San Francisco Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Mark Farrell
Mayor

CBHS PHARMACY SERVICES MANUAL

January 2018

CBHS PHARMACY SERVICES
1380 Howard Street, Room 130
San Francisco, CA 94103
415-255-3659

City and County of San Francisco
Department of Public Health
Mark Farrell, Mayor

SF Health Network Behavioral Health Services

San Francisco Health Network
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

CBHS Pharmacy Services
1380 Howard Street, Rm.130
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Phone 415.255.3659
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For updated drug formulary, listing of network pharmacies, policies & procedures, and treatment guidelines please visit:
http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/default.asp

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Introduction

The CBHS Pharmacy Services Manual is updated and printed annually to help support BHS providers in medication related services. Welcome to our 2018 edition.

About CBHS Pharmacy Services

The CBHS Pharmacy Services team provides pharmaceutical services and medication expertise to support clinicians and BHS clients in the wellness and recovery model of care. We support system of care programs and serve as a safety net to clients to ensure continuous access to mental health medications.

OUR MISSION: TO ADVANCE WELLNESS BY DELIVERING INNOVATIVE PATIENT-CENTERED CARE WITH CLINICAL EXPERTISE

OUR VISION: TO BE A LEADER IN PROVIDING PHARMACY SERVICES IN AN INTEGRATED HEALTH NETWORK

OUR VALUES: LEAD, LEARN, COLLABORATE, SERVE, EDUCATE

Prescription Benefits

Behavioral Health Services (BHS) offers prescription benefits for BHS clients with Healthy San Francisco (HSF) when prescriptions are written by a BHS prescriber following BHS formulary guidelines. These services are provided through our pharmacy benefits manager (PBM), MedImpact. BHS clients covered by insurance that includes prescription benefits (e.g. Medi-Cal, Medi-Cal Managed Care, MediCare-MediCal) receive prescription coverage through their insurance plan, and not through the BHS PBM service. Clients with Medicare A-B must enroll in a Medicare D drug plan for prescription coverage.

The Affordable Care Act mandates uninsured clients enroll in insurance; those eligible for Medi-Cal must enroll in Medi-Cal. Covered California offers expanded health coverage for those whose income is too high to qualify for Medi-Cal. Clients who do not qualify for any coverage must enroll in HSF.

For HSF clients of CBHS to receive prescription benefits through MedImpact, the **following are required**:

- **Prescriptions must be for psychiatric medications listed in the BHS Formulary** and must be prescribed by approved prescribers and dispensed according to BHS Formulary guidelines. Some medications may require a prior authorization request (PAR). If so, it is the prescribers' responsibility to follow the current BHS protocol to obtain a PAR. Questions about the formulary or guidelines may be directed to any of our clinical pharmacists by calling CBHS Pharmacy Services at (415) 255-3659.

- **Patient's BIS number (same as Avatar MRN)** must be provided to pharmacy to access prescription benefits

- **For BHS Providers (Non-PPN): All prescriptions must be entered into OrderConnect**

- **For PPN Providers: Prescriptions must be written on special BHS prescription forms.** If you have not yet received a supply of these special prescription forms, call CBHS Pharmacy Services at (415) 255-3659.

Laboratory Services:

BHS offers laboratory services through Laboratory Corporation of America (LabCorp). BHS will only pay for laboratory tests that are on the BHS laboratory formulary, unless special arrangements have been made in advance. A customized LabCorp Requisition is used to order tests. These forms are provided to BHS program sites and to individual prescribers in our Private Provider Network (PPN). Laboratory tests may be ordered electronically and results can be reviewed via OrderConnect.

Questions regarding tests approved on the laboratory formulary, and other general questions regarding BHS laboratory use policies may be directed to CBHS Pharmacy Services at (415) 255-3659. For more details, see the Laboratory Section of this manual.

ECG/EKG Services for Clients:

BHS clients who need an EKG for medication monitoring and do not have ready access through their Primary Care Physician may be referred to SFGH in accordance with the following procedure:

- Call CBHS Pharmacy Services at (415) 255-3659 and tell the receptionist you are calling to arrange for an EKG. Be prepared to provide the following information: Prescriber name, phone, and fax; Client name and BIS number; Reason for ordering EKG (e.g. drug name), Diagnosis, ICD-10 Code.
- Instruct the client to go to SFGH 1st Floor Registration Desk in the Hospital Lobby between the hours of 8am-4pm. There they will receive a card for EKG and instructions to proceed to unit 3C for their EKG.
- Upon receipt of EKG results, Pharmacy staff will forward results to prescriber.

Drug Information Service

CBHS Pharmacy provides clinical psychopharmacology telephone consultations for CBHS psychiatrists, staff and San Francisco County providers including primary care clinicians. This service is available Monday through Friday, except holidays, from 9:00 a.m. to 4:30 p.m. To access this service call (415) 255 -3705.

Please visit the link below and scroll down to “Medication Resources” for the most recent drug formulary, listing of network pharmacies, policies & procedures, and treatment guidelines.
www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/default.asp
(or search “CBHS SF” via Google to access the link)

Resources to be found in “Medication Resources” via this link:

Medication Resources

Pharmacy Services Manual
Pharmacy Services Manual 2018
Antipsychotic Prescribing Resources
Safer Prescribing of Antipsychotics Guideline
Atypical Antipsychotic Metabolic Side Effects Patient Handout
Patient Flyer - Anticholinergics in Chinese | English | Spanish | Tagalog | Vietnamese
Sedative-Hypnotic Prescribing Resources
Safer Prescribing of Sedative-Hypnotics Guideline
Non Sedative-Hypnotic Treatments of Insomnia Toolkit
Sleep Diary
Sleep Habits Do's and Don'ts in Chinese | English | Russian | Spanish | Tagalog | Vietnamese
Empower Patient Handout
CBT for Insomia Handout
UCSF Sleep Clinic Referral
Non Sedative-Hypnotic Treatment of Anxiety, Trauma and Obsessive-Compulsive Disorders Toolkit
Appendix 1: CBT Worksheets
Patient Flyer - Sedative-Hypnotics in Chinese | English | Spanish | Tagalog | Vietnamese
Patient Flyer - Sedative-Hypnotics and Buprenorphine in Chinese | English | Spanish | Tagalog | Vietnamese
Patient Flyer - Sedative-Hypnotics and Methadone in Chinese | English | Spanish | Tagalog | Vietnamese
Substance Use Disorders Prescribing Resources
Buprenorphine FAQ
Medication Approaches to Alcohol Use Disorder
Naloxone Training for Providers
Patient Flyer - Naloxone for Adult | College Party | Older Adult | Pediatric Overdose
Smoking Cessation Treatment
Child Youth and Family Prescribing Resources
Safer Use of Psychotropic Medications in Children and Adolescents
Other Resources
ADHD Pharmacotherapy Adults (Dec 2011)
Blood Pressure Guidelines for Behavioral Health Adults (Aug 2015)
InfoScribeR/Avatar User Support
Medication Web Link Resources
Primary Care Clinic Information
Formulary Resources
CBHS Formulary December 2017
DPH Formulary Comparison for Psychiatric Medications December 2017
DPH Formulary Comparison for Stimulant Medications December 2017
Frequently Asked Formulary Questions
Useful Forms
CBHS Prior Authorization Request Form
CBHS Formulary Change Request Form
Primary Care Coordination Form

I. Directories

San Francisco Health Network
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BEHAVIORAL HEALTH SERVICES
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RESOURCES DIRECTORY

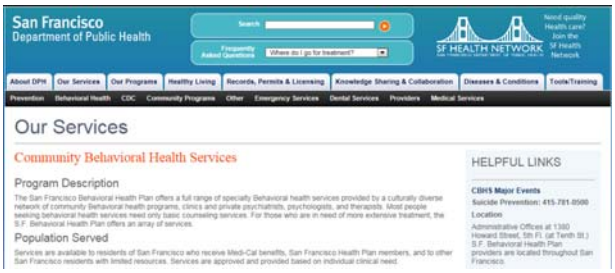
Avatar/Infoscriber Help	
Avatar Help Desk	415-255-3788 avatarhelp@sfdph.org
OrderConnect Member Support	888-227-6130 netsmartsupport@ntst.com
OrderConnect Registration/Login Support	415-255-3659
OrderConnect Web Access:	https://orderconnect.ntst.com
OrderConnect Account Update:	https://orderconnect.ntst.com/providers
Avatar User Support Webpage (Policy, User Manuals, FAQs) http://www.sfdph.org/dph/comupg/oservices/mentalHlth/BHIS/avatarUserDocs.asp	

Behavioral Health Access Center (BHAC)	415-255-3737
Healthy San Francisco	415-615-4500 www.healthysanfrancisco.org
Health Insurance Counseling and Advocacy Program (HICAP)	415-677-7520 800-434-0222 www.hicap.org
Laboratory Corporation of America (LabCorp)	800-888-1113
Medi-Cal	
Eligibility (AEVS)	800-456-2387
Fax TAR	800-829-4325
Provider Service	800-541-5555
Website	www.medi-cal.ca.gov
Medicare	
Medicare Part D Website	www.medicare.gov
Medicare UPIN listing	*See Below*
MedImpact	800-788-2949
San Francisco Health Plan	www.sfhp.org
Pharmacy Information	800-777-0074
Provider Relations	415-615-4250
Stericycle (Hazardous Waste Pick-up)	866-783-7422
Treatment Access Program (TAP)	415-255-3737

