

Santa Clara County Mental Health Department  
Medication Practice Guidelines

**REQUIRED LABORATORY and EXAMINATION SUMMARY**

**Bold = Non-Formulary Status at SCVH&HS**

The following laboratory and examination are the minimum requirements for initiating and/or maintaining the patient on the appropriate agents. More frequent and/or additional monitoring should be considered depending on the clinical situation and whenever there is a change in the patient's status.

**Alzheimer Agents (Updated 5-09)**

Generic Name	Brand Name	Outpatient	Inpatient
Donepezil	Aricept	No Required Lab	Standard lab on admission
Galantamine	Razadyne, <b>Razadyne ER</b>		
<b>Memantine</b>	<b>Namenda</b>		
Rivastigmine	Exelon <b>Exelon Patch</b>		
Tacrine	<b>Cognex</b>	ALT every 2 wks from wk 4-16, then every 3 mos after start or restart (if off drug > 4 wks). Refer to Package Insert for schedule if increase ALT on treatment.	

**Antianxiety & Sedative/Hypnotic Agents (Updated 4-08)**

Generic Name	Brand Name	Outpatient	Inpatient
Alprazolam	Xanax, <b>Xanax XR</b>	No Required Lab	Standard lab on admission
Bupirone	Buspar		
Butabarbital	<b>Butisol</b>		
Chloral hydrate	Noctec		
Chlordiazepoxide	Librium		
Clonazepam	Klonopin		
Clorazepate	<b>Tranxene; Tranxene SD</b>		
Diazepam	Valium		
Diphenhydramine	Benadryl		
Estazolam	<b>Prosom</b>		
Eszopiclone	<b>Lunesta</b>		
Flurazepam	<b>Dalmane</b>		
Hydroxyzine	Atarax (HCl); Vistaril (Pamoate)		
Lorazepam	Ativan		
Oxazepam	Serax		
Quazepam	<b>Doral</b>		
Phenobarbital	Luminal		
Ramelteon	<b>Rozerem</b>		
Secobarbital	Seconal		
Temazepam	Restoril		
Triazolam	Halcion		
Zaleplon	Sonata		
Zolpidem	Ambien, <b>Ambien CR</b>		

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**Antidepressant Agents (Updated 1-09)**

Generic Name	Brand Name	Outpatient	Inpatient
Amitriptyline	Elavil	No Required Lab	Standard lab on admission
Amoxapine	Asendin	No Required Lab	
Bupropion	Wellbutrin, Wellbutrin SR, <b>Wellbutrin XL</b>	No Required Lab	
Citalopram	Celexa	No Required Lab	
Clomipramine	Anafranil	No Required Lab	
Desipramine	Norpramin	No Required Lab	
Desvenlafaxine	<b>Pristiq</b>	Monitor BP at baseline and after dose increase	
Doxepin	Sinequan	No Required Lab	
Duloxetine	<b>Cymbalta</b>	Monitor BP baseline and after dose increase	
Escitalopram	<b>Lexapro</b>	No Required Lab	
Fluoxetine	Prozac	No Required Lab	
Fluoxetine weekly	<b>Prozac Weekly</b>	No Required Lab	
Fluvoxamine	<b>Luvox</b>	No Required Lab	
Imipramine	Tofranil	No Required Lab	
Isocarboxazide	<b>Marplan</b>	No Required Lab	
Maprotiline	<b>Ludomil</b>	No Required Lab	
Mirtazapine	Remeron	Monitor total cholesterol and triglyceride annually.	
Nefazodone		No Required Lab	
Nortriptyline	Pamelor	No Required Lab	
Paroxetine	Paxil	No Required Lab	
	<b>Paxil CR</b>		
Phenelzine	Nardil	No Required Lab	
Protriptyline	<b>Vivactil</b>	No Required Lab	
Sertraline	Zoloft	No Required Lab	
Tranylcypromine	Parnate	No Required Lab	
Trazodone	Desyrel	No Required Lab	
Venlafaxine	Effexor, Effexor XR	Monitor BP at baseline and after dose increase	

