	\$ 1.33	Yes	Only brand name covered by Medi-Cal
mirtazapine	15, 30, 45mg, sol tabs	\$.79	Yes	
phenelzine	15 mg	\$ 1.65	No	Not covered by Medi-Cal
trazodone	50, 100, 150 mg	\$.26	Yes	
venlafaxine	25, 37.5, 75, 100, 150 mg XR: 37.5 mg, 75 mg, 150 mg	\$ 6.56	Yes	Only brand name covered by Medi-Cal
duloxetine	20, 30, 60 mg	\$5.18	Yes	

<i>Tricyclic Compounds Sizes</i>		<i>Ave \$ per Day</i>	<i>Covered Medi-Cal ?</i>	<i>Notes</i>
amitriptyline	10, 25, 50 mg, 100 mg	\$.26	Yes	
clomipramine	25, 50, 75 mg	\$.88	Yes	
desipramine	10, 25, 50, 75, 100, 150 mg	\$ 2.30	Yes	
doxepin	10, 25, 50, 75, 100, 150 mg	\$.20	Yes	
imipramine	10, 25, 50 mg	\$.75	Yes	
nortriptyline	10, 25, 50, 75 mg	\$.16	Yes	
protriptyline	5, 10 mg	\$ 1.60	Yes	

Bold = Not covered by MediCal

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES
MEDICATION FORMULARY

ANTIPSYCHOTICS

2ND Generation (Atypical Antipsychotics)		Ave \$ per Day	Covered Medi-Cal?	Notes
aripiprazole	2, 5, 10, 15, 20, 30	\$ 17.00	Yes	BHCS restriction: one tablet maximum per day (QD dosing)
olanzapine	2.5, 5, 7.5, 10, 15mg, 20mg, & Zydis	\$ 16.75	Yes	
quetiapine	25, 100, 200, 300, 400 mg & XR 50, 150, 200, 300, 400mg	\$ 28.65	Yes	
risperidone	0.5, 1, 2, 3, 4 mg, 1 mg/ml soln & M-tabs 0.25, 0.5, 1, 2, 3, 4 mg	\$ 1.80	Yes	
ziprasidone	20, 40, 60, 80 mg	\$ 19.45	Yes	BHCS restriction: two capsules maximum per day.

BHCS Application & Approval Necessary Prior to Dispensing (see pgs 32-33)

clozapine	25, 100 mg	\$ 11.00	Yes	
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1st Generation

chlorpromazine	10, 25, 50, 100, 200 mg, 30 mg/ml, 100 mg/ml	\$.05	Yes	
fluphenazine	1, 2.5, 10 mg, 0.5 mg/ml, 5 mg/ml	\$.30	Yes	
fluphenazine dec.	25 mg/cc (inj)	25mg inj = \$20.00	No	Not covered by Medi-Cal
haloperidol	0.5, 1, 2, 5, 10, 20 mg, 2 mg/ml,	\$.05	Yes	
haloperidol dec.	50 mg/cc (inj), 100 mg/cc (inj)	50 mg inj= \$28.00	No	Not covered by Medi-Cal
loxapine	5, 10, 25, 50 mg	\$.50	Yes	
perphenazine	2, 4, 8, 16 mg, 16 mg/5 ml,	\$.50	Yes	
pimozide	2 mg	\$.35	No	Not covered by Medi-Cal
thioridazine	10, 15, 25, 50, 100, 150, 200 mg, 30 mg/ml, 100 mg/ml	\$.05	Yes	
thiothixene	1, 2, 5, 10, 20 mg, 5 mg/ml	\$.20	Yes	
trifluoperazine	2, 5, 10 mg	\$.40	Yes	

Bold = Not covered by MediCal

**ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES
MEDICATION FORMULARY**

MOOD STABILIZERS

		<i>Ave \$ per Day</i>	<i>Covered Medi-Cal ?</i>	<i>Notes</i>
carbamazepine	100, 200 mg, 100 mg/5 ml	\$.32	Yes	
divalproex	125, 250, 500 mg, 500 mg	\$ 1.29	Yes	
lamotrigine	25, 100, 150, 200 mg	\$.73	Yes	
lithium carbonate	150 mg, 300 mg	\$.61	Yes	
lithium CR	300, 450 mg	\$ 1.27	No	Not covered by MediCal
Oxcarbazepine (Trileptal)	150, 300, 600 mg	\$3.72	Yes	
valproic acid	250 mg, 250 mg/5 ml	\$ 1.21	Yes	

ANTIPARKINSONIAN/ANTIDYSKINETIC AGENTS

		<i>Ave \$ per Day</i>	<i>Covered Medi-Cal ?</i>	<i>Notes</i>
amantadine	100 mg cap, 50 mg/5 ml	\$.10	Yes	
atenolol	25, 50, 100 mg	\$.13	Yes	
benztropine	0.5, 1, 2 mg, 1 mg/cc (inj)	\$.25	Yes	
diphenhydramine	25 mg, 50 mg, 10 mg/ml, 50 mg/cc (inj)	\$.17	Yes	25 mg not covered by Medi-Cal
propranolol	10, 20, 40, 60, 80, 90 mg, 4 mg/ml 8 mg/ml	\$.15	Yes	
trihexyphenidyl	2, 5 mg, 2 mg/5 ml	\$.52	Yes	

Bold = Not covered by MediCal

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES
MEDICATION FORMULARY

ANTI-ANXIETY/HYPNOTICS

<i>Benzodiazepines</i>		<i>Ave \$ per Day</i>	<i>Covered Medi-Cal ?</i>	<i>Notes</i>
alprazolam	0.25, 0.5, 1, 2 mg	\$.34	No	Not covered by Medi-Cal
clonazepam	0.5, 1, 2 mg	\$.25	Yes	Medi-Cal = 90 day limit
diazepam	2 – 20 mg tab	\$.26	No	Not covered by Medi-Cal
flurazepam	15, 30 mg	\$.29	Yes	Medi-Cal = Restricted to use in tx of insomnia
lorazepam	0.5, 1, 2 mg	\$.33	Yes	Medi-Cal = Max tabs #30, 3 rx's per 75 days
temazepam	15, 30 mg	\$.25	Yes	Medi-Cal = Restricted to use in tx of insomnia
triazolam	0.125, 0.25 mg	\$.25	Yes	Medi-Cal = Restricted to use in tx of insomnia

Non-Benzodiazepines

buspirone	5, 10, 30 mg	\$.53	Yes	
chloral hydrate	250, 500 mg	\$.25	Yes	
zolpidem	5, 10 mg	\$.21	Yes	Medi-Cal = Restricted to use in treatment of insomnia