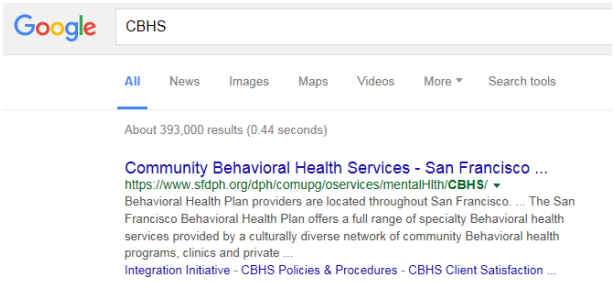
*https://www.cms.gov/Research-Statistics-Data-and-Systems/Files-for-Order/NonIdentifiableDataFiles/UniquePhysicianIdentificationDirectory.html

How to Find the BHS Public Website

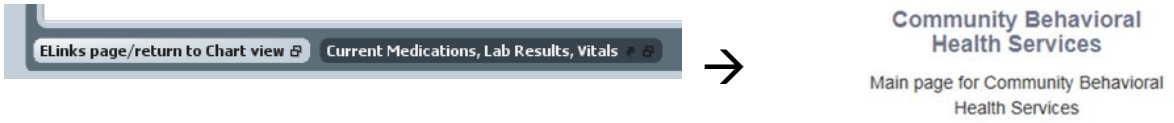
Website:
https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/default.asp



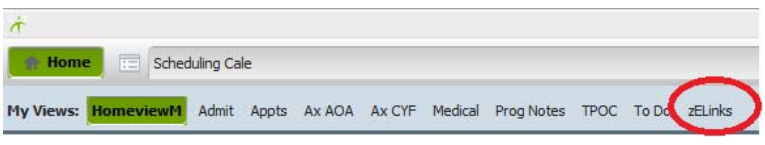
Google: Search "CBHS" or "CBHS SF"



Avatar: Go to ELinks page → Select "Community Behavioral Health Services"



Avatar Consoles: My Views → Select "zELinks"



CBHS Drug Information Consultation Service

The Drug Information Consultation Service responds to telephone drug information questions regarding mental health drug therapy and related questions. This service is available free of charge to all CBHS prescribers and staff, and to San Francisco County providers.

Mission

- Provide clinical psychopharmacology consultation for CBHS psychiatrists and staff, and to providers in San Francisco County (including physical health care providers)
- Develop and support evidence based drug use policy through comprehensive literature analysis and reviews

Consultations include:

- Dosing and designing drug regimens
- Evaluation of drug interactions
- Assessment of adverse drug effects
- Information on drug stability
- Drug use in pregnancy and lactation
- Practice guidelines and treatment algorithms
- Requests for primary literature
- Literature analysis and evaluation

Hours of Service

9:00am to 4:30pm Monday through Friday (except holidays)

Call (415) **255-3705** with your drug information request**.** Requests can be left on voice mail after hours or if no one is available to take your call. When leaving a voice mail, be certain to include the following information:

1. Your name and profession
2. Location
3. Phone or pager number and fax number
4. Time limitations
5. Question
6. Patient-specific information such as current drug regimen (including dosages), recent lab values, diagnosis, etc.

Response time depends on the complexity of the question, acuteness of the patient's problem, and staff resources. Please indicate when you need a response in your request. Our goal is to complete requests within one to five business days. The response you receive will be verbal or in writing via fax or mail. Due to staffing limitations, we are not a STAT service.

Staff

Pharmacy students with clinical pharmacist supervision frequently staff the service. The coordinator of the Drug Information Consultation Service is Michelle Geier, Pharm.D. In addition to completing a Doctorate in Pharmacy, Dr. Geier has completed residency training in both pharmacy practice and psychiatric pharmacy.

MEDICATION INFORMATION – CARLAT REPORT

www.thecarlatreport.com

Login: CBHS Password: CBHS

II. CBHS Prescription Procedures

CBHS Pharmacy Prescription Benefits Overview

Purpose:

To outline available CBHS prescription benefits based on client's insurance status

**** Clients with Medicare must enroll in a Medicare D drug plan for prescription coverage**

Client's Insurance	CBHS Benefit
Healthy San Francisco CBHS clients enrolled in Healthy San Francisco	Full coverage for CBHS Formulary prescriptions
Medi-Cal Medi-Cal (no share of cost) Medi-Cal with Share of Cost	No Prescription Coverage SOC may be covered by CBHS, retail pharmacies must contact MedImpact
Medicare D Medicare only	Pay up to $25 per prescription for co-pays for psychiatric medications Full coverage for CBHS Formulary over-the counter medications
Medi-Cal + Medicare Dual eligible Medicare and Medi-Cal	Pay up to $10 per prescription for co-pays for psychiatric medications
Healthy Workers San Francisco Health Plan	No prescription coverage by CBHS benefit Prescription coverage by SFHP
Other Health Coverage Kaiser, other private insurance	No prescription coverage
Temporary New clients activated with temporary number, or by a member activation request	Full coverage for CBHS Formulary prescriptions for 30 days

CBHS Prescription Information

For CBHS clients with Healthy San Francisco (HSF), the following applies:

❖ **Client Prescription Benefit Activation with MedImpact (Member Activation Form)**

- All clients are automatically eligible to receive prescription benefits 7 days after Avatar registration.

- **If medications are needed in less than 7 days**, prescription benefits must be manually activated.
  - To manually activate, the **Member Activation Form** must be completed and submitted. See form for detailed instructions (see following page).
  - Member activation occurs between the hours of 8:30 AM – 5:00 PM, Monday – Friday (excluding holidays).

❖ **Duration/Refill**

- Non-Scheduled medications: 90 day supply maximum
  - Maximum of 6 months worth of refills allowed
- Scheduled Medications: 35 day supply maximum
- Refills available when 75% of a 0-20 day supply has been used or when 82% of a 21 day or more supply has been used.
- Anything outside these parameters will require prior approval from Pharmacy Services by calling (415) 255-3659.

❖ **Lost/Stolen Medications**

- CBHS psychiatrist or another authorized prescriber must call the dispensing pharmacy or note "lost medication" on prescription. The dispensing pharmacy will then call MedImpact for approval.
- Limited to once per calendar year for all medications (controlled and non-controlled medications).

❖ **Vacation/Travel Supply of Medications**

- CBHS psychiatrist or another authorized prescriber must call the dispensing pharmacy or note "vacation supply" on prescription. The dispensing pharmacy will then call MedImpact for approval.
- One additional refill of the original quantity is the maximum amount that can be concurrently dispensed
- Clozapine and buprenorphine prescriptions are not included

❖ **Medi-Cal and Other Third Party Insured Clients**

- For clients with third party prescription coverage (including Medi-Cal and Medicare), the dispensing pharmacy must bill the third party insurer.
- For Medi-Cal clients, all non-electronic prescriptions must be executed on tamper-resistant pads.
- If you are seeing a client with third party prescription coverage (including Medi-Cal and Medicare), please contact the third party for questions concerning their formulary and prior approval process.

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BEHAVIORAL HEALTH SERVICES
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Kaiser Permanente Members

This is a memorandum to CBHS providers regarding the procedures to be followed when prescribing medications or ordering medication-related laboratory tests for CBHS clients who are Kaiser Permanente members. **Kaiser clients must fill prescriptions and receive blood draws at a Kaiser facility.**

Please follow the recommendations below before sending clients to Kaiser for pharmacy or laboratory services.

1. Provide the client with a copy of the Kaiser letter (on next page), filled-in with client name, Kaiser number, and date of birth. **Client should bring this letter to each pharmacy and laboratory visit.** Keep a copy in the client's chart.

2. Submit prescriptions in OrderConnect using eFax or provide client with a signed, printed prescription to bring to the Kaiser pharmacy. Always indicate on the prescription that client has an "**Authorized Outside Referral**".

3. Provide to client a filled-in lab requisition, with client name, Kaiser number, provider's information (full name, NPI number, telephone number, fax number, and address) so provider may receive lab results. Always indicate on the lab requisition that client has an "**Authorized Outside Referral**".

4. **Note that Kaiser clients insured through Medi-Cal must follow the Medi-Cal drug formulary. Kaiser clients insured through other means (i.e. Medicare, Medicare/Medi-cal, employment, self-pay, etc.) will follow the Kaiser formulary.**

If the client has problems getting prescriptions filled or laboratory work done, providers may contact CBHS Pharmacy Services at (415) 255-3659 for further assistance.

KAISER PERMANENTE

TO:

Kaiser Number:

Date of Birth: / /

Beginning July 1, 2001, your Kaiser Permanente supplemental prescription drug plan will no longer cover medications prescribed by non-Plan physicians. However, Kaiser Permanente has decided to make a coverage exception for certain prescriptions. Plan pharmacies will continue to fill those prescriptions that are prescribed by a County psychiatrist (or County-assigned psychiatrist) for their covered Kaiser Permanente patients who participate in certain County treatment programs.

Please bring this letter, with your prescription, to a Kaiser Permanente Plan pharmacy. For qualified prescriptions, you will be charged your regular drug plan copayment.

In addition, if your psychiatrist orders laboratory tests related to your psychiatric medications, the tests will be covered by Kaiser Permanente when you bring your physician order and this letter to a Kaiser Permanente laboratory.

Please remember that this exception applies only for your formulary psychiatric medications and related laboratory tests, and is subject to change at any time.

Sincerely,

Kaiser Foundation Health Plan

Remember...
Please bring this letter with you to the pharmacy or lab each visit, to help remind our staff that your prescription may qualify for this coverage exception.