**Antipsychotic Agents-Atypicals\* (Updated 6-16)**

	Baseline	Week 4	Week 8	Week 12	Q3months thereafter	Annually
Medical history*	x			x		x
Weight (BMI)	x	x	x	x	x	x
Waist circumference	x			x		x
Blood pressure	x			x		x
Fasting Glucose/hemoglobin A1c	x			x		x
Fasting lipids	x			x		x

**Reference: 2010 ADA/APA Guideline**

\*Personal and family history of obesity, diabetes, hypertension, and cardiovascular disease

For comprehensive information on Clozaril laboratory requirement schedule, see appropriate references

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**Clozaril (Clozapine)**

- Complete baseline prior to start date
- CBC with differential. However, only ANC needs to be monitored & reported to REM to rule out neutropenia.
- For general population i.e. those without benign ethnic neutropenia (BEN), interrupt treatment if neutropenia is suspected to be clozapine-induced for ANC less than 1,000 cells per microliter and 500 cells per microliter for those with BEN.
- Although re-challenging patients with clozapine-induced severe neutropenia is not recommended, patients may now be re-challenged if the prescriber determines that the risk of psychiatric illness is greater than the risk of recurrent severe neutropenia (refer to FDA safety bulletin for more details).
- Substantial drops in ANC do not require action unless the patient experiences neutropenia.  
<https://www.fda.gov/drugs/drugsafety/ucm461853.htm>
- Vital signs (BP, pulse, temp, resp) & weight
- Consultation with a neurologist for patients with a history of seizures or intracranial disease
- During Clozapine treatment-ANC monitoring weekly from initiation to 6 months. Then every 2 weeks from 6 to 12 months and monthly after 12 months.

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Clozapine and the Risk of Neutropenia: A Guide for Healthcare Provider