PSYCHOSTIMULANTS

		<i>Ave \$ per Day</i>	<i>Medi-Cal ?</i>	<i>Notes</i>
dextroamphetamine	5, 10 mg,	\$.77	Yes	Medi-Cal = Restricted to Attention Deficit Disorder age 4-16
dextroamphetamine sustained release	5, 10, 15 mg	\$ 2.00	No	Not covered by Medi-Cal
dexmethylphenidate HCL (Focalin XR)	5, 10, 15, 20 mg	\$ 4.51	Yes	Only brand name covered by Medi-Cal. Restricted to use in ADD & patients 4-16 yrs.
methylphenidate	5, 10, 20 mg	\$.37	Yes	Medi-Cal = Restricted to Attention Deficit Disorder age 4-16
methylphenidate CD (Metadate CD)	20 mg	\$ 3.66	No	Not covered by Medi-Cal
methylphenidate LA (Ritalin LA)	10, 20, 30, 40 mg	\$.70	No	Not covered by Medi-Cal
methylphenidate XR (Concerta)	18, 27, 36, 54 mg	\$ 4.99	No	Not covered by Medi-Cal, unless prev. disp. prior to 12/1/2004 & within 100 days of last Rx

Bold = Not covered by MediCal

**ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES
MEDICATION FORMULARY**

MISC. AGENTS

		<i>Ave \$ per Day</i>	<i>Covered Medi-Cal ?</i>	<i>Notes</i>
acamprosate	333 mg	\$ 4.00	No	Not covered by Medi-Cal
clonidine	0.1, 0.2, 0.3, 0.5 mg Patch: 2.5, 5.0, 7.5 mg	\$.05	Yes	
docusate sodium	100, 250 mg	\$.05	Yes	
guanfacine	1 mg, 2 mg	\$.35	Yes	
Hydroxyzine pamoate (Vistaril)	10, 25, 50 mg	\$.05	Yes	
levothyroxine	all strengths	\$.05	Yes	
nicotine gum	2, 4 mg	\$.35	No	Not covered by Medi-Cal
nicotine transdermal patches	7, 14, 21 mg/24 hr.	\$.70	Yes	Medi-Cal: limited to ten weeks
Metamucil powder	390 g	\$.10	Yes	
prazosin	1mg, 2mg & 5mg	\$.33	Yes	
vit E cap	all strengths	\$.05	No	Not covered by Medi-Cal
multivit/minerals	Generic Centrum	\$.05	No	Not covered by Medi-Cal

Bold = Not covered by MediCal

CLOZAPINE MONITORING

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES

Clozapine Monitoring

I. Background/General Information

Clozapine is an antipsychotic that is FDA approved for treatment-refractory schizophrenia and reduction of recurrent suicidal behavior in schizophrenia or schizoaffective disorder.

Numerous studies have demonstrated the effectiveness of this medication for treatment-resistant patients unresponsive to standard antipsychotics, with fewer incidences of troubling extrapyramidal reactions, neuroleptic malignant syndrome, and tardive dyskinesia. However, due to the 1% to 2% incidence of potentially fatal agranulocytosis associated with use of the medication, the office of medical director will need to be notified of every patient on clozapine as a precautionary measure.

A. Clozapine Notification Form (*page 32*)

Please complete a clozapine notification form for any patient who is already receiving clozapine admitted to any Alameda County outpatient clinic or anyone newly started on clozapine.

II. Clozapine Patient Criteria

Historically, psychiatric guidelines recommended two failed antipsychotic trials prior to initiation of clozapine. A more recent guideline allows for an earlier trial of clozapine in patients with a history of recurrent suicidality, violence, or comorbid substance abuse¹. The following are recommended monitoring parameters prior to initiation of clozapine:

A. Documented history of one of the following treatment-resistant diagnoses:

1. Schizophrenia
2. Schizo-affective disorder
3. Bipolar disorder

B. Be over the age of 16

C. A documented history of at least one failed antipsychotic trial of adequate dose and duration. For example, a patient previously on olanzapine 20mg for 6 weeks exhibiting either partial or nonresponse.

D. Please ensure that none of the following complications or contraindications are present:

1. History of clozapine-induced leukopenia, agranulocytosis or granulocytopenia
2. Medical condition or drug associated with myeloproliferative disease or immunosuppression
3. Severe medical condition, or other illnesses causing central nervous system depression or concurrent organic state
4. Poor medical compliance and/or poor compliance with lab testing
5. Initial WBC < 3500/mm³ (or neutrophil < 2000/ mm³)
6. History of hypersensitivity to a clozapine related drug (amoxapine, loxapine)
7. History of significant physical illness in the prior month
8. History of blood disorders

1. Moore TA, et al. The TMAP algorithm for schizophrenia. J Clin Psychiatry 2007; 68(11):1751-62

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES

Clozapine Monitoring

- E. The following potential concerns and complications have been addressed, if applicable:
1. History of seizure disorder, or neurological illness, not currently on an anticonvulsant
 2. Finnish or Jewish background, especially Ashkenazi Jew (may be more susceptible to agranulocytosis)
 3. Laboratory or clinical evidence of significant hepatic, renal, or cardiopulmonary disease that may increase the concentration of clozapine metabolite to a toxic level
 4. Prostatic enlargement or narrow angle glaucoma that may worsen due to clozapine's anticholinergic properties
 5. Concomitant use of medications causing the following (*see Table #2, page 34*):
 - a. Bone marrow suppressants
 - b. Antihypertensive agents
 - c. CNS depressants
 - d. Highly protein bound drugs
 - e. Substrates/inhibitors/inducers of CYP 1A2, 2D6, and 3A4
- F. Clozapine Notification Form (*attachment, page 32*) completion.

III. Initiation of Clozapine Treatment

The following must be completed per FDA regulations for clozapine administration to patient:

1. Physician must be registered as a provider with the manufacturer's registry by calling the patient specific registry or providing the completed forms to the registry.
2. Physician will explain medication to the patient and have patient sign Informed Consent for Clozapine.
3. Physician calls the specific patient registry to obtain re-challenge clearance authorization. A patient number is received from the patient specific registry, and documented in the client Medical Record.