DPH Formulary Comparison: Psychiatric Medications

December 1, 2017

Antidepressants	HSF	CBHS	LHH	MCAL	SFHP MediCal	ABC MediCal
amitriptyline	F	F	F	F	F	F
bupropion	F	F	F	F	F	F
bupropion SR (Wellbutrin SR)	NF	F	F	F	F	F
bupropion XL (Wellbutrin XL)	F	F	NF	F	F	NF
citalopram	F	F	F	NF	F	F
clomipramine	F	F	NF	F	F	F
desipramine	F	F	F	F	F	F
desvenlafaxine ER	NF	NF	NF	NF	NF	NF
doxepin	F	F	F	F	F	F
duloxetine	RF	F	F	F	F	NF
escitalopram	F	F	F	F	F	F
fluoxetine	F	F	F	F	F	F
fluvoxamine	F	F	NF	F	F	F
imipramine	F	F	F	F	F	F
isocarboxazid	NF	F	NF	NF	MCAL	MCAL
levomilnacipran ER	NF	NF	NF	NF	NF	NF
mirtazapine	F	F	NF	F	F	F
nefazodone	F	F	NF	NF	F	F
nortriptyline	F	F	F	F	F	F
paroxetine hcl	F	F	F	F	F	F
phenelzine	F	F	F	NF	MCAL	MCAL
protriptyline	F	F	NF	F	F	F
sertraline	F	F	F	F	F	F
tranylcypromine	NF	F	NF	NF	MCAL	MCAL
trazodone	F	F	F	F	F	F
venlafaxine XR	F	F	F	F	F	F
vilazodone	NF	NF	NF	NF	NF	NF
vortioxetine	NF	NF	NF	F	NF	NF

Antipsychotics	HSF	CBHS	LHH	MCAL	SFHPMC	ABCMC
aripiprazole	PAR	PAR	NF	F	MCAL	MCAL
aripiprazole ODT	NF	NF	NF	F	MCAL	MCAL
aripiprazole ER injection	NF	PAP	NF	NF	MCAL	MCAL
aripiprazole lauroxil ER inj	NF	PAP	NF	NF	MCAL	MCAL
asenapine	NF	NF	NF	F	MCAL	MCAL
brexpiprazole	NF	NF	NF	NF	MCAL	MCAL
cariprazine	NF	NF	NF	NF	MCAL	MCAL
chlorpromazine	F	F	F	F	MCAL	MCAL
clozapine	F	F	F(psych)	F	MCAL	MCAL
fluphenazine	F	F	NF	F	MCAL	MCAL
fluphenazine decanoate	F	F	NF	NF	MCAL	MCAL
haloperidol	F	F	F	F	MCAL	MCAL
haloperidol decanoate	F	F	F	F	MCAL	MCAL
iloperidone	NF	NF	NF	F	MCAL	MCAL
lurasidone	NF	NF	NF	F	MCAL	MCAL
loxapine	F	F	NF	F	MCAL	MCAL
olanzapine	PAR	PAR	NF	F	MCAL	MCAL
olanzapine ODT	NF	NF	NF	F	MCAL	MCAL
olanzapine long acting inj	NF	PAP	NF	NF	MCAL	MCAL
perphenazine	F	F	F	F	MCAL	MCAL
paliperidone	NF	NF	NF	NF	MCAL	MCAL
paliperidone inj (Sustena)	NF	PAP	NF	NF	MCAL	MCAL
paliperidone inj (Trinza)	NF	PAP	NF	NF	MCAL	MCAL
quetiapine	PAR	PAR	F	F	MCAL	MCAL
risperidone	F	F	F	F	MCAL	MCAL
risperidone ODT	F	F	F	NF	MCAL	MCAL
thioridazine	F	F	F	F	MCAL	MCAL
thiothixene	F	F	F	F	MCAL	MCAL
trifluoperazine	F	F	F	F	MCAL	MCAL
ziprasidone	F	F	NF	F	MCAL	MCAL

Sedatives/ Hypnotics	HSF	CBHS	LHH	MCAL	SFHP MediCal	ABC MediCal
alprazolam	NF	NF	F	NF	NF	F
chloral hydrate concentrate	F	F	NF	NF	NF	F
chlordiazepoxide	F	F	NF	NF	F	F
clonazepam	F	F	F	QL	F	F
eszopiclone	NF	NF	NF	NF	QL/RF	NF
flurazepam	NF	F	NF	RF	PAR	F
hydroxyzine HCl (Atarax)	F	F	F	F	F	F
hydroxyzine pam (Vistaril)	NF	F	NF	F	F	F
lorazepam	F	F	F	QL	QL	F
temazepam	F	F	F	RF	QL	F
ramelteon	NF	NF	NF	NF	NF	NF
suvorexant	NF	NF	NF	NF	NF	NF
tasimelteon	NF	NF	NF	NF	NF	NF
zaleplon	F	F	NF	NF	QL/RF	F
zolpidem	F	F	NF	RF	QL/RF	F

Miscellaneous	HSF	CBHS	LHH	MCAL	SFHPMC	ABCMC
amantadine	F	F	F	F	MCAL	MCAL
atomoxetine	NF	NF	NF	NF	NF	F (step therapy)
benztropine	F	F	F	F	MCAL	MCAL
buspirone	F	F	F	F	QL	F
carbamazepine	F	F	F	F	F	F
clonidine	F	F	F	F	F	F
clonidine patch	F	F	F	F	QL	NF
diphenhydramine	F	F	F	F	F	F
disulfiram	F	F	NF	F	F	F
divalproex	F	F	F	F	F	F
divalproex sprinkles	F	F	NF	F	QL	NF
divalproex, extended release	F	F	F	F	F	F
folic acid	F	F	F	F	F	F
guanfacine	NF	F	NF	F	QL	F
guanfacine ER	NF	NF	NF	NF	F	NF
lamotrigine	F	F	NF	F	F	F
liothyronine (T3)	F	F	NF	NF	F	F
lithium carbonate	F	F	F	F	MCAL	MCAL
lithium carbonate (Eskalith CR)	F	F	NF	NF	MCAL	MCAL
lithium carbonate ER (Lithobid)	F	F	F	F	MCAL	MCAL
modafinil	NF	NF	NF	NF	PAR	F
naloxone	F	F	F	F	MCAL	MCAL
naltrexone (oral)	F	F	NF	RF	MCAL	MCAL
prazosin	F	F	F	F	F	F
trihexyphenidyl	F	F	F	F	MCAL	MCAL
valproic acid	F	F	F	F	F	F

Legend						
F = Formulary	PAR = Prior Authorization Required					
RF=Restricted Formulary	MCAL = billed to Medi-Cal FFS (see MCAL formulary)					
NF=Non-Formulary	QL = quantity limits					
PAP= Patient Assistance Program						
HSF= Healthy San Francisco (Community Oriented Primary Care)						
CBHS = Community Behavioral Health						
LHH = Laguna Honda Hospital						
MCAL= Medi-Cal (Fee-for-Service)						
SFHP = San Francisco Health Plan						
ABC = Anthem Blue Cross						

FORMULARY ALIGNMENT AND PRESCRIBING

In concert with integration efforts in the San Francisco Health Network, the CBHS and COPC (Healthy San Francisco) Formulary Committees have been working to improve formulary alignment. Each core psychiatric drug class contains several full formulary ("F") options which have been selected as preferred drugs by the CBHS and COPC Formulary Committees.These cross-formulary medications should be used as first-line treatment. Using cross-formulary medications will facilitate patient access to medications, particularly for those individuals who transition between COPC and CBHS providers. In addition please be mindful of health plan formularies such as Medi-Cal managed care providers (San Francisco Health Plan or Anthem Blue Cross) which a patient may be transitioning to in the foreseeable future.

DPH Formulary Comparison: Stimulant Medications

December 1, 2017

Stimulants	HSF	CBHS	LHH	Medi-Cal	SFHP Medi-Cal ≤18 yo	SFHP Medi-Cal > 18 yo	ABC Medi-Cal
amphetamine salts IR (Adderall)	F	F	NF	RF (covered for ages 4-16)	QL	PAR	F
amphetamine salts XR (Adderall XR)	F (psych)	F	NF	NF	QL	PAR	NF
amphetamine salts XR (Mydayis)	NF	NF	NF	NF	NF	NF	NF
amphetamine XR (Dyanavel XR)	NF	NF	NF	NF	NF	NF	NF
amphetamine XR ODT (Adzenys-XR ODT)	NF	NF	NF	NF	NF	NF	NF
dexmethylphenidate	NF	NF	NF	NF	QL	PAR	F
dexmethylphenidate XR	NF	NF	NF	RF (covered for ages 4-16)	NF	NF	NF
dextroamphetamine IR	F	F	F	RF (covered for ages 4-16)	QL	PAR	F
dextroamphetamine ER	F (psych)	F	NF	NF	QL	PAR	NF
dextroamphetamine IR liquid	NF	NF	NF	NF	NF	NF	NF
lisdexamfetamine	NF	NF	NF	RF (covered for ages 4-16)	PAR	PAR	NF
methylphenidate IR (Ritalin IR)	F	F	F	RF (covered for ages 4-16)	QL	PAR	F
methylphenidate IR chewable	NF	NF	NF	NF	NF	NF	NF
methylphenidate IR oral solution	NF	NF	NF	NF	QL (up to age 12)	PAR	NF
methylphenidate CD (Metadate CD)	NF	NF	NF	NF	QL	PAR	NF
methylphenidate ER (Metadate ER)	F (psych)	F	NF	NF	QL	PAR	F
methylphenidate ER (Concerta)	F (psych)	F	NF	NF	PAR	PAR	NF
methylphenidate XR suspension (Quillivant XR)	NF	NF	NF	NF	NF	NF	NF
methylphenidate XR chewable (Qullichew ER)	NF	NF	NF	NF	NF	NF	NF
methylphenidate LA (Ritalin LA)	NF	NF	NF	NF	PAR	PAR	NF
methylphenidate SR (Ritalin SR)	F (psych)	F	NF	NF	PAR	PAR	F
methylphenidate transdermal patch	NF	NF	NF	NF	NF	NF	NF