Recommended Monitoring Frequency and Clinical Decisions by ANC Levels

ANC Level	Treatment Recommendation	ANC Monitoring
<p><b>Normal Range for a New Patient GENERAL POPULATION</b> ANC <math>\geq</math> 1500/<math>\mu</math>L</p> <p><b>BEN POPULATION</b></p> <ul style="list-style-type: none"> <li>ANC <math>\geq</math> 1000/<math>\mu</math>L</li> </ul> <p>Obtain at least two baseline ANC levels before initiating treatment</p>	<ul style="list-style-type: none"> <li>Initiate treatment</li> <li>If treatment interrupted:                             <ul style="list-style-type: none"> <li>&lt; 30 days, continue monitoring as before</li> <li><math>\geq</math> 30 days, monitor as if new patient</li> </ul> </li> </ul> <p>Discontinuation for reasons other than neutropenia</p>	<ul style="list-style-type: none"> <li>Weekly from initiation to six months</li> <li>Every 2 weeks from 6 to 12 months</li> <li>Monthly after 12 months</li> </ul> <p>See Section 2.4 of the full Prescribing Information</p>
<p><b>Mild Neutropenia</b> (1000 - 1499/<math>\mu</math>L)*</p>	<p><b>GENERAL POPULATION</b> Continue treatment</p> <p><b>BEN POPULATION</b></p> <ul style="list-style-type: none"> <li>Mild Neutropenia is normal range for BEN population, continue treatment</li> <li>Obtain at least two baseline ANC levels before initiating treatment</li> <li>If treatment interrupted                             <ul style="list-style-type: none"> <li>&lt; 30 days, continue monitoring as before</li> <li><math>\geq</math> 30 days, monitor as if new patient</li> </ul> </li> <li>Discontinuation for reasons other than neutropenia</li> </ul>	<p><b>GENERAL POPULATION</b></p> <ul style="list-style-type: none"> <li>Three times weekly until ANC <math>\geq</math> 1500/<math>\mu</math>L</li> <li>Once ANC <math>\geq</math> 1500/<math>\mu</math>L return to patient's last "Normal Range" ANC monitoring interval</li> </ul> <p><b>BEN POPULATION</b></p> <ul style="list-style-type: none"> <li>Weekly from initiation to six months</li> <li>Every 2 weeks from 6 to 12 months</li> <li>Monthly after 12 months</li> </ul> <p>• See Section 2.4 of the full Prescribing Information</p>
<p><b>Moderate Neutropenia</b> (500 - 999/<math>\mu</math>L)*</p>	<p><b>GENERAL POPULATION</b></p> <ul style="list-style-type: none"> <li>Recommend hematology consultation</li> <li>Interrupt treatment for suspected clozapine induced neutropenia</li> <li>Resume treatment once ANC normalizes to <math>\geq</math> 1000/<math>\mu</math>L</li> </ul> <p><b>BEN POPULATION</b></p> <p>Recommend hematology consultation Continue treatment</p>	<p><b>GENERAL POPULATION</b></p> <ul style="list-style-type: none"> <li>Daily until ANC <math>\geq</math> 1000/<math>\mu</math>L, then</li> <li>Three times weekly until ANC <math>\geq</math> 1500/<math>\mu</math>L</li> <li>Once ANC <math>\geq</math> 1500/<math>\mu</math>L check ANC weekly for 4 weeks, then return to patient's last "Normal Range" ANC monitoring interval</li> </ul> <p><b>BEN POPULATION</b></p> <ul style="list-style-type: none"> <li>Three times weekly until ANC <math>\geq</math> 1000/<math>\mu</math>L or <math>\geq</math> patient's known baseline.</li> <li>Once ANC <math>\geq</math> 1000/<math>\mu</math>L or patient's known baseline, check ANC weekly for 4 weeks, then return to patient's last "Normal BEN Range" ANC monitoring interval.</li> </ul>
<p><b>Severe Neutropenia</b> (&lt; 500/<math>\mu</math>L)*</p>	<p><b>GENERAL POPULATION</b></p> <ul style="list-style-type: none"> <li>Recommend hematology consultation</li> <li>Interrupt treatment for suspected clozapine induced neutropenia</li> <li>Do not rechallenge unless prescriber determines benefits outweigh risks</li> </ul> <p><b>BEN POPULATION</b></p> <p>Recommend hematology consultation</p> <ul style="list-style-type: none"> <li>Interrupt treatment for suspected clozapine induced neutropenia</li> <li>Do not rechallenge unless prescriber determines benefits outweigh risks</li> </ul>	<p><b>GENERAL POPULATION</b></p> <ul style="list-style-type: none"> <li>Daily until ANC <math>\geq</math> 1000/<math>\mu</math>L</li> <li>Three times weekly until ANC <math>\geq</math> 1500/<math>\mu</math>L</li> </ul> <p>If patient rechallenged, resume treatment as a new patient under "Normal Range" monitoring once ANC <math>\geq</math> 1500/<math>\mu</math>L</p> <p><b>BEN POPULATION</b></p> <ul style="list-style-type: none"> <li>Daily until ANC <math>\geq</math> 500/<math>\mu</math>L</li> <li>Three times weekly until ANC <math>\geq</math> patients established baseline</li> <li>If patient rechallenged, resume treatment as a new patient under "Normal Range" monitoring once ANC <math>\geq</math> 1000/<math>\mu</math>L or at patient's baseline</li> </ul>

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**Antipsychotics Agents-Conventionals (Updated 4-08)**

Generic Name	Brand Name	Outpatient	Inpatient
<b>Chlorpromazine</b>	<b>Thorazine</b>	1. Weight/BMI, 2. Baseline fasting glucose, lipid panel 3. AIMS q 12 months	Standard lab on admission
Fluphenazine	Prolixin		
Fluphenazine decanoate	Prolixin decanoate		
Haloperidol	Haldol		
Haloperidol decanoate	Haldol decanoate		
Loxapine	Loxitane		
<b>Mesoridazine</b>	<b>Serentil</b>	1. ECG 2. Electrolytes 3. Weight/BMI 4. Baseline fasting glucose, lipid panel 5. AIMS q 12 months,	
Molindone	Moban	1. Weight/BMI, 2. Baseline fasting glucose, lipid panel 3. AIMS q 12 months	
Perphenazine	Trilafon		
Pimozide	Orap	1. ECG 2. Electrolytes 3. Weight/BMI 4. Baseline fasting glucose, lipid panel 5. AIMS q 12 months	
<b>Thioridazine</b>	<b>Mellaril</b>		
Thiothixene	Navane	1. Weight/BMI, 2. Baseline fasting glucose, lipid panel 3. AIMS q 12 months	
Trifluoperazine	Stelazine		