Patient Registry Telephone Numbers

Clozaril (Novartis) (800) 448-5938

IVAX (800) 507-8334

FazoClo (877) FAZA-CLO

Mylan (800) 843-9915

Par (866) 828-2892

Caraco (888) TEL-CCDS

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES

Clozapine Monitoring

VI. Blood Monitoring Requirements (see Table 1, page 34):

- A. Within the week prior to each prescription, a WBC/ANC will be obtained, with results forwarded to the pharmacy working with the individual client. The pharmacy will submit these results to the clozapine patient registry.
- B. Clozapine should not be initiated if WBC count is $<3500/\text{mm}^3$.
- C. If the total WBC count is above $3500/\text{mm}^3$ but there has been a single drop or a cumulative drop within 3 weeks of over $3000/\text{mm}^3$, perform a repeat WBC/ANC. If repeat values are $3000/\text{mm}^3 = \text{WBC} \leq 3500/\text{mm}^3$ and $\text{ANC} > 2000/\text{mm}^3$, then monitor twice weekly. Clozapine treatment may continue but with twice a week WBC & differentials until $\text{WBC} > 3500/\text{mm}^3$ and $\text{ANC} > 2000/\text{mm}^3$. Then return to previous monitoring frequency.
- D. If the WBC count is between $2000\text{-}3000/\text{mm}^3$, or the ANC is between 1000 and $1500/\text{mm}^3$, interrupt clozapine therapy and begin daily WBC counts until $\text{WBC} > 3000/\text{mm}^3$ and $\text{ANC} > 1500/\text{mm}^3$ (see Table 1).
- E. If the WBC is <2000 or the ANC <1000 , discontinue clozapine therapy and do not attempt a re-challenge.
- F. With a drop in WBC/ANC, the patient may or may not show clinical signs and symptoms such as lethargy, weakness, fever, or sore throat. Monitor closely.

V. Monitoring Parameters for Clozapine:

- a. The following are potential side effects of clozapine that warrant careful monitoring:

- i. Serious side effects*

- 1. **Agranulocytosis** – Agranulocytosis has been estimated to occur in association with clozapine therapy in $\sim 1\text{-}2\%$ of patients. Risk is highest during the first 6 months of clozapine therapy. If the patient exhibit clinical signs and symptoms of infections such as fever/chills, mucosal necroses in throat and perianal or genital areas, lethargy, urinary frequency or burning; check ANC right away.
 - 2. **Seizure/myoclonus** – Dose-related seizures have been associated with the use of clozapine. At doses below 300 mg/day seizure risk is comparable to other antipsychotic drugs ($\sim 1\text{-}2\%$). At doses between $300\text{-}600\text{ mg/day}$ seizure risk is increased to $3\text{-}4\%$, while in patients receiving $600\text{-}900\text{ mg/day}$ the risk is 5% . Caution should be used when using clozapine for patients having a history of seizures or other predisposing factors. If a seizure occurs while a patient is on clozapine, one recommendation is to decrease clozapine dose by $\frac{1}{2}$, initiate an anticonvulsant, and may gradually titrate clozapine upward until clinical response².

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES

Clozapine Monitoring

3. **Myocarditis** – Analyses of postmarketing safety databases suggest that clozapine is associated with an increased risk of fatal myocarditis, especially during, but not limited to, the first month of therapy. Signs and symptoms of myocarditis may include: unexplained fatigue, dyspnea, tachypnea, fever, chest pain, and palpitations, other signs/symptoms of heart failure, tachycardia, ST-T wave abnormalities on EKG, or arrhythmias. In patients whom myocarditis is suspected, clozapine treatment should be promptly discontinued, and a re-challenge should not be attempted. A myocarditis-symptom questionnaire³ can be used as resource (fill out weekly x 8 weeks) and aid in detection (*see page 35*).
4. **Respiratory depression** – see below section “Marked hypotension.” Also, some of the cases of collapse/respiratory arrest/cardiac arrest during initial treatment occurred in patients who were being administered benzodiazepines, caution is advised when clozapine is initiated in patients taking medications such as opioids and benzodiazepines that may cause additive respiratory depression.

ii. Common side effects

5. **Sedation**—more sedation appears to be correlated with higher serum levels. Can target serum level of 350-400ng/mL to decrease sedation and consolidate to nightly dose.
6. **Constipation and urinary incontinence**—can be due to anticholinergic side effects of clozapine. Eliminate unnecessary anticholinergic agents from patient’s medication regimen and/or add stool softener such as docusate sodium.
7. **Marked hypotension** – Orthostatic hypotension with or without syncope can occur with clozapine treatment and may represent a continuing risk in some patients. It is more likely to occur during initial titration in association with rapid dose escalation and may even occur on first dose. Rarely, collapse can be profound and be accompanied by respiratory and/or cardiac arrest. It is important to monitor blood pressure (supine and standing) and pulse at every visit.
8. **Increased glucose, lipids and/or weight** – hyperglycemia, hyperlipidemia, and weight gain have been reported in patients treated with atypical antipsychotics including clozapine. Patients with established diagnoses of diabetes mellitus, hyperlipidemia, or obesity who are started on clozapine should be monitored regularly for worsening of glucose or lipid control, or for further weight gain. Patients with risk factors for the above disorders who are starting clozapine therapy should undergo fasting blood glucose and lipid testing, along with weight monitoring, at the beginning of treatment and periodically during treatment (see Alameda County BHCS Psychotropic Medication Practice Guidelines).
9. **Fever or other possible clozapine-induced side effects** – During clozapine therapy, patients may experience transient temperature elevations above 100.4F, with the peak incidence within the first 3 weeks of treatment. While this fever is generally benign and self-limiting, it may necessitate discontinuing patients from treatment. On occasion, there may be an associated increase or decrease in WBC count. Patients with fever should be carefully evaluated to rule out the possibility of an underlying infectious process or the development of agranulocytosis. In the presence of high fever, the possibility of Neuroleptic Malignant Syndrome must be considered.