SAN FRANCISCO MENTAL HEALTH PLAN FORMULARY

Dec-17

CBHS	Medi-Cal	Antidepressants	Commonly Available Strengths	*Max Daily Dosage	Dosage Form	COMMENT
F	F	amitriptyline	10, 25, 50, 75, 100, 150	300	TAB	
F	F	bupropion	75, 100	450	TAB	bid-tid
F	F	bupropion SR	100, 150, 200	400	TAB	bid
F	F	bupropion XL	150, 300	450	TAB	once daily
F	NF	citalopram	10, 20, 40	40	TAB	
F	F	clomipramine	25, 50, 75	250	TAB	
F	F	desipramine	10, 25, 50, 75, 100, 150	300	TAB	
NF	NF	desvenlafaxine ER	25, 50, 100	100	TAB	
F	F	doxepin	10, 25, 50, 75, 100, 150	300	CAP	
F	F	duloxetine	20, 30, 60	120	CAP	
F	F	escitalopram	5, 10, 20	20	TAB	once daily
F	F	fluoxetine	10, 20, 40	80	CAP	40mg nonformulary (use 2x20mg)
F	F	fluvoxamine	25, 50, 100	300	TAB	
F	F	imipramine	10, 25, 50	300	TAB	
F	NF	isocarboxizid	10	60	TAB	2-4x/day
NF	NF	levomilnacipran ER	20, 40, 80, 120	120	CAP	
F	F	mirtazapine	15, 30, 45	45	TAB	
NF	F	mirtazapine ODT	15, 30, 45	45	TAB	
F	NF	nefazodone	50, 100, 150, 200, 250	600	TAB	liver failure warning -->LFT monitoring
F	F	nortriptyline	10, 25, 50, 75	150	CAP	
F	F	paroxetine	10, 20, 30, 40	60	TAB	
F	NF	phenelzine	15	90	TAB	
F	F	protriptyline	5, 10	60	TAB	
F	F	sertraline	25, 50, 100	200	TAB	
F	NF	tranylcypromine	10	60	TAB	
F	F	trazodone	50, 100, 150	400	TAB	IR only
F	F	venlafaxine XR	37.5, 75, 150	225	CAP	once daily
NF	NF	vilazodone	10, 20, 40	40	TAB	
NF	F	vortioxetine	5, 10, 15, 20	20	TAB	MCAL does not cover 15mg tabs

CBHS	Medi-Cal	Antipsychotics	Commonly Available Strengths	*Max Daily Dosage	Dosage Form	COMMENT
PAR	F	aripiprazole	2, 5, 10, 15, 20, 30	30	TAB	once daily; liquid formulation discontinued
NF	F	aripiprazole ODT	10,15	30	ODT	once daily
PAP	NF	aripiprazole ER injection	300, 400	400	INJ	once monthly
PAP	NF	aripiprazole lauroxil ER injection	441, 662, 882	882	INJ	every 4-6 weeks
NF	F	asenapine	5, 10	20	TAB	bid
NF	NF	brexpiprazole	0.25, 0.5, 1, 2, 3, 4	4	TAB	
NF	NF	cariprazine	1.5, 3, 4.5, 6	6	CAP	
F	F	chlorpromazine	10, 25, 50, 100, 200	2000	TAB	
F	F	clozapine	12.5, 25, 50, 100, 200	900	TAB	MCAL forms: 200mg tab and all ODT
F	F	fluphenazine	1, 2.5, 5, 10	40	TAB	
F	NF	fluphenazine decanoate	25mg/ml		INJ	Must order from CBHS Pharmacy Svcs
F	F	haloperidol	0.5, 1, 2, 5, 10, 20	30	TAB	
F	NF	haloperidol decanoate	50mg/ml, 100mg/ml		INJ	Must order from CBHS Pharmacy Svcs
NF	F	iloperidone	1, 2, 4, 6, 8, 10, 12	24	TAB	bid
NF	F	lurasidone	20, 40, 80, 120	160	TAB	
F	F	loxapine	5, 10, 25, 50	250	CAP	
PAR	F	olanzapine	2.5, 5, 7.5, 10, 15,20	20	TAB	generic
NF	F	olanzapine ODT	5,10,15,20	20	TAB	generic
PAP	NF	olanzapine long acting injection	150, 210, 300, 405	405	INJ	Not recommended- post injection delirium/sedation
NF	NF	paliperidone	1.5, 3, 6, 9	12	TAB	
PAP	NF	paliperidone inj (Sustenna)	39, 78, 117, 156, 234	234	INJ	once monthly
PAP	NF	paliperidone inj (Trinza)	273, 410, 546, 819	819	INJ	every 3 months
F	F	perphenazine	2, 4, 8, 16	64	TAB	
PAR	F	quetiapine	25, 50, 100, 200, 300, 400	800	TAB	25mg restricted to <18 and >60 yo. 50mg NF
NF	F	quetiapine XR	50,100, 150, 200, 300, 400	800	TAB	100mg NF for MCAL
F	F	risperidone	0.25, 0.5, 1, 2, 3, 4	8	TAB	generic
F	NF	risperidone ODT	0.5, 1, 2, 3, 4	8	ODT	
F	F	thiothixene	1, 2, 5, 10, 20	60	CAP	
F	F	trifluoperazine	1, 2, 5, 10	40	TAB	
F	F	ziprasidone	20, 40, 60, 80	200	CAP	

F = Formulary

NF = Non-formularly; may be covered through Medi-Cal with a TAR

PAR = Prior Authorization Required

PAP = Patient Assistance Program (not paid for by San Francisco Mental Health Plan)

RF = Restricted formulary

CBHS Pharmacy Service 415-255-3659

MedImpact 800-788-2949

MediCal 800-541-5555

All oral dosage forms (tablet, capsule and liquid) and strengths are covered unless otherwise indicated.

*Max Daily Dosage and commons daily dosage are provided as an abitrary reference, each patient must be individually titrated to tolerance and response.

SAN FRANCISCO MENTAL HEALTH PLAN FORMULARY

Dec-17

CBHS	Medi-Cal	Anxiolytics/Sedatives/Hypnotics	Commonly Available Strengths	*Max Daily Dosage	Dosage Form	COMMENT
NF	NF	alprazolam	0.25, 0.5, 1, 2	4	TAB	
F	NF	chloral hydrate conc.	500mg/5ml	1000	CONC	
NF	NF	chloral hydrate capsules	500	1000	CAP	
F	NF	chlordiazepoxide	5, 10, 25	300	CAP	
F	F	clonazepam	0.5, 1, 2	4	TAB	MCAL Quantity limits
NF	RF	diazepam	2, 5, 10	60	TAB	
F	F	diphenhydramine	25, 50	400	CAP	
NF	NF	eszopiclone	1, 2, 3	3	TAB	
F	RF	flurazepam	15, 30	30	CAP	
F	F	hydroxyzine HCl (Atarax)	10, 25, 50	400	TAB	
F	F	hydroxyzine pamoate (Vistaril)	25, 50	400	CAP	
F	F	lorazepam	0.5, 1, 2	10	TAB	MCAL Quantity limits
NF	NF	ramelteon	8	8	TAB	
NF	NF	suvorexant	5, 10, 15, 20	20	TAB	
NF	NF	tasimelteon	20	20	CAP	
F	RF	temazepam	7.5, 15, 22.5, 30	30	CAP	7.5mg and 22.5mg NF CBHS, 22.5mg NF MCal
F	NF	zaleplon	5, 10	20	CAP	
F	RF	zolpidem	5, 10	10	TAB	
NF	NF	zolpidem CR	6.25, 12.5	12.5	TAB	

