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Use Of Psychotropic Drugs

POLICY

It is the policy of Detroit Wayne Integrated Health Network (DWIHN) to ensure that all persons have access to psychotropic medication, when medically indicated, that is prescribed in a clinically appropriate manner; and is monitored to assure safety, efficacy, and tolerability. The medications are subject to signed written informed consent, shall be prescribed by a qualified licensed physician, and shall be limited to treatment of substantiated disorders of mood, thought, and behavior.

PURPOSE

The purpose of this policy is to set forth guidelines for the prescription and monitoring of psychotropic medications to adults served by the DWIHN provider network.

APPLICATION

1. The following groups are required to implement and adhere to this policy: DWIHN Staff, Contractual Staff, Access Center, Network Providers, Crisis services vendor
2. This policy serves the following populations: Adults, Children, I/DD, SMI/SEI, SUD, Autism
3. This policy impacts the following **contracts/service lines**: MI-HEALTH LINK, Medicaid, SUD, Autism, Grants, General Fund

KEYWORDS

1. Antidepressants
2. Attention Deficit Hyperactivity Disorder (ADHD)
3. Autism
4. Bipolar Disorder
5. Mood Disorders
6. Pharmacotherapy
7. Stimulants

STANDARDS

1. The use of medications for the treatment of behavioral health disorders, or psychopharmacology, can be a valuable component in the treatment plan. Psychotropic medications, or those which can affect the mind, emotions and behavior, can be complicated to prescribe due to many considerations including benefit coverage, side effects and interactions, and legal requirements. Therefore, prescribers must take care when choosing medication treatments, must educate the consumer and family/caregivers, and must closely monitor for efficacy and tolerability.
2. Consumers with medical necessity for psychopharmacology who consent to the treatment will have appropriate medication, as per current MDHHS and Medicaid guidelines, accessible regardless of ability to pay. Providers must have policies and procedures in place that address accessibility to prescribed medications.
3. If an individual cannot administer his/her own medication, the medication shall be administered by or under the supervision of personnel who are qualified and trained staff.
4. Psychotropic medications are prescribed:
 - a. By a licensed physician with documented education, training, and clinical experience in their use;
 - b. Pursuant to current mental status examination;
 - c. Contractor, and subcontractors shall assure that medication use conforms to federal standards and the standards of the medical community.
5. Adverse drug reactions and medication errors must be immediately and properly reported to a physician and documented in the recipient's clinical record.
6. Psychotropic drugs shall be withheld in accordance with Sec. 718 of the Mental Health Code (MCL 330.1718) on the day before and day of his/her court hearing unless the recipient consents or unless the administration of the psychotropic drugs is necessary to prevent physical injury to the recipient or others.
7. Psychotropic drugs shall be withheld in accordance with Michigan Administrative Code, Rule 330.7158(8)(b) for a recipient who has been admitted by medical certification or by petition until after a final adjudication; a recipient undergoing examination at the center for forensic psychiatry or other certified facility to determine competency to stand trial; or, a recipient acquitted of a criminal charge by reason of insanity while undergoing examination and evaluation at the center for forensic psychiatry.
8. A contractor, or their subcontractors shall ensure that only medication that is authorized in writing by a physician is given to recipient upon his/her leave or discharge from the contractor's, or their subcontractor's program and that enough medication is made available to ensure the recipient has an adequate supply until he/she can become established with another contractor, or their subcontractors.
9. **Informed Consent:** Pharmacotherapy must be delivered following full informed consent. Prescribed medications are not administered without the recipient's consent except in some cases of an acute health crisis, e.g. anaphylaxis.
 - a. The informed consent must be in line with DWIHN, the Michigan Department of Health and Human Services (MDHHS), Centers for Medicare and Medicaid Services (CMS) and any other relevant guidelines and requirements. This includes a documented discussion with the consumer/family/guardian about:
 1. the targeted symptoms/conditions; benefits; specific risks and most common adverse side effects associated with the drug;

2. the right to refuse/rescind consent at any time; the right to a copy of the consent; and costs.
 3. Provide the individual with a written summary of those common adverse side effects.
- b. The consents must be in DWIHN-approved forms/formats, with signatures from the prescriber, consumer/guardian, and a copy must be offered to the consumer/guardian.
 - c. The consents must be renewed on an annual basis. Following a signed, written informed consent specific to the agents being used.