2. Miller DD. Review and Management of Clozapine’s side effects. J. Clin Psychiatry 2006; 61(suppl 8): 14-17

3. Annamraju, S. Early Recognition of Clozapine-Induced Myocarditis J. Clin. Psychopharmacology 2007; 27(5):479-483

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES

Clozapine Monitoring

10. **Hypersalivation**-- Clozapine induced hypersalivation affects approximately 30-80% of patients on clozapine and can wear off with time, but sometimes can be persistent and is worse at night. Clozapine's complex pharmacology: its agonistic activity on the M4 receptor as well as its antagonistic activity on the α_2 receptor are often attributed for the paradoxical hypersalivation side effect of this medication. One recommendation³ is to try glycopyrrolate (anti muscarinic, structurally similar to atropine) which has potent drying properties, a favorite with anesthesiologist for sialorrhea. It is often used to treat chronic drooling in children and adults w/ developmental disability. Glycopyrrolate was started at 0.5mg po bid and increased to 2mg po bid over 10 days in this case report and worsening constipation was treated successfully with docusate 100mg bid and lactulose 15mg daily.
- b. **Patients with normal WBC**—(see IV. Blood Monitoring Requirements). Draw routine WBC/ANC once a week for the first 6 mos of therapy, then every other week for the next 6 months. If no blood dyscrasias develop, may reduce to once monthly monitoring thereafter.
- c. **Patients with interrupted therapy**—*See Summary in Figure 1, page 33*
- d. **Treatment of rechallengeable patient and abnormal blood draws** (*also see Blood Monitoring Requirements – Section IV*):
- i. Regardless of length of clozapine treatment, if a patient experiences an abnormal blood count (WBC $<3500/\text{mm}^3$ or ANC $<2000/\text{mm}^3$), but remains rechallengeable (WBC $>2000/\text{mm}^3$ and/or ANC $>1000/\text{mm}^3$), the following must occur:
 1. Daily blood draws until WBC $>3000/\text{mm}^3$ and ANC $>1500/\text{mm}^3$
 2. Twice-weekly blood draws until WBC $>3500/\text{mm}^3$ and ANC $>2000/\text{mm}^3$.
 3. May rechallenge when WBC $>3500/\text{mm}^3$ and ANC $>2000/\text{mm}^3$.
 4. If rechallenged, perform weekly blood draws for 1 year, then biweekly for 6 months, then every 4 weeks thereafter.
 5. Note: data suggest that patients who have an initial episode of moderate leucopenia ($3000/\text{mm}^3 > \text{WBC} = 2000/\text{mm}^3$) have up to a 12-fold increased risk of having a subsequent episode of agranulocytosis (ANC $\leq 500/\text{mm}^3$) when rechallenged, compared to the full cohort of patients treated with clozapine. Although clozapine may be resumed once a patient is deemed to be rechallengeable, prescribers are strongly advised to reconsider the risks vs benefits of continuing clozapine therapy.
- e. Obtain an EKG if cardiovascular sequelae are observed.
- f. Obtaining a clozapine blood level may be warranted if (a) noncompliance is suspected or if (b) there is an unexpected outcome (either inadequate efficacy or clinical evidence of toxicity) resulting from a normally therapeutic dose.
- There are currently no established guidelines which identify a specific target range of blood levels for clozapine. However, therapeutic response to clozapine has been associated with blood levels of 300-450 ng/mL. Clinical evidence of toxicity has generally been associated with blood levels of ~ 800 ng/mL or higher.

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES

Clozapine Monitoring

VII. Discontinuation of Clozapine:

- A. Generally clozapine may be tapered and discontinued for patients who have not experienced substantial benefit from it after a trial period of no longer than 24 weeks. At least 12 of those 24 weeks should be at a therapeutic dose.
- B. The pharmacy will be notified of a patient's discontinuation of clozapine.
- C. Patients must receive weekly blood tests for four weeks following the d/c of clozapine
- D. The case manager will be informed of the clozapine discontinuation and the need for subsequent blood tests in the event that the patient needs assistance.
- E. WBC counts must be monitored weekly for at least 4 weeks after the discontinuation of clozapine.

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES

Fax to: Office of the Medical Director

510-567-6850

Clozapine Notification Form

- Currently receiving clozapine
- Initiation of clozapine

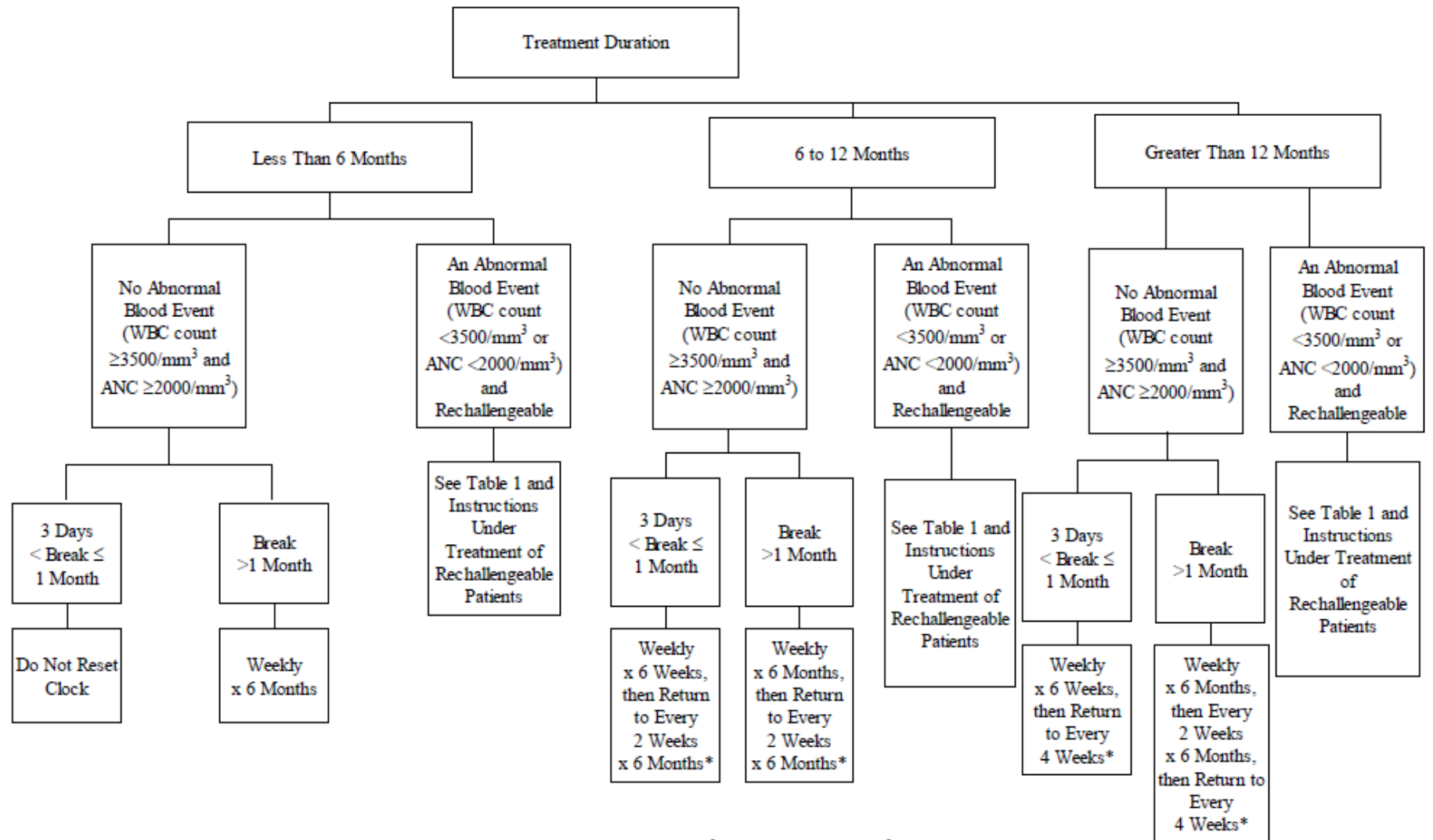
Date: _____ Client's Name: _____

Insyst #: _____ Date of Birth: _____

Name of prescribing physician: _____

BHCS Program: _____

Figure 1. Resuming Monitoring Frequency After Interruption of Therapy



*Transitions to reduce frequency of monitoring only permitted if all WBC counts $\geq 3500/\text{mm}^3$ and ANC $\geq 2000/\text{mm}^3$.