CBHS	Medi-Cal	Stimulants	Commonly Available Strengths	*Max Daily Dosage	Dosage Form	COMMENT
F	RF	amphetamine salts (Adderall)	5, 7.5, 10, 12.5, 15, 20, 30	40	TAB	
F	NF	amphetamine salts (Adderall XR)	5, 10, 15, 20, 25, 30	60	CAP	
NF	NF	dexmethylphenidate (Focalin)	2.5, 5, 10	20	TAB	
NF	RF	dexmethylphenidate XR (Focalin XR)	5, 10, 15, 20, 25, 30, 35, 40	40	CAP	
F	RF	dextroamphetamine IR	5, 10	40	TAB	
F	NF	dextroamphetamine ER	5, 10, 15	40	CAP	
NF	NF	dextroamphetamine IR liquid	5mg/5mL	40	SOLN	bubble gum flavored
NF	RF	lisdexamfetamine (Vyvanse)	10, 20, 30, 40, 50, 60, 70	70	CAP	
F	RF	methylphenidate IR	5, 10, 20	60	TAB	
NF	NF	methylphenidate IR chewable	2.5, 5, 10	60	TAB	
NF	NF	methylphenidate IR oral solution	5mg/5mL, 10mg/5mL	60	SOLN	grape flavored
NF	NF	methylphenidate CD (Metadate CD)	10, 20, 30, 40, 50, 60	60	CAP	biphasic
F	NF	methylphenidate ER (Metadate ER)	10, 20	60	TAB	slow release
F	NF	methylphenidate ER (Concerta)	18,27, 36, 54	72	TAB	triphasic
NF	NF	methylphenidate XR suspension (Quillivant XR)	5mg/mL	60	SUS	banana flavored
NF	NF	methylphenidate LA (Ritalin LA)	10, 20, 30, 40	60	CAP	biphasic
F	NF	methylphenidate SR (Ritalin SR)	20	60	TAB	slow release
NF	NF	methylphenidate transdermal patch	10, 15, 20, 30	30	PATCH	To be worn for 9 hours or less per day
CBHS	Medi-Cal	Miscellaneous	Commonly Available Strengths	*Max Daily Dosage	Dosage Form	COMMENT
F	F	amantadine	100	400	CAP	
F	F	atenolol	25, 50, 100	100	TAB	
NF	NF	atomoxetine	10, 18, 24, 40, 60, 80, 100	100	CAP	
F	F	benztropine	0.5, 1, 2	6	TAB	
F	F	bethanechol	5, 10, 25, 50	400	TAB	
PAR	NF	buprenorphine	2, 8	16	TAB	Call OBIC 552-6242
PAR	NF	buprenoprhine/naloxone	2/0.5, 8/2	16	TAB	Call OBIC 552-6242
F	F	buspirone	5, 10,15, 30	60	TAB	
F	F	carbamazepine	100, 200	1200	TAB	
F	F	clonidine	0.1, 0.2, 0.3	0.4	TAB	
F	F	clonidine patch	0.1, 0.2, 0.3	0.4	PATCH	applied once every 7 days
F	NF	cyproheptadine	4	32	TAB	
F	F	disulfiram	250, 500	500	TAB	
F	F	divalproex (Depakote)	125, 250, 500	60mg/kg/day	TAB	
F	F	divalproex ext release (Depakote ER)	250, 500	60mg/kg/day	TAB	80% as bioavailable as divalproex
F	F	divalproex sprinkles (Depakote Sprinkles)	125	60mg/kg/day	CAP	sprinkle on food; swallow, do not chew
F	F	docusate sodium	100, 250	500	CAP	
F	F	folic acid	0.4, 0.8, 1		TAB	0.4mg RF
F	F	guanfacine	1, 2	4	TAB	
NF	NF	guanfacine ER	1, 2, 3, 4	7	TAB	
F	F	gabapentin	100, 300, 400, 600, 800	3600	CAP/TAB	
F	F	lamotrigine	25, 100, 150, 200		TAB	
F	F	levothyroxine (T4, Synthroid)	multiple doses	0.3	TAB	
F	NF	liothyronine (T3, Cytomel)	0.005, 0.025, 0.05	0.1	TAB	
F	F	lithium carbonate	150, 300		CAP	MCAL 300mg only
F	NF	lithium carbonate SR (Eskalith-CR)	450		TAB	
F	F	lithium carbonate ER (Lithobid)	300		TAB	
NF	NF	modafinil	100, 200	400	TAB	
F	NF	multivitamin			TAB	
F	F	naloxone	4mg/0.1ml, 2mg/2ml, 0.4mg/ml		SPRY/SYR/VL	for overdose prevention, call CBHS 255-3659
F	RF	naltrexone (oral)	50	50	TAB	
PAR	F	nicotine transdermal patch	7, 14, 21		PATCH	for use with behavioral modification
PAR	F	nicotine gum	2,4		GUM	for use with behavioral modification
NF	F	oxcarbazepine	150, 300, 600	2400	TAB	
F	F	prazosin	1, 2, 5	15	CAP	
F	F	propranolol	10, 20, 40, 60, 80	120	TAB	
F	NF	psyllium powder			POW	
F	F	trihexyphenidyl	2, 5	15	TAB	
F	F	valproic acid	250	60mg/kg/day	CAP	

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Active San Francisco OrderConnect Pharmacies

***HSF: Participants can pick up prescriptions at these Walgreens locations or at ZSFG Hospital Outpatient Pharmacy

Name	Store Number	Address	Cross_Street	City	State	Zip	Telephone	Fax
A G Pharmacy								
***HSF - Potrero Hill Health Center Women's Health Center		3636 Cesar Chavez St	San Jose Ave	San Francisco	CA	94110	415-647-3757	415-643-9851
AHF Pharmacy San Francisco		4071 18th St	Castro St	San Francisco	CA	94114	415-255-2720	415-255-0937
B & B Prescription Pharmacy		1727-A Fillmore St	Post St	San Francisco	CA	94115	415-674-8116	415-674-8509
Bayview Mental Health		4301 3rd St	Jerrold Ave	San Francisco	CA	94124-2101	415-648-5785	415-695-9830
Bell Market Pharmacy	905	1336 Post St	Gough St	San Francisco	CA	94109	415-771-1844	415-771-1513
CarePlus CVS/Pharmacy	2708	445 Castro St	17th St	San Francisco	CA	94114	415-864-7030	415-864-7071
Castro Street Pharmacy		191 Golden Gate Ave	Leavenworth St	San Francisco	CA	94103	415-255-0516	415-864-4995
CBHS Pharmacy Services	Rm 130	1380 Howard St	10th St	San Francisco	CA	94103	415-255-3659	415-255-3754
Central Drug Store		4494 Mission St	Francis St	San Francisco	CA	94112	415-585-0111	415-585-9006
Chinese Hospital Pharmacy		845 Jackson St	Stockton St	San Francisco	CA	94133	415-677-2430	415-677-2441
Chronimed Pharmacy		2275 Market St #B	Sanchez St	San Francisco	CA	94114	415-437-1454	800-285-2999
Clay Medical Pharmacy		929 Clay St	Stockton St	San Francisco	CA	94108	415-956-5456	415-956-5459
Clement Pharmacy		1922 Clement St	20th St	San Francisco	CA	94121	415-387-3000	415-387-3008
Community A, Walgreens		2262 Market St	16th St	San Francisco	CA	94114	415-255-0101	415-255-0201
Community Pharmacy		2462 Mission St	21st St	San Francisco	CA	94110	415-648-0815	415-285-1237
Costco Pharmacy	144	450 10th St	Harrison St	San Francisco	CA	94103	415-626-4341	415-437-9438
County Jail 8 Pharmacy		425 7th St	Bryant St	San Francisco	CA	94103	415-522-8238	415-522-8236
CVS Pharmacy	10035	581 Market St	2nd St	San Francisco	CA	94105	415-777-1654	415-882-7995
CVS Pharmacy	10036	2280 Market St	Noe St	San Francisco	CA	94114	415-554-0113	415-554-0156
CVS Pharmacy	10080	1059 Hyde St	California St	San Francisco	CA	94109	415-346-6100	415-346-6109
CVS Pharmacy	10188	499 Haight St	Fillmore St	San Francisco	CA	94117	415-503-0722	415-503-1057
CVS Pharmacy	10189	1285 A Sutter St	Van Ness Ave	San Francisco	CA	94109	415-923-5863	415-923-5907
CVS Pharmacy	1983	701 Portola Dr	Evelyn Wy	San Francisco	CA	94127	415-504-6043	415-504-7029
CVS Pharmacy	2852	731 Market St	O'Farrell St	San Francisco	CA	94103	415-243-0273	415-371-1743
CVS Pharmacy	4675	377 32nd Ave	Clement St	San Francisco	CA	94121	415-666-3153	415-751-1415
CVS Pharmacy	4770	1101 Market St	6th St	San Francisco	CA	94103	415-558-1538	415-558-1563
CVS Pharmacy	7596	1760 Ocean Ave	Dorado Terr	San Francisco	CA	94112	415-586-2107	415-586-2951
CVS Pharmacy	7657	351 California St	Sansome St	San Francisco	CA	94104	415-398-2578	415-398-5653
CVS Pharmacy	7955	2025 Van Ness Ave	Pacific St	San Francisco	CA	94109	415-353-5705	415-353-5709
CVS Pharmacy	10330	3600 Geary Blvd	Arguello Blvd	San Francisco	CA	94118	415-688-6083	415-872-1536
CVS Pharmacy	10622	995 Market St	6th St	San Francisco	CA	94103	415-348-1814	415-872-1535
Daniels Pharmacy		943 Geneva Ave	Mission St	San Francisco	CA	94112	415-584-2210	415-584-2202
Dave's Pharmacy		2001 Union St Ste 104	Buchanan St	San Francisco	CA	94123	415-931-8255	415-931-8998
450 (Four-Fifty) Sutter Pharmacy	7th Floor	450 Sutter St	Stockton St	San Francisco	CA	94108	415-392-4137	415-951-4912
Garden Health & Pharmacy	618	1750 Divisadero St	Bush St	San Francisco	CA	94115	415-202-0745	415-202-0747
Golden Gate Pharmacy		1844 Noriega St	26th Ave	San Francisco	CA	94122	415-661-0790	415-661-0639
Green House Pharmacy		1516 Noriega St	22nd Ave	San Francisco	CA	94122	415-665-7775	415-665-7796
Jewish Home For The Aged Pharmacy		302 Silver Ave	Lisbon St	San Francisco	CA	94112	415-469-2265	415-469-2369
Joes Pharmacy		5199 Geary Blvd	16th Ave	San Francisco	CA	94118	415-751-2326	415-751-2328
Kaiser Foundation Clinic Pharmacy		2238 Geary Blvd	Divisadero St	San Francisco	CA	94115	415-833-8152	415-833-8160
Kaiser Hosp Pharmacy French Campus		4141 Geary Blvd	5th Ave	San Francisco	CA	94118	415-833-1786	415-833-3645
Kaiser Permanente Medical Pharmacy		2200 O'Farrell St	Broderick St	San Francisco	CA	94115	415-833-4942	415-833-4648
Los Portales Pharmacy	Suite 110	2480 Mission St	21st St	San Francisco	CA	94110	415-826-3484	415-826-7077
Lucky's Pharmacy	756	1750 Fulton St	Masonic Ave	San Francisco	CA	94117	415-923-6789	415-923-6720
Lucky's Pharmacy	755	1515 Sloat Blvd	Ocean Ave	San Francisco	CA	94132	415-681-4136	415-681-9081
Mt Zion Medical Center UCSF	A002	1600 Divisadero St	Post St	San Francisco	CA	94143-1662	415-885-3817	415-353-9556
Parnassus Heights Pharmacy		350 Parnassus Ave Ste 100	Medical Center Wy	San Francisco	CA	94117	415-564-9191	415-566-9751
Pharmaca	7	925 Cole St	Carl St	San Francisco	CA	94117	415-661-3003	415-661-7646
Post & Divisadero Medical Phcy		2299 Post St	Divisadero St	San Francisco	CA	94115-3441	415-346-2663	415-346-8057
Red Square Pharmacy		442 Clement St.	6th Ave	San Francisco	CA	94118	415-387-5537	415-387-5489
Reliable Drug Pharmacy		801 Irving St	9th Ave	San Francisco	CA	94122-2310	415-664-8800	415-664-8518
Safeway #25-0970	250785	850 La Playa	Fulton St	San Francisco	CA	94121	415-387-0481	415-387-0932
Safeway #25-0909	250909	730 Taraval St	17th Ave	San Francisco	CA	94116	415-665-0119	415-665-3202