10. Involuntary pharmacotherapy:

- a. Prescribed psychotropic drugs may be administered to a recipient pursuant to a court order.
- b. Pharmacotherapy may be administered to prevent physical harm or injury after signed documentation of the assessing physician is entered into the recipient's clinical record when the actions of the recipient or other objective criteria clearly demonstrate to a physician that the recipient poses a risk of harm to themselves or others.
- c. Initial administration of psychotropic medication without consent may not be extended beyond 48 hours unless there is consent or a court order.
- d. The duration of the involuntary medication administration shall be as short as possible and at the lowest possible therapeutically effective dosage. The pharmacotherapy shall be terminated as soon as there is little likelihood that the recipient will pose a risk of harm to themselves or others.
- e. Additional courses of pharmacotherapy may be prescribed and administered if a recipient decompensates and again poses a risk to themselves or others.

11. Appropriateness: Pharmacotherapy should only be initiated after an adequate clinical assessment, which includes: current presentation and past history, including treatment response; comorbid conditions including chronic health conditions and substance use; current medications/treatments including over the counter medications and supplements; allergies and adverse responses to medications and supplements; relevant psychosocial history and stressors; strengths and supports; diagnostic formulation and problem list.

- a. Many medication-responsive conditions, at some point in the course of the condition, will respond better to a combination of pharmacotherapy plus other supports such as supports coordination, psychotherapy, and wrap-around services. Documentation should include a review of the various treatment/support options discussed with the consumer/supports.
- b. Psychotropic medications shall never be used as a punishment, for the convenience of staff, or as a substitute for other appropriate treatment.
- c. There must be periodic medication reviews as specified in the Individual Plan of Service and based on recipient's clinical status.
- d. The response to the medications, including beneficial effects as well as side effects, along with symptoms, and updated medical/medication/allergy history must be documented in the recipient's record each visit with a medical professional, or immediately following administration of medication. Also, continued prescribing of the pharmacotherapy must be justified in the documentation, along with the consumer/guardian continued agreement to take the medication.
- e. The use of polypharmacy, meaning more than one medication concurrently, should always be carried out with caution and education to the consumer/guardian.

1. Special attention to drug-drug interactions; drug-food and drug-condition interactions;

adherence and side effects must be documented.

2. The rationale for the polypharmacy, the risks/benefits of the combination, and the consumer/parent/guardian consent must all be fully documented in the record.

12. Monitoring

a. Use of stimulants:

1. The clinician should monitor for the appearance of motor tics, irritability, psychosis, weight loss, blood pressure and heart rate, growth delays, and be aware of cardiac conditions which could increase the risk of sudden death.

b. The use of alpha-adrenergic agents such as clonidine or guanfacine:

1. Should be accompanied by monitoring for hypotension, bradycardia, heart block and dizziness/fainting. Avoid their use in persons with congenital or other cardiac abnormalities. Monitor blood pressure when initiating, increasing, and titrating off these agents.

c. Use of antidepressants:

1. For major depression, clinicians must monitor closely for suicidality.
 - i. While the FDA has issued a specific warning regarding suicidality for antidepressants for youth, there is a need to follow persons of any age closely following the initiation, increase and/or discontinuation of antidepressant medications.
 - ii. Adjunctive psychotherapy is recommended.
2. Weight should be routinely monitored.
3. Thyroid function testing should be considered in cases of treatment failure.
4. Further laboratory testing, such as liver enzymes and CBC, are considered based on the clinical presentation.
5. The utilization of tricyclic antidepressants should be accompanied by an EKG when there is any history of cardiac concerns, and blood levels should be monitored for relevant medications.

