



COUNTY OF YOLO

HEALTH AND HUMAN SERVICES AGENCY

POLICIES AND PROCEDURES

SECTION 5, CHAPTER 11, POLICY 002-C

ATTACHMENT C – PARAMETERS FOR THE USE OF ANTIPSYCHOTIC MEDICATIONS

A. General Parameters for Use

1. Essential Use

- a. Antipsychotic medications should almost always be tried in individuals with a diagnosis of schizophrenia or schizoaffective disorder if positive or negative symptoms are present, or have been present in the last year, and no contraindications exist.

2. Optional Use

- a. Antipsychotic medications may be continued in individuals with a diagnosis of schizophrenia or schizoaffective disorder who are asymptomatic for greater than one year if the practitioner judges the risks of relapse to outweigh the risks of medication use.
- b. Antipsychotic medications may be tried in individuals with diagnoses other than schizophrenia or schizoaffective disorder in which psychotic symptoms (including negative symptoms) are present.
- c. Antipsychotic medications may be used to treat mania in bipolar disorder, manic phase, or mixed type; and to prophylactically decrease the likelihood of developing mania during antidepressant treatment for bipolar disorder, depressed phase.

B. Multiple Concurrent Antipsychotic Medications

1. Use of One Antipsychotic Medication

- a. Only one antipsychotic medication should be used at any one time, except during brief (equal to or less than 90 days) transition from one to another or in exceptional circumstances.
- b. Exceptional circumstances are those when successful trials of monotherapy with available newer antipsychotic medications at appropriate dose and duration have been unsuccessful.

2. Use of Two or More Newer Antipsychotic Medications

- a. Prior to initiating concurrent treatment with two or more newer antipsychotic medications for individuals who have not responded to treatment with single newer antipsychotic medications, a trial of clozapine should be considered and initiated unless there are significant contraindications that have clearly been documented as such in the medical record.
- b. Whenever two or more antipsychotics are prescribed simultaneously, reasons for this polypharmacy and estimated duration should be periodically (at least every 90 days) and fully documented in the medical record.

C. Use of Newer (Second Generation) Antipsychotic Medications

1. Essential Use

- a. A second generation antipsychotic medication (other than clozapine) should be used for initial treatment of acute psychotic episodes.
- b. A second generation antipsychotic medication should be tried in individuals currently receiving conventional antipsychotic medication if symptoms persist and are clinically significant more than 6 months after an adequate trial of conventional antipsychotic medications, and there are no contraindications to such treatment.
- c. A second generation antipsychotic medication should be tried if clinically significant Parkinsonism, dystonia or akathisia is present and cannot be effectively managed by lowering the dose of the current antipsychotic medication.
- d. A second generation antipsychotic medication should be tried if tardive dyskinesia is present and cannot be effectively managed through dosage reduction of the current antipsychotic medication.

2. Optional Use

- a. A decision to substitute a second generation antipsychotic medication for clients currently being maintained without acute untoward effects on older (first generation) antipsychotic medications should be determined by the treating physician based on clinical presentation and effectiveness.

D. Use of Clozapine

(Please also see Attachment D of this Policy for Guidelines for the Use of Clozapine)

1. Essential Use

- a. Clozapine should be tried if symptoms persist and are clinically significant more than 6 months after adequate trials of at least two other second generation antipsychotic medications, and there are no contraindications to such treatment.

- b. Clozapine should be tried if there is tardive dyskinesia that does not stabilize or reverse with switching to other second generation antipsychotic medications.

2. Optional Use

- a. Clozapine may be tried for individuals with psychotic disorders who have persistent suicidal ideation or behaviors that have not been significantly diminished by using other antipsychotic medications.

E. Use of Depot Antipsychotic Medications

1. Essential Use

- a. Long acting, injectable medications should be used in individuals who have had inadequate clinical response due to unreliable compliance with oral medication.

F. Antipsychotic Dosages

1. The lowest effective dose of antipsychotic medication should be used to promote comfort and safety, and to minimize the risks of extrapyramidal symptoms (EPS), tardive dyskinesia, and other untoward effects.
2. **Older (First Generation) Antipsychotic Medications:** An adequate trial with a daily dose equivalent between 300 mg and 600 mg of chlorpromazine (6 mg to 12 mg of haloperidol) should be attempted before using higher doses. Use of higher doses should be associated with appropriately increased monitoring of target symptoms and untoward effects and should not be continued for longer than 90 days in the absence of clinical improvement.
3. **Clozapine:** An adequate trial with a daily dose (after titration) between 150 mg and 600 mg should be attempted before using higher doses. Doses above 900 mg daily have not been shown to be clearly more effective and therefore should be used only after obtaining a clozapine plasma level and documentation of rationale and estimated duration of trial.
4. **Olanzapine:** An adequate trial with a daily dose between 10 mg and 20 mg should be attempted before using higher doses. Doses above 40 mg daily have not been shown to be clearly more effective and therefore should not be used without documentation of rationale and estimated duration of trial. Olanzapine should not be used to treat dementia-related psychosis in older adults due to a higher reported incidence of cerebrovascular adverse events (e.g., stroke, transient ischemic attack), including fatalities, in this population.
5. **Quetiapine:** An adequate trial with a daily dose between 150 mg and 800 mg should be attempted before using higher doses. Doses about 900 mg daily have not been shown to be clearly more effective and therefore should not be used without documentation of rationale and estimated duration of trial.
6. **Risperidone:** An adequate trial with a daily dose between 2 mg and 6 mg should be attempted before using higher doses. Doses above 12 mg daily have not been shown to be

clearly more effective and therefore should not be used without documentation of rationale and estimated duration of trial.

7. **Ziprasidone:** An adequate trial with a daily dose of 40 mg twice daily should be attempted before using higher doses. Doses above 80 mg twice daily have not been shown to be clearly more effective and therefore require clinical documentation of reasoning. Safety above 100 mg twice daily has not been established and such use therefore requires additional justification.
8. **Aripiprazole:** An adequate trial with a daily dose between 10 mg and 20 mg should be attempted before using higher doses. Doses above 30 mg daily have not been shown to be clearly more effective and therefore should not be used without documentation of rationale and estimated duration of trial.

G. General Health-Related Assessment and Monitoring for Individuals Receiving Antipsychotic Medications

1. Antipsychotic medication should be initiated and maintained only in circumstances that permit adequate general health related assessment and monitoring that is consistent with HHS parameters (see Attachment H of this Policy for Parameters for General Health-Related Monitoring and Interventions in Adults).
2. In situations in which individuals are noncompliant with assessment and monitoring recommendations, continued treatment with antipsychotic medications should be consistent with HHS guidelines for non-compliance.