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Name	Store Number	Address	Cross_Street	City	State	Zip	Telephone	Fax
Safeway #25-0964	250964	4950 Mission St	Seneca Ave	San Francisco	CA	94112	415-239-8010	415-239-8066
Safeway #25-0985	250985	2350 Noriega St	30th Ave	San Francisco	CA	94122	415-665-8456	415-665-3802
Safeway #25-0995	250995	1335 Webster St	Byington St	San Francisco	CA	94115	415-921-4557	415-921-8566
Safeway #25-1490	251490	2300 16th St	Santiago St	San Francisco	CA	94103	415-575-1130	415-575-1133
Safeway #25-1507	251507	2020 Market St	Duboce Ave	San Francisco	CA	94114	415-436-9032	415-861-0196
Safeway #25-1711	251711	15 Marina Blvd	Baker St	San Francisco	CA	94123	415-563-5981	415-563-7718
Safeway #25-2606	252606	298 King St	4th St	San Francisco	CA	94107	415-633-1020	415-633-1005
Safeway #25-2646	252646	735 7th Ave	Townsend St	San Francisco	CA	94118	415-683-4074	415-683-4075
Zuckerberg SF Gen'l (ZSFG) Hospital Outpatient Pharmacy ***HSF - Pharmacy Network location	Rm 1P2	1001 Potrero Ave	22nd St	San Francisco	CA	94110-3594	415-206-8108	415-206-5551
ScriptSite Pharmacy	208	490 Post St Ste 208	Mason St	San Francisco	CA	94102	415-800-8060	415-800-8062
St Luke Hospital Pharmacy		3555 Cesar Chavez St	Guerrero St	San Francisco	CA	94110	415-641-6505	415-641-6646
St Mary's Medical Clin Phcy		2235 Hayes St	Stanyan St	San Francisco	CA	94117-1012	415-750-4878	415-750-8189
St Mary's Prescription Pharmacy	Ste 100	2166 Hayes St	Shrader St	San Francisco	CA	94117	415-387-3231	415-387-0904
Sutter Professional Pharmacy		2300 Sutter St	Scott St	San Francisco	CA	94115	415-567-3223	415-567-2633
Target/CVS Pharmacy	3201/17672	225 Bush St	Sansome St	San Francscio	CA	94104	415-365-0835	415-365-0845
Target/CVS Pharmacy	2768/17625	2675 Geary Blvd	Masonic Ave	San Francscio	CA	94118	415-796-5280	415-796-5291
Target/CVS Pharmacy	3203/17674	1830 Ocean Ave	Dorado Terr	San Francscio	CA	94112	415-840-0523	415-840-0534
Target/CVS Pharmacy	2766/17623	789 Mission St	4th St	San Francisco	CA	94103	415-343-6273	415-343-6283
Thousand Cranes Pharmacy	203	1832 Buchanan St	Bush St	San Francisco	CA	94115	415-409-4357	415-409-4355
Torgsyn Discount Pharmacy		5614 Geary Blvd	20th Ave	San Francisco	CA	94121	415-752-3737	415-752-3730
UCSF Ambulatory Pharmacy	RM -M39	505 Parnassus Ave		San Francisco	CA	94143	415-353-1544	415-353-8548
Visitacion Valley Pharmacy		100 Leland Ave	Desmond St	San Francisco	CA	94134	415-239-5811	415-239-5812
Walgreens Drug Store	887	1524 Polk St	California St	San Francisco	CA	94109	415-673-4701	415-673-4128
Walgreens Drug Store ***HSF - Pharmacy Network location	890	135 Powell St	O'Farrell St	San Francisco	CA	94102	415-391-7222	415-391-6649
Walgreens Drug Store ***HSF - Pharmacy Network location	893	1344 Stockton St	Vallejo St	San Francisco	CA	94133	415-981-6274	415-981-3931
Walgreens Drug Store	896	3601 California St	Spruce St	San Francisco	CA	94118	415-668-5202	415-668-1514
Walgreens Drug Store ***HSF - Pharmacy Network location	1054	3398 Mission St	Eugenia Ave	San Francisco	CA	94110	415-824-6886	415-824-0322
Walgreens Drug Store	1109	5260 Diamond Heights Blvd	Duncan St	San Francisco	CA	94131	415-695-2808	415-695-2842
Walgreens Drug Store ***HSF - Pharmacy Network location	1120	4645 Mission St	San Juan Ave	San Francisco	CA	94112	415-585-6900	415-585-1524
Walgreens Drug Store ***HSF - Pharmacy Network location	1126	1979 Mission St	16th St	San Francisco	CA	94103	415-558-8749	415-558-8729
Walgreens Drug Store ***HSF - Pharmacy Network location	1241	1201 Taraval St	22nd Ave	San Francisco	CA	94116	415-753-1305	415-753-3192
Walgreens Drug Store ***HSF - Pharmacy Network location	1283	500 Geary St	Taylor St	San Francisco	CA	94102	415-673-8413	415-673-8217
Walgreens Drug Store	1297	670 4th St	Balboa St	San Francisco	CA	94107	415-856-0543	415-856-0546
Walgreens Drug Store ***HSF - Pharmacy Network location	1327	498 Castro St.	18th St	San Francisco	CA	94114	415-861-3136	415-861-7358
Walgreens Drug Store ***HSF - Pharmacy Network location	1393	1630 Ocean Ave	Faxon Ave	San Francisco	CA	94112	415-239-0804	415-239-0462
Walgreens Drug Store	1403	3201 Divisadero St	Lombard St	San Francisco	CA	94123	415-931-6417	415-931-6241
Walgreens Drug Store ***HSF - Pharmacy Network location	1626	2494 San Bruno Ave	Felton St	San Francisco	CA	94134	415-468-4274	415-468-4283
Walgreens Drug Store	2005	2550 Ocean Ave	Woodacre Dr	San Francisco	CA	94132	415-587-9000	415-587-9893
Walgreens Drug Store	2088	1333 Castro St	Jersey St	San Francisco	CA	94114	415-826-8533	415-826-0298
Walgreens Drug Store	2125	320 Bay St	Powell St	San Francisco	CA	94133	415-296-0521	415-296-0505
Walgreens Drug Store	2152	1899 Fillmore St	Bush St	San Francisco	CA	94115	415-771-4603	415-771-8516
Walgreens Drug Store ***HSF - Pharmacy Network location	2153	790 Van Ness Ave	Eddy St	San Francisco	CA	94102	415-292-6155	415-292-9761