d. Anxiety disorders:

1. Often respond effectively to interventions other than pharmacotherapy.
2. When pharmacotherapy is appropriate, the combination of cognitive behavior or other psychotherapies in addition to medications is strongly recommended for best outcomes.

e. Bipolar disorder:

1. Requires psychosocial interventions in addition to medications for optimal outcomes.
2. Appropriate routine laboratory monitoring, along with vital signs, is indicated when using second-generation antipsychotics, lithium, divalproex and carbamazepine. For example, thyroid functions, and lithium level monitoring when using lithium, and renal monitoring when appropriate.
3. Persons on lithium should also be warned of the risks associated with dehydration.

- f. Because of polycystic ovarian syndrome divalproex use in females should be avoided if possible. Children and adolescents are particularly sensitive to hepatotoxicity so care should be taken with agents which rely on liver metabolism. This population is at increased risk for severe, life-threatening rashes from lamotrigine and carbamazepine so should be appropriately cautioned when initiating

treatment or increasing dosages.

g. The use of antipsychotics:

1. These medications, especially second generation agents, can cause significant weight gain so weight and waist circumference should be taken at baseline and each physician visit, along with height for BMI.
2. Monitoring for motor side effects should be conducted at least quarterly.
3. Fasting glucose and glucose monitoring, lipid monitoring is recommended when utilizing second generation antipsychotics, but is required for those at risk for diabetes, lipid disorders or metabolic syndrome.
4. Prolactin blood levels are indicated when symptoms and signs of hyperprolactinemia are present.

h. Autism spectrum disorders (ASD), have no specific medications approved for core symptoms, but pharmacotherapy is often prescribed for related symptoms. In addition to the above considerations, care should be taken as persons with ASD are often quite sensitive to adverse effects, and may do better with lower doses and slower titrations.

i. Prescribing of controlled substances:

1. DWIHN does not limit access to any appropriate pharmacotherapy, including controlled substances.
2. The choice of pharmacotherapy interventions is based on medical necessity, consumer preference, and clinician judgment. Benefit coverage and complications (including dependence and interactions) are additional factors to be considered.
3. Clinicians should be alert for, and document suspected or known misuse, abuse and diversion of prescribed medications, as well as any concomitant substance use.
 - i. Misuse, abuse and diversion of medications cannot be used as a rationale to deny access to appropriate pharmacotherapy.
 - ii. Alternative pharmacotherapy, or other interventions (limiting amount available, requiring drug monitoring for suspected abuse, utilizing medication cassettes, limiting prescribers/ pharmacies...) may be required for consumer safety.

13. Efforts should be made to coordinate care and exchange information with any treating clinicians for the health and safety of the consumer.

14. Each provider organization should have policies and procedures in place to manage medication errors; safe handling and medication control; and credentialing and monitoring/supervision of medical staff to ensure pharmacotherapy-related practices are up to date, safe, and effective.

QUALITY ASSURANCE/IMPROVEMENT

DWVHN shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.

The quality improvement programs of direct contractors must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

COMPLIANCE WITH ALL APPLICABLE LAWS

DWIHN staff, contractors, and subcontractors are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

LEGAL AUTHORITY

1. Michigan Mental Health Code, P.A. 258 of 1974, as amended, MCL 330.1718; MCL 330.1719
2. Michigan Administrative Code, R333.7158

RELATED POLICIES

1. Comprehensive Examinations
2. Consent to Treatment and Services
3. Psychopharmacology for Children and Adolescents
4. Service Suited to Condition in Least Restrictive Environment
5. Treatment with Dignity and Respect
6. Restraint
7. Seclusion

RELATED DEPARTMENTS

1. Administration
2. Clinical Practice Improvement
3. Compliance
4. Customer Service
5. Integrated Health Care
6. Legal
7. Managed Care Operations
8. Quality Improvement
9. Recipient Rights
10. Substance Use Disorders

CLINICAL POLICY

YES

INTERNAL/EXTERNAL POLICY

EXTERNAL