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES

Clozapine Monitoring

Table 1-- Frequency of Monitoring based on Stage of Therapy or Results from WBC Count and ANC Monitoring Tests

Situation	Hematological Values for Monitoring	Frequency of WBC and ANC Monitoring
Initiation of therapy	WBC = 3500/mm ³ ANC = 2000/mm ³ Note: Do not initiate in patients with 1) history of myeloproliferative disorder or 2) Clozaril [®] (clozapine) induced agranulocytosis or granulocytopenia	Weekly for 6 months
6 months – 12 months of therapy	All results for WBC = 3500/mm ³ and ANC = 2000/mm ³	Every 2 weeks for 6 months
12 months of therapy	All results for WBC = 3500/mm ³ and ANC = 2000/mm ³	Every 4 weeks ad infinitum
Immature forms present	N/A	Repeat WBC and ANC
Discontinuation of Therapy	N/A	Weekly for at least 4 weeks from day of discontinuation or until WBC = 3500/mm ³ and ANC > 2000/mm ³
Substantial drop in WBC or ANC	Single Drop or cumulative drop within 3 weeks of WBC = 3500/mm ³ or ANC = 1500/mm ³	1. Repeat WBC and ANC 2. If repeat values are 3000/mm ³ = WBC ≤ 3500/mm ³ and ANC > 2000/mm ³ , then monitor twice weekly
Mild Leukopenia	3500/mm ³ > WBC ≥ 3000/mm ³ and/or	Twice-weekly until WBC > 3500/mm ³ and ANC > 2000/mm ³ then return to previous monitoring frequency
Mild Granulocytopenia	2000/mm ³ > ANC ≥ 1500/mm ³	
Moderate Leukopenia	3000/mm ³ > WBC = 2000/mm ³ and/or	1. Interrupt therapy 2. Daily until WBC > 3000/mm ³ and ANC > 1500/mm ³ 3. Twice-weekly until WBC > 3500/mm ³ and ANC > 2000/mm ³ 4. May rechallenge when WBC > 3500/mm ³ and ANC > 2000/mm ³ 5. If rechallenged, monitor weekly for 1 year before returning to the usual monitoring schedule of every 2 weeks for 6 months and then every 4 weeks ad infinitum
Moderate Granulocytopenia	1500/mm ³ > ANC ≥ 1000/mm ³	
Severe Leukopenia	WBC < 2000/mm ³ and/or	1. Discontinue treatment and do not rechallenge patient 2. Monitor until normal and for at least four weeks from day of discontinuation as follows: • Daily until WBC > 3000/mm ³ and ANC > 1500/mm ³ • Twice weekly until WBC > 3500/mm ³ and ANC > 2000/mm ³ • Weekly after WBC > 3500/mm ³
Severe Granulocytopenia	ANC < 1000/mm ³	
Agranulocytosis	ANC ≤ 500/mm ³	1. Discontinue treatment and do not rechallenge patient 2. Monitor until normal and for at least four weeks from day of discontinuation as follows: • Daily until WBC > 3000/mm ³ and ANC > 1500/mm ³ • Twice weekly until WBC > 3500/mm ³ and ANC > 2000/mm ³ • Weekly after WBC > 3500/mm ³

Table 2 – Drug Interactions (see Section II.E.5.)

Class	Examples	Interaction
Bone marrow suppressants	Carbamazepine, sulfonamides, propylthiouracil, zidovudine, chemotherapeutic agents	Additive risk of myelosuppression
Antihypertensive agents	Hydrochlorothiazide, atenolol, metoprolol, verapamil, diltiazem, lisinopril, enalapril, prazosin, terazosin	Additive risk of orthostasis, hypotension
CNS depressants	Benzodiazepines, lithium, other very sedating agents	Additive risks of sedation, respiratory depression, loss of consciousness
Highly protein bound drugs	Warfarin, divalproex Na, phenytoin, digoxin	Clozapine may displace or be displaced from protein binding sites by these agents. Monitor closely for adverse effects.
Substrates/inhibitors/inducers of CYP 1A2, 2D6, and 3A4	Erythromycin, ketoconazole, SSRIs can increase clozapine levels Cigarette smoking, carbamazepine may decrease clozapine levels	Potential for drug-drug interactions. Monitor for loss/reduction of drug efficacy or for increased toxicity.

**MYOCARDITIS SYMPTOM QUESTIONNAIRE FOR PATIENTS ON
CLOZAPINE**

To be Completed Weekly for 8 Weeks **Date of Clozapine Initiation:** _____

Does the patient have any of the following symptoms?

<p>1. Fatigue or decreased exercise capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain:</p> <hr/> <hr/>
<p>2. Dyspnea, orthopnea? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain:</p> <hr/> <hr/>
<p>3. Complaints of chest pain/pressure? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain:</p> <hr/> <hr/>
<p>4. Persistent palpitations? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain:</p> <hr/> <hr/>
<p>5. Fever or Flu-like symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain:</p> <hr/> <hr/>
<p>6. Peripheral edema? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain:</p> <hr/> <hr/>
<p>7. If the answer to any of the questions above is yes, please order CBC with differential, CRP, and troponin I and/or troponin-T</p> <hr/>

Signature: _____ Title: _____ Date: _____

**Antipsychotic Monitoring
&
Long-acting IM Antipsychotics
&
Tx of Adult ADHD

REQUIREMENTS**

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES

Antipsychotic Monitoring Requirements

1. Baseline assessment of movement disorders documented
2. If possible symptoms of T.D., AIMS examination done at least every 6 months
3. **Weight:** Measured at baseline, at every visit for 9 months, then every 3 months thereafter
4. **Glucose:** Measured at baseline, at 6 months, then annually
5. **Cholesterol/triglycerides:** Measured at baseline, at 6 months, then annually
6. **Prolactin** (for clients on risperidone or any conventional agent): Measured at baseline, at 6 months, then annually

Long-acting risperidone IM (Consta), paliperidone IM (Sustenna) & olanzapine IM (Relprevv)

Consta, Sustenna and Relprev are NOT covered by either BHCS or Medi-Cal (only available through the TAR process). Due to the potential cost impact, the current County budget crisis, and no coverage by Medi-Cal, only patients *with an approved Medi-Cal TAR or approved through the Patient Asst. Program will be eligible to receive these medications.* An application for that program is available from the Office of the Medical Director (567-8106).

Pharmacoeconomic Study

1. All patients started on Long-acting IM antipsychotics will be entered in the study. This includes both MediCal (through approved TAR) and indigent clients (through approved PAP).
2. The PANSS (both overall and negative subscale) and AIMS scores are required **upon initiation** and again **after 6 months treatment**.
3. The use of anticholinergic agents, concurrent atypical antipsychotics and impact on metabolic parameters would additionally be monitored.
4. Compliance with 2 week injection schedule will be tracked, as well as dose titration.