Active San Francisco OrderConnect Pharmacies

***HSF: Participants can pick up prescriptions at these Walgreens locations or at ZSFG Hospital Outpatient Pharmacy

Name	Store Number	Address	Cross_Street	City	State	Zip	Telephone	Fax
Walgreens Drug Store ***HSF - Pharmacy Network location	2244	3801 3rd St, #550	Evans Ave	San Francisco	CA	94124-1446	415-285-8773	415-285-8135
Walgreens Drug Store	2521	300 Montgomery St	Pine St	San Francisco	CA	94104	415-788-2984	415-788-2017
Walgreens Drug Store ***HSF - Pharmacy Network location	2705	2050 Irving St	22nd Ave	San Francisco	CA	94122	415-664-4215	415-664-2362
Walgreens Drug Store ***HSF - Pharmacy Network location	2866	1363 Divisadero St	O'Farrell St	San Francisco	CA	94115	415-931-9974	415-931-9825
Walgreens Drug Store ***HSF - Pharmacy Network location	3185	825 Market St	4th St	San Francisco	CA	94103	415-543-9502	415-543-9972
Walgreens Drug Store	3358	1301 Franklin St	Post St	San Francisco	CA	94109	415-775-6706	415-775-8064
Walgreens Drug Store	3383	141 Kearny St	Post St	San Francisco	CA	94108	415-834-0356	415-834-1065
Walgreens Drug Store ***HSF - Pharmacy Network location	3475	25 Point Lobos Ave	42nd Ave	San Francisco	CA	94121	415-386-0736	415-386-3005
Walgreens Drug Store	3624	275 Sacramento St	Front St	San Francisco	CA	94111	415-362-5227	415-362-5487
Walgreens Drug Store	3706	3838 California St	Jordan Ave	San Francisco	CA	94118	415-750-1322	415-750-1409
Walgreens Drug Store	3707	2100 Webster St Rm 105	Clay St	San Francisco	CA	94115	415-441-5742	415-441-6915
Walgreens Drug Store ***HSF - Pharmacy Network location	3711	1189 Potrero Ave	24th St	San Francisco	CA	94110	415-647-1397	415-647-0894
Walgreens Drug Store ***HSF - Pharmacy Network location	3849	745 Clement St	9th Ave	San Francisco	CA	94118	415-668-5250	415-668-1506
Walgreens Drug Store ***HSF - Pharmacy Network location	3869	1750 Noriega St	25th Ave	San Francisco	CA	94122	415-664-5543	415-664-6195
Walgreens Drug Store ***HSF - Pharmacy Network location	4231	2690 Mission St	23rd St	San Francisco	CA	94110	415-285-1576	415-285-1043
Walgreens Drug Store	4275	456 Mission St	Fremont St	San Francisco	CA	94105	415-348-9600	415-348-9605
Walgreens Drug Store ***HSF - Pharmacy Network location	4318	4129 18th St	Castro St	San Francisco	CA	94114	415-551-7837	415-551-7843
Walgreens Drug Store	4492	33 Drumm St	Sacramento St	San Francisco	CA	94111	415-989-6116	415-989-6143
Walgreens Drug Store	4529	2145 Market St	Church St	San Francisco	CA	94114	415-355-0800	415-355-0214
Walgreens Drug Store	4558	300 Gough St	Fell St	San Francisco	CA	94102	415-581-0600	415-581-0507
Walgreens Drug Store	4570	3001 Taraval St	40th Ave	San Francisco	CA	94116	415-759-0572	415-759-9408
Walgreens Drug Store ***HSF - Pharmacy Network location	4609	1301 Market St	9th St	San Francisco	CA	94103	415-861-4010	415-861-2777
Walgreens Drug Store	4680	730 Market St	3rd St	San Francisco	CA	94102-2502	415-397-4800	415-397-4038
Walgreens Drug Store ***HSF - Pharmacy Network location	5487	5300 3rd St	Williams Ave	San Francisco	CA	94124	415-671-0841	415-671-0870
Walgreens Drug Store	5599	2120 Polk St	Broadway	San Francisco	CA	94109	415-474-9752	415-474-0631
Walgreens Drug Store	5618	100 Sansome St	Bush St	San Francisco	CA	94104	415-362-2768	415-362-2937
Walgreens Drug Store	6291	116 New Montgomery St	Mission St	San Francisco	CA	94105	415-344-0891	415-344-0895
Walgreens Drug Store ***HSF - Pharmacy Network location	6557	199 Parnassus Ave	Stanyan St	San Francisco	CA	94117	415-661-5287	415-661-7519
Walgreens Drug Store	6625	2141 Chestnut St	Steiner St	San Francisco	CA	94123	415-567-9320	415-567-9162
Walgreens Drug Store	7043	459 Powell St	Sutter St	San Francisco	CA	94102	415-984-0793	415-984-0796
Walgreens Drug Store	7044	88 Spear St	Mission St	San Francisco	CA	94105	415-856-0733	415-856-0736
Walgreens Drug Store ***HSF - Pharmacy Network location	7150	965 Geneva Ave	London St	San Francisco	CA	94112	415-841-0507	415-841-0517
Walgreens Drug Store ***HSF - Pharmacy Network location	9886	3400 Cesar Chavez St	Mission St	San Francisco	CA	94110	415-285-0802	415-285-0158
Walgreens Drug Store	10044	45 Castro St Ste 124	Duboce Ave	San Francisco	CA	94114	415-565-0991	415-565-0997
Walgreens Drug Store	11385	1580 Valencia St	Duncan St	San Francisco	CA	94110	415-970-8001	415-970-8005
Walgreens Drug Store ***HSF - Pharmacy Network location	13583	901 Hyde St	Bush St	San Francisco	CA	94109	415-409-4230	415-409-4235
Walgreens Drug Store	13640	500 Parnassus Ave Rm I level	3rd Ave	San Francisco	CA	94143	415-504-8101	415-504-8106
Walgreens Drug Store ***HSF - Pharmacy Network location	13666	1300 Bush St	Larkin St	San Francisco	CA	94109	415-771-3303	415-771-0113

Active San Francisco OrderConnect Pharmacies

***HSF: Participants can pick up prescriptions at these Walgreens locations or at ZSFG Hospital Outpatient Pharmacy

Name	Store Number	Address	Cross_Street	City	State	Zip	Telephone	Fax
Walgreens Drug Store ***HSF - Pharmacy Network location	13667	5280 Geary Blvd	17th Ave	San Francisco	CA	94118	415-668-2041	415-668-7806
Walgreens Drug Store ***HSF - Pharmacy Network location	13668	1496 Market St	Van Ness Ave	San Francisco	CA	94102	415-626-9972	415-626-9919
Walgreens Drug Store ***HSF - Pharmacy Network location	13669	776 Market St	Stockton St	San Francisco	CA	94102	415-397-0837	415-397-2936
Walgreens Drug Store	13670	200 West Portal Ave	14th Ave	San Francisco	CA	94127	415-665-1008	415-665-1696
Walgreens Drug Store	15127	1175 Columbus Ave	Bay St	San Francisco	CA	94133	415-345-1079	415-673-3749
Walgreens Drug Store ***HSF - Pharmacy Network location	15296	2262 Market St	Noe St	San Francisco	CA	94114	415-255-0101	415-255-0201
Wellmans Pharmacy 1	1	1053 Stockton St	Jackson St	San Francisco	CA	94108	415-362-3622	415-956-6233
Wellmans Pharmacy 2	2	728 Pacific Ave	Grant Ave	San Francisco	CA	94133	415-788-8882	415-788-1103

III. Medicare Part D Prescription Drug Plan

RESOURCE FOR CLIENTS WITH MEDICARE D PLANS

HICAP (Health Insurance Counseling Advocacy Program) is available to assist our clients with their Medicare Part D plans. They are a program funded through State and Federal grants with a focus on helping seniors and disabled adults (including our behavior health clients) who are Medicare beneficiaries or pending Medicare coverage.

Clients can call to set up a one-on-one appointment to meet with a State Register HICAP Counselor to evaluate and compare their Part D plan. The HICAP counselors utilize the Medicare website and enter the client's medication list and explain the options to the clients who then chose a plan. Clients should bring a complete list of their prescription medications for the appointment, along with their Medicare card and Identification.

The program is run by appointment-only and does not function through walk in appointments due to site and counselor availability. They have several locations throughout San Francisco County.

Please call for appointments at their 1-800-434-0222 or locally at the 415-677-7520

For clients who may not be able to travel to HICAP offices, HICAP may be able to provide services at our clinics by special arrangement.

San Francisco County HICAP Office
601 Jackson Street, 2nd Floor
San Francisco, CA 94133
(415) 677-7520

Program Manager
Miguel Martinez

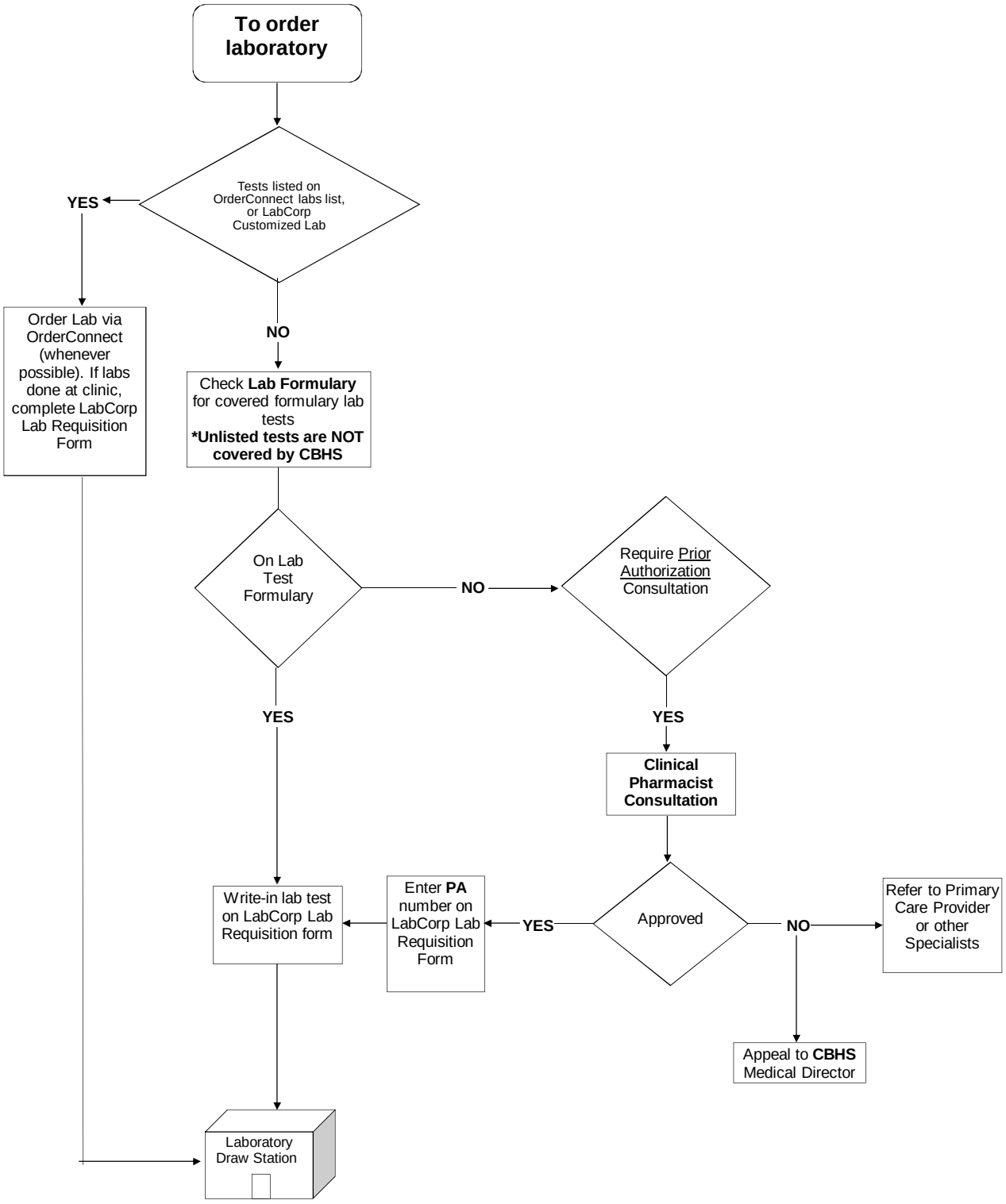
Link for HICAP website: http://hicap.org/