- **Bolded agents are considered Low Potency Agents which may cause weight gain and therefore more frequent metabolic monitoring is recommended.**
- **Both FGAs & SGAs have been correlated with increased risk of Leukopenia/Neutropenia; therefore more frequent monitoring is recommended.**

**Agents for Medication Induced Movement Disorder (Updated 5-09)**

Generic Name	Brand Name	Outpatient	Inpatient
Amantadine	Symmetrel	No Required Lab	Standard lab on admission
Benzotropine	Cogentin		
Biperiden	Akineton		
Propranolol	Inderal		
Trihexyphenidyl	Artane		

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**Mood Stabilizers (Updated 1-09)**

Generic Name (Brand Name)	Weight	Bun/ Creatinine	CBC /Plt <sup>A2</sup>	Drug Serum Level	Electrolytes	LFT	Pregnancy Test	TSH/ T4
Carbamazepine <sup>A1</sup> ER ( <b>Equetro</b> )		b	b, qmx2 , then q6m	qmx2, then q6m	b, q12m	b,qmx2, then q6m	b,prn	
Lithium	b, q3m	b,3m,6m, then q12m		Inpt: 2x in 1 <sup>st</sup> 10 days, then q2wk Outpt: qmx2, then q6m	b,3m,6m,the n q12m		b,prn	b,6m, then q12m
Valproate/ Divalproex (Depakote, Depakote ER)	b, q3m		Plt: b, qmx2 , then q6m	qmx2, then q6m		b,qmx2, then q6m	b,prn	

<sup>A1</sup>HLA-B\*1502 allele screening is required before starting treatment with carbamazepine, patients with ancestry across broad areas of Asia, including South Asian Indians. If testing is not available to the patient, carbamazepine products should ordinarily not be used.

<sup>A2</sup>Plt=Platelets

**Psychostimulant & ADHD Related Agents (Updated 10-08)**

Generic Name	Brand Name	Outpatient	Inpatient
Amphetamine/ Dextroamphetamine	Adderall	<b>Children and Adolescent</b> <ul style="list-style-type: none"> <li>Height, Weight, Blood Pressure, and Pulse &amp; baseline, every 6 months, and after dose adjustment</li> <li>Stimulants: Patients with preexisting heart disease or symptoms suggesting significant CVD should be referred for consultation with a pediatrician and/or cardiologist for possible ECG and /or Echo prior to a stimulant trial. If stimulants are initiated, then the patient should also be followed by the pediatrician and/or cardiologist during the course of treatment.</li> </ul> <b>Adult</b> <ul style="list-style-type: none"> <li>Weight, Blood Pressure, and Pulse &amp; baseline, every 6 months, and after dose adjustment</li> </ul>	Standard lab on admission
Amphetamine/ Dextroamphetamine	Adderall XR		
Atomoxetine	Strattera		
Dexmethylphenidate	<b>Focalin, Focalin XR</b>		
Dextroamphetamine	<b>Dexedrine<sup>1</sup>, Dextrostat, Dexedrine spansule<sup>1</sup></b>		
Lisdexamfetamine	<b>Vyvanse</b>		
Methamphetamine	<b>Desoxyn</b>		
Methylphenidate	<b>Methylin, Ritalin, Metadate ER, Methylin ER, Ritalin SR, Metadate CD, Ritalin LA</b>		
Methylphenidate	Concerta		
Methylphenidate	<b>Daytrana</b>		
Modafinil	<b>Provigil</b>		

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**Alpha Agonist**

<b>Generic Name</b>	<b>Brand Name</b>	<b>Outpatient</b>	<b>Inpatient</b>
Clonidine	Catapres	Blood Pressure and Pulse prior to initiating & within 1 mo after its use or after any increase in dosage	Standard lab on admission
Guanfacine	Tenex		