Adult-Attention Deficit Hyperactivity Disorder (ADHD)

BHCS does not treat patients with a primary diagnosis of Adult ADHD. But patients with a *secondary diagnosis* of Adult ADHD may be treated along with their primary psychiatric diagnosis. Please refer to the *BHCS Adult ADHD Assessment & Rating Guidelines*, which can assist in both diagnosis and treatment.

At a minimum, the 30-item Conners' Adult ADHD Rating Scale (**CAARS**) Self Reporting & Screening Version needs to be scored at both assessment and again after 30 days of medication treatment. These four scores (A thru D) need to be documented in the BHCS patient chart. If a non-formulary medication is requested, then these scores must be written on the backside of the BHCS prescription, or called into BHCS Pharmacy Services.

***ALAMEDA COUNTY
BEHAVIORAL HEALTH CARE SERVICES***

**ABNORMAL INVOLUNTARY MOVEMENT
SCALE (AIMS)**

ABNORMAL INVOLUNTARY MOVEMENT SCALE (AIMS)

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SVCS Abnormal Involuntary Movement Scale (AIMS)

Rate highest severity observed, rate movements that occur upon activation one less than those observed spontaneously.

Dentures present? Y N

Current problems with teeth/dentures Y N

Date Date Date Date Date Date

1. Muscles of facial expression (mvts. of forehead, eyebrows, periorbital area)	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
2. Lips and perioral area (puckering, pouting, smacking, cheeks)	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
3. Jaw (biting, clenching, chewing, mouth opening, lateral movements)	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
4. Tongue – rate only movements both in and out of mouth, NOT ability to sustain movement	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
5. Upper Extremities – do not include tremor (arms, wrists, hands, fingers)	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
6. Lower Extremities (legs, knees, ankles, toes)	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
7. Trunk (neck, shoulders, hips)	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
SUB-TOTAL (add scores 1-7)						
Incapacitation by abnormal movements	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
Patient awareness of abnormal movements – rate only patient’s report	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
Overall Severity of Abnormal Movements	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
TOTAL SCORE (subtotal and above)						

0 = none, 1 = minimal may be extreme normal, 2 = mild, 3 = moderate, 4 = severe

***ALAMEDA COUNTY
BEHAVIORAL HEALTH CARE SERVICES***

**POSITIVE AND NEGATIVE SYNDROME SCALE
(PANSS)**

ALAMEDA COUNTY BHCS
Positive and Negative Syndrome Scale
PANSS

1 = absent, 2 = minimal, 3 = mild, 4 = moderate
 5 = moderate/severe, 6 = severe. 7 = extreme

Date				
1. Positive Subscale				
P1. Delusions	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
P2. Conceptual disorganization	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
P3. Hallucinatory behavior	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
P4. Excitement	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
P5. Grandiosity	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
P6. Suspiciousness/persecution	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
P7. Hostility	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Subtotal				
2. Negative Subscale				
N1. Blunted affect	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
N2. Emotional withdrawal	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
N3. Poor rapport	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
N4. Passive/apathetic social withdrwl	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
N5. Difficulty in abstract thinking	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
N6. Lack of spontaneity, conversation	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
N7. Stereotyped thinking	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Subtotal				
3. General Psychopathological Subscale				
G1. Somatic concerns	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
G2. Anxiety	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
G3. Guilt feelings	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
G4. Tension	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
G5. Mannerism and posturing	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
G6. Depression	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
G7. Motor retardation	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
G8. Uncooperativeness	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
G9. Unusual thought content	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
G10. Disorientation	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
G11. Poor attention	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
G12. Lack of judgment and insight	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
G13. Disturbance of volition	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
G14. Poor impulse control	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
G15. Preoccupation	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
G16. Active social avoidance	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Subtotal				
TOTAL PANSS SCORE				

**PSYCHOACTIVE MEDICATION:
CHILDHOOD AND ADOLESCENT DAILY
DOSING RANGES**

**PSYCHOTROPIC CHILDHOOD & ADOLESCENT DAILY DOSING
ALAMEDA COUNTY BHCS**

(Approved by the BHCS Psychiatric Practices Committee, June 26, 2002)

<u>ANTIPSYCHOTIC AGENTS (1ST Generation)</u>	<u>CHILDHOOD DOSE (AGE 4-12 YEARS)</u>	<u>ADOLESCENT DOSE (AGE 12-19 YEARS)</u>
chlorpromazine (Thorazine)	10 -100 mg	10 – 200 mg
fluphenazine (Prolixin)	1 – 10 mg	1 – 20 mg
haloperidol (Haldol)	0.5 – 10 mg	0.5 – 20 mg
perphenazine (Trilafon)	2 – 16 mg	2 – 64 mg
*thioridazine (Mellaril)	10 – 100 mg	10 – 200 mg
thiothixene (Navane)	1 – 20 mg	1 – 40 mg
trifluoperazine (Stelazine)	1 – 10 mg	2 – 20 mg
<u>ANTIPSYCHOTIC AGENTS (2ND Generation)</u>	<u>CHILDHOOD DOSE</u>	<u>ADOLESCENT DOSE</u>
clozapine (Clozaril)	not used	200 – 450 mg (>16 years)
olanzapine (Zyprexa)	1.25 – 15 mg	1.25 – 20 mg
quetiapine (Seroquel)	25 – 600 mg	25 – 800 mg
risperidone (Risperdal)	0.5 4 mg	0.5 – 6 mg
ziprasidone (Geodon)	10 – 120 mg	10 – 160 mg
aripiprazole (Abilify)	5 – 15 mg	5 – 15 mg
<u>MOOD STABILIZERS</u>	<u>CHILDHOOD DOSE</u>	<u>ADOLESCENT DOSE</u>
carbamazepine (Tegretol)	200 – 800 mg	200 – 1200 mg
gabapentin (Neurontin)	300 – 1800 mg	600 – 3600 mg
lithium carbonate	300 – 900 mg	300 – 1200 mg
oxcarbazepine (Trileptal)	150 – 1200 mg	300 1800 mg
valproic acid/divalproex (Depakene/Depakote)	125 – 750 mg	125 – 1250 mg
<u>ANTIDEPRESSANTS (Tricyclic Agents)</u>	<u>CHILDHOOD DOSE</u>	<u>ADOLESCENT DOSE</u>
clomipramine (Anafranil)	25 – 100 mg	25 – 200mg
desipramine (Norpramin)	not used	25 – 100 mg
imipramine (Tofranil)	10 – 75 mg	10 – 100 mg
nortriptyline (Aventyl, Pamelor)	not used	30 – 50 mg
bupropion (Wellbutrin)	37.5 – 225 mg	75 – 300 mg
citalopram (Celexa)	10 – 40 mg	10 – 60 mg

**PSYCHOTROPIC CHILDHOOD & ADOLESCENT DAILY DOSING
ALAMEDA COUNTY BHCS**

(Approved by the BHCS Psychiatric Practices Committee, June 26, 2002)