2018 California Medicare Part D Prescription Drug Plans
Premium <$120/month & No Deductible

PLAN NAME	MONTHLY PREMIUM	COVERAGE IN THE GAP?	PRIOR AUTHORIZATION	HELP DESK	FORMULARY WEBSITE	GENERAL WEBSITE
SilverScript Choice	$28.50	No	1-866-235-5660 https://www.silverscript.com/pdf/medicare-prescription-drug-coverage-authorization.pdf	1-800-790-6364	https://www.silverscript.com/pdf/choice-comprehensive-formulary.pdf	https://www.silverscript.com/
First Health Part D Value Plus	$56.30	Yes	1-800-551-2694 https://www.coventry-medicare.com/documents/individual/2017/providers/PA_PartD_Cd_2017_EN_CM.pdf	1-844-233-1938	https://www.coventry-medicare.com/documents/individual/2018/formularies/FORM_2018_18061FHDGC124_A2B_EN.pdf	https://www.coventry-medicare.com/en/compare-plans-enroll/first-health-part-d.html
Cigna-HealthSpring Rx Secure-Extra	$64.50	Yes	877-813-5595 https://www.cigna.com/iwov-resources/medicare-2017/docs/general-coverage-determination.pdf	1-855-391-2556	https://www.cigna.com/static/docs/medicare-2018/formulary-ea-pdp-b.pdf	https://www.cigna.com/medicare/part-d/secure-xtra-plan
WellCare Extra	$69.90	No	1-866-800-6111 https://www.wellcare.com/California/Forms/Request-PDP-Prescription-Drug-Coverage	1-888-550-5252	https://www.wellcare.com/~/media/PDFs/PDP-2018/pdp_extra_comprehensive_formulary_18439_eng_09_2017_R.ashx	https://www.wellcare.com/en/california/members/prescription-drug-plans-2018/wellcare-extra
Humana Enhanced	$82.80	Yes	1-800-555-2546 http://apps.humana.com/marketing/documents.asp?file=2096263	1-888-204-4062	http://apps.humana.com/marketing/documents.asp?file=3146780	https://buy.humana.com/medicare-secured/plan-details?planId=4NnFmRgj
AARP MedicareRx Preferred	$94.50	Yes	1-800-711-4555 https://www.uhcmedicaresolutions.com/Individual/Medication%20Prior%20Authorization%20Request%20Form.pdf	1-888-867-5575	https://www.uhcmedicaresolutions.com/alphadms/ovdms10g/groups/ov/@ov/@highrespdf/documents/highrespdf/4200574.pdf	https://www.uhcmedicaresolutions.com/health-plans.html#/details

IV. Laboratory

CBHS LABORATORY SERVICE ORDERING PROCEDURE



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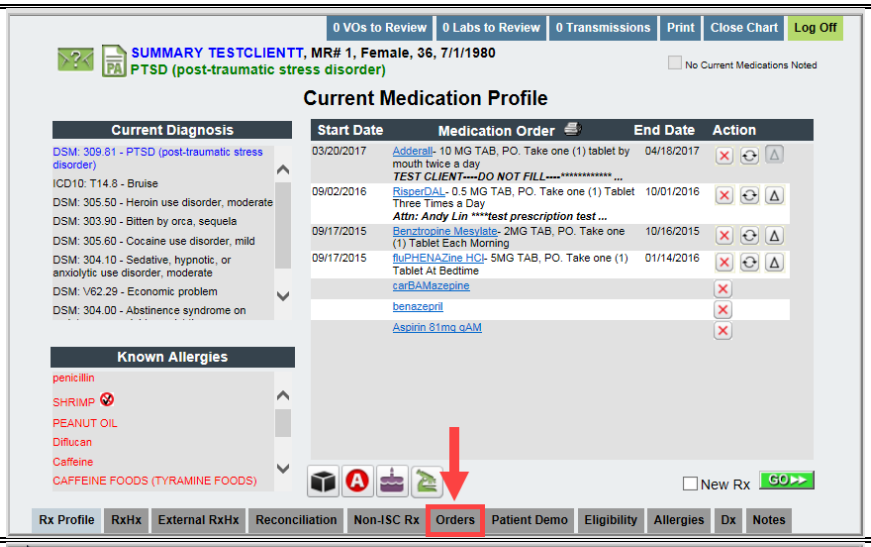
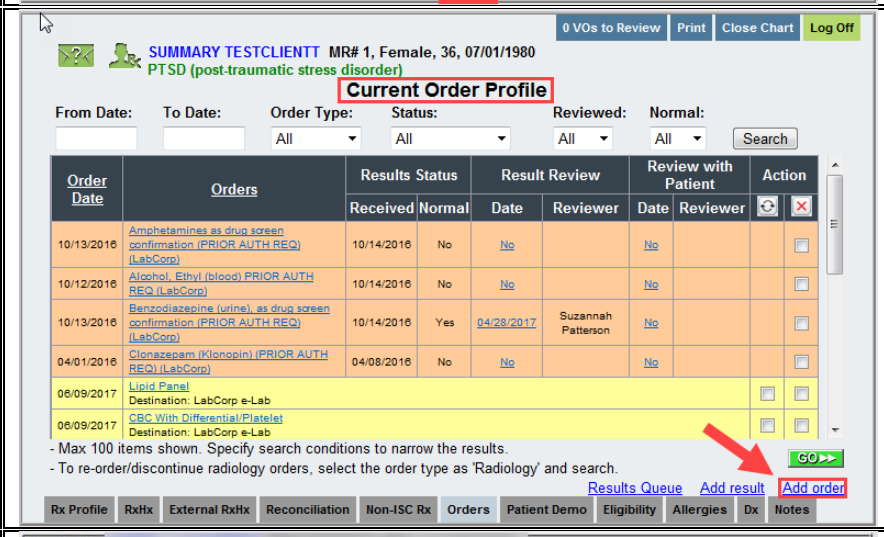
Ordering eLabs in Order Connect©

- Launch OrderConnect©
- Bring up patient profile
- Click on "Orders" Tab

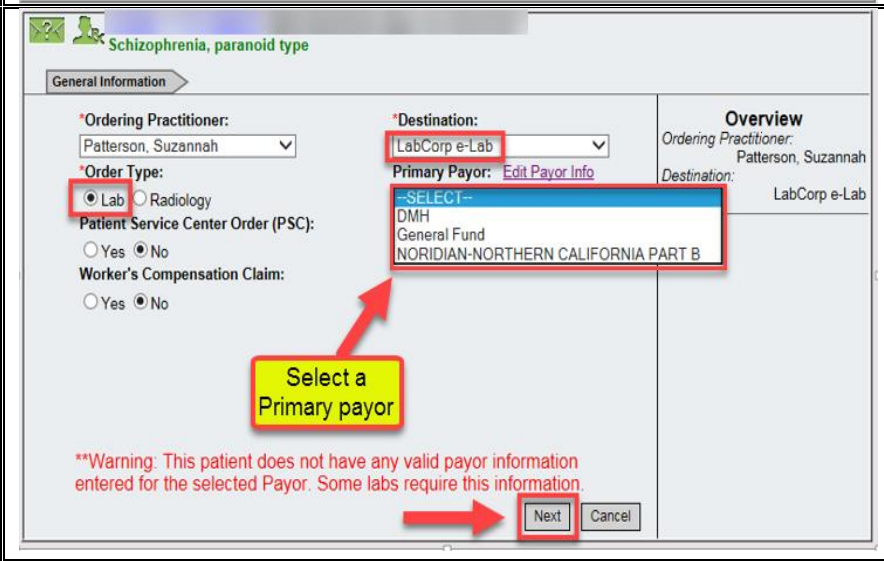


- Click on "Add Order"



Fill in all the required elements (Red "*") and a "Primary Payor"

- Select "Ordering Practitioner" if different from default
- Select "LabCorp e-Lab" as Destination
- Select a "Primary Payor"
  - Noridian-Northern California Part B = Medicare
  - DMH = Medi-Cal
  - General Fund = Account Bill **Note- Select this if you are unsure or do not know*
- Click "Next"



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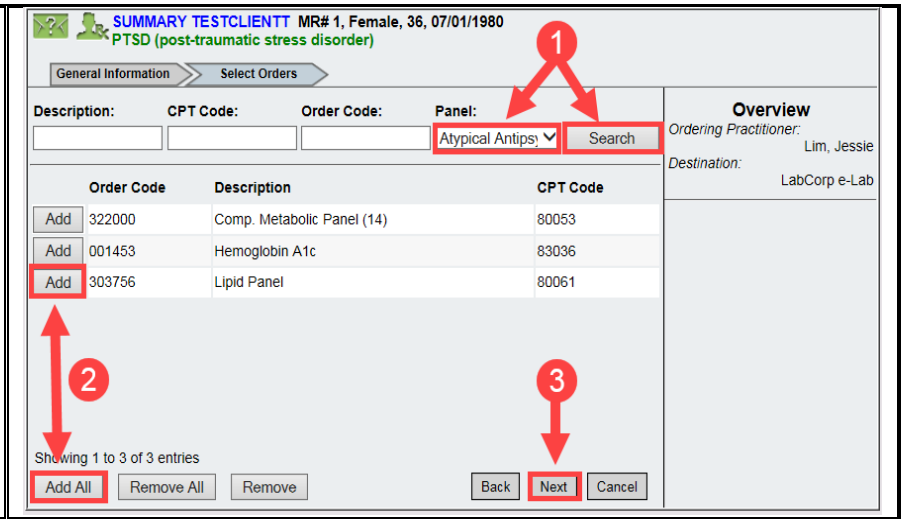
Ordering eLabs in Order Connect©

Add labs