<u>ANTIDEPRESSANTS (Selective Agents)</u>	<u>CHILDHOOD DOSE</u>	<u>ADOLESCENT DOSE</u>
fluoxetine (Prozac)	10 -20 mg	10 – 60 mg
fluvoxamine (Luvox)	25 - 200 mg	25 - 300 mg
mirtazapine (Remeron)	15 - 30 mg	15 - 45 mg
nefazodone (Serzone)	100 - 300 mg	100 -600 mg
paroxetine (Paxil)	10 – 20 mg	10 – 50 mg
sertraline (Zoloft)	25 - 50 mg	25 - 100 mg
trazodone (Desyrel)	25 - 50 mg	25 - 400 mg
venlafaxine (Effexor)	12.5 – 37.5 mg	25 – 75 mg

<u>STIMULANTS</u>	<u>CHILDHOOD DOSE</u>	<u>ADOLESCENT DOSE</u>
dextroamphetamine (Dexedrine)	2.5 – 40 mg	5 - 40 mg
#*dextromethylphenidate (Focalin)	2.5 - 30 mg	2.5 30 mg
methylphenidate (Ritalin)	2.5 – 60 mg	5 - 60 mg
#mixed amphetamine salts (Adderall)	2.5 - 30 mg	5 - 30 mg
#*pemoline (Cylert)	18.75 mg	3.75 – 112.5 mg

<u>ANTIANSXIETY/HYPNOTICS</u>	<u>CHILDHOOD DOSE</u>	<u>ADOLESCENT DOSE</u>
buspirone (BuSpar)	5 - 20 mg	10 - 45 mg
clonazepam (Klonopin)	0.25 - 4 mg	0.25 - 6 mg
diazepam (Valium)	1 - 10 mg	2 - 15 mg
hydroxyzine (Atarax, Vistaril)	25 - 50 mg	25 - 100 mg
lorazepam (Ativan)	0.25 - 4 mg	0.25 - 6 mg
temazepam (Restoril)	15 mg	15 – 30 mg

<u>ANTIPARKINSONIAN AGENTS</u>	<u>CHILDHOOD DOSE</u>	<u>ADOLESCENT DOSE</u>
benztropine (Cogentin)	0.5 - 4 mg	0.5 – 0.6 mg
diphenhydramine (Benadryl)	15 – 50 mg	15 – 100 mg
trihexyphenidyl (Artane)	1 - 10 mg	1 - 15 mg

<u>MISCELLANEOUS AGENTS</u>	<u>CHILDHOOD DOSE</u>	<u>ADOLESCENT DOSE</u>
#clonidine (Catapres)	0.05 – 0.3 mg	0.05 – 0.4 mg
guanfacine (Tenex)	0.5 – 4 mg	0.5 – 4 mg

*restricted usage, not to be used as first-line agent
#not on BHCS formulary

***ALAMEDA COUNTY
BEHAVIORAL HEALTH CARE SERVICES***

**PSYCHOACTIVE MEDICATION:
ADULT DAILY DOSING RANGES**

**ALAMEDA COUNTY BHCS
PSYCHOTROPIC DOSING RANGES**

ADULT DAILY DOSING

<u>ANTIPSYCHOTICS</u>	<u>BRAND</u>	<u>DAILY DOSING RANGE ADULT</u>
aripiprazole*	Abilify	5 – 30 mg
chlorpromazine	Thorazine	10 – 1000 mg
clozapine	Clozaril	300 – 900 mg
fluphenazine	Prolixin	1 – 40 mg
fluphenazine decanoate	Prolixin Dec.	12.5 – 100 mg q 2-4 wks
haloperidol	Haldol	1 – 40 mg
haloperidol decanoate	Haldol Dec.	25 – 200 mg q 4 wks
loxapine	Loxitane	20 – 250 mg
molindone	Moban	15 – 225 mg
olanzapine	Zyprexa	5 – 30 mg
perphenazine	Trilafon	12 – 64 mg
quetiapine**	Seroquel	300 – 800 mg
risperidone	Risperdal	0.5 – 8 mg
thioridazine	Mellaril	40 – 800 mg
thiothixene	Navane	6 – 60 mg
trifluoperazine	Stelazine	2 – 40 mg
ziprasidone***	Geodon	120 – 160 mg
<u>ANTIDEPRESSANTS</u>	<u>BRAND</u>	<u>ADULT</u>
amitriptyline	Elavil	50 – 300 mg
bupropion	Wellbutrin	150 – 450 mg
citalopram	Celexa	20 – 60 mg
clomipramine	Anafranil	25 – 250 mg
desipramine	Norpramin	25 – 300 mg
doxepin	Sinequan	25 – 300 mg
fluoxetine	Prozac	10 – 80 mg
fluvoxamine	Luvox	50 – 300 mg
imipramine	Tofranil	30 – 300 mg
mirtazapine	Remeron	15 – 45 mg
nefazodone	Serzone	200 – 600 mg
nortriptyline	Pamelor	30 – 150 mg
paroxetine	Paxil	10 – 50 mg
phenelzine	Nardil	45 – 90 mg

**ALAMEDA COUNTY BHCS
PSYCHOTROPIC DOSING RANGES**

ADULT DAILY DOSING

ANTIDEPRESSANTS (cont)	BRAND	ADULT
protriptyline	Vivactyl	15 – 60 mg
sertraline	Zoloft	50 – 200 mg
trazodone	Desyrel	150 – 600 mg
venlafaxine	Effexor	75 – 375 mg
MOOD STABILIZERS	BRAND	ADULT
cabamazepine	Tegretol	400 – 1600 mg
gabapentin	Neurontin	300 – 3600 mg
lamotrigine	Lamictal	50 – 500 mg
lithium	Eskalith	600 – 1800 mg
valproic acid	Depakote	500 – 3000 mg
ANTIPARKINSONIANS	BRAND	ADULT
benztropine	Cogentin	1 – 8 mg
diphenhydramine	Benadryl	25 – 200 mg
trihexyphenidyl	Artane	2 – 15 mg
amantadine	Symmetrel	100 – 400 mg
HYPNOTICS/ ANTI-ANXIETY	BRAND	ADULT
alprazolam	Xanax	0.75 – 10 mg
chlordiazepoxide	Librium	10 – 300 mg
clonazepam	Klonopin	1.5 – 15 mg
diazepam	Valium	4 – 40 mg
flurazepam	Dalmane	15 – 30 mg
lorazepam	Ativan	1 – 10 mg
temazepam	Restoril	7.5 – 30 mg
triazolam	Halcion	0.125 – 0.5 mg
buspirone	Buspar	15 – 60 mg
chloral hydrate	Noctec	250 – 1000 mg
zolpidem	Ambien	5 – 10 mg
PSYCHOSTIMULANTS	BRAND	ADULT
dextroamphetamine	Dexedrine	5 – 60 mg
methylphenidate	Ritalin	5 – 60 mg

**ALAMEDA COUNTY BHCS
PSYCHOTROPIC DOSING RANGES**

ADULT DAILY DOSING

PSYCHOSTIMULANTS (cont)	BRAND	ADULT
methylphenidate (extended release)	Concerta	18 – 54 mg
pemoline	Cylert	37.5 – 75 mg
MISC. AGENTS		
clonidine	Catapres	0.1 – 0.8 mg
disulfiram	Antabuse	250 – 500 mg
hydroxyzine	Atarax	50 – 400 mg
propranolol	Inderal	20 – 240 mg

- * aripiprazole (*Abilify*) initiated at doses of 2-15 mg and should be maintained at that dose range for at least 2 weeks before any dosage adjustment. (Aripiprazole should be dosed only once daily)
- ** quetiapine (*Seroquel*) doses should be at least 300 mg within 1 months of initiation. (No use for sleep or anxiety disorders)
- *** ziprasidone (*Geodon*) should be titrated to 120-160 mg within the first month of treatment.

**DRUG DISTRIBUTION POLICY
AND PROCEDURES**

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I. ORDERS FOR MEDICATION

- A. No drugs shall be administered except on the written order of a physician lawfully authorized to give such an order.
- B. Telephone orders by a physician for medication administration shall be given only to a physician, pharmacist, licensed nurse, or psychiatric technician. The physician giving the verbal order must, within 5 days, sign these orders.
- C. All orders for drug administration shall be entered into the patient's medical record/chart and signed by the prescriber. Medication orders must include:
 - 1. drug name
 - 2. dosage strength
 - 3. quantity or duration of therapy
 - 4. frequency or time of administration
 - 5. route of administration

II. ADMINISTRATION OF DRUGS

Definition: Providing a patient with medication for immediate use, through either the oral or intramuscular route.

- A. Drugs will be administered as prescribed. Each dose shall be recorded in the patient medical record with date, dose, time administered, signature and site of IM injection.
- B. All intramuscular (IM) medications administered must be documented on the IM Medication Administration Record, located in the Medical Section of the Patient's Chart (see attachment #1)
- C. Only a physician, nurse, or psychiatric technician will administer drugs.

III. DISPENSING OF DRUGS

Definition: Providing a patient with a supply of medication for home use.

- A. Drugs will be dispensed by a physician or pharmacist, only in an urgent situation, in full compliance of applicable laws and regulations.
- B. A record of the drug dispensed will be entered on the patient's medical record/profile.
- C. The label of all dispensed medication must include:
 - 1. manufacturer's trade name or generic name and manufacturer's name
 - 2. directions for use of the drug
 - 3. name of the patient
 - 4. name of the prescriber
 - 5. date of issue

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6. name and address of the furnisher
7. prescription number or other means of identifying the prescription
8. strength of drug prescribed
9. quantity of drug supplied
10. medication expiration date

D. An Urgent Supply of medication may be available at the clinic.

1. This Urgent Supply may include:

DRUG NAME	DOSE	FORM
benztropine	2 mg/2 ml	inj
diphenhydramine	50 mg/1 ml	inj
Epinephine	1 mg	inj
Fluphenazine decanoate*	25 mg/ml	inj
Haloperidol decanoate*	100 mg/ml	inj

**Only Crisis Response Services*

2. The Clinic Director, a nurse or a physician will be responsible for this Urgent Supply, its storage in a secure area, monthly checking of expiration dates, and restocking the supply. The above person responsible for these functions will be identified in writing to BHCS prior to receiving any medications.

E. No physician samples will be stocked or dispensed in any Alameda County Behavioral Health Care Services program.

IV. LABELING AND STORAGE OF DRUGS

- A. All drugs will be kept in a secure, locked cabinet or drawer.
- B. The Urgent Supply of Medication will be kept in a secure, locked cabinet or drawer.
- C. Drugs will be stored in an orderly manner, organized by generic name.
- D. Drugs will be stored in a secure area accessible only to the physicians, nurses, pharmacists and the designated Clinic Director.
- E. Drugs will not be retained after the expiration date indicated on the label. No contaminated or deteriorated drugs are to be available for use.
- F. No single dose IM injectable will be stored.

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- G. All multiple dose IM injectable medications will be initialed and have the date of first entry recorded on the label.
- H. Each medication expiration date will be checked on a monthly basis and documented by the Clinic Director (see attachment #2) or designated person. The above person responsible for these functions will be identified in writing to BHCS prior to receiving any medications.
- I. Containers, which are cracked, soiled, or without secure closure shall not be used.
- J. Drugs intended for external use will be stored separately from oral or injectable medications.
- K. Test reagents, germicides, disinfectants, and other non-ingestible substances shall be stored separately from drugs.
- L. All drugs will be stored at appropriate temperatures:
 - 1. Drugs requiring room temperature shall be stored in a place maintained between 15-30 degrees C (59-86 degrees F).
 - 2. Drugs requiring refrigeration shall be stored in a refrigerator maintained between 2-8 degrees C (36-46 degrees F).
 - 3. Drugs stored in a refrigerator used also for food storage shall be confined to a closed contained clearly labeled “DRUGS”.
- M. All drugs obtained by prescription will be labeled in compliance with federal and state laws.

V. DISPOSAL OF DRUGS

Drugs, which are expired or removed from stock due to contamination, deterioration, or medication that has been abandoned by individuals, will be documented by the clinic (see attachment #3). Then the BHCS Clinical Pharmacist Specialist (567-8110 or x38110) will be notified to provide further instructions regarding disposal or returning medication to the manufacturer.

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES

Drug Distribution Policy and Procedures

When medications are dispensed at one of the BHCS programs, but not part of the routine services, the following procedures shall be followed regarding procurements, storage, and dispensing by the physician or nurse at the site:

Procurement

Any request for medication must be through the BHCS Director of Pharmacy Services (567-8110). If appropriate, the medication will be delivered to the physician or nurse at the program.

Storage

The medication will be secured with the other Urgent Meds at the program. This means locked in a cabinet, within a locked room. In addition, access to these medications is limited to physicians, nurses and pharmacy personnel. Medications will be monitored monthly for expiration by the program physician or nurse, and that review will be documented on *Attachment #2*. If any medication has expired, the disposal of that medication will be documented on *Attachment#3*.

Dispensing

When medications are occasionally dispensed to patients at that program, the following information must be documented on *Attachment #4*.

- Date
- Patient Name
- PSP#
- Allergy Assessment
- Medication dispensed
- Initials of physician or nurse

Monthly Inspection

**ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES
MONTHLY MEDICATION EXPIRATION DATE INSPECTION**

CLINIC NAME _____ YEAR _____

All medications are within their expiration date

MONTH	DATE	INITIALS	YES	NO	NOTES
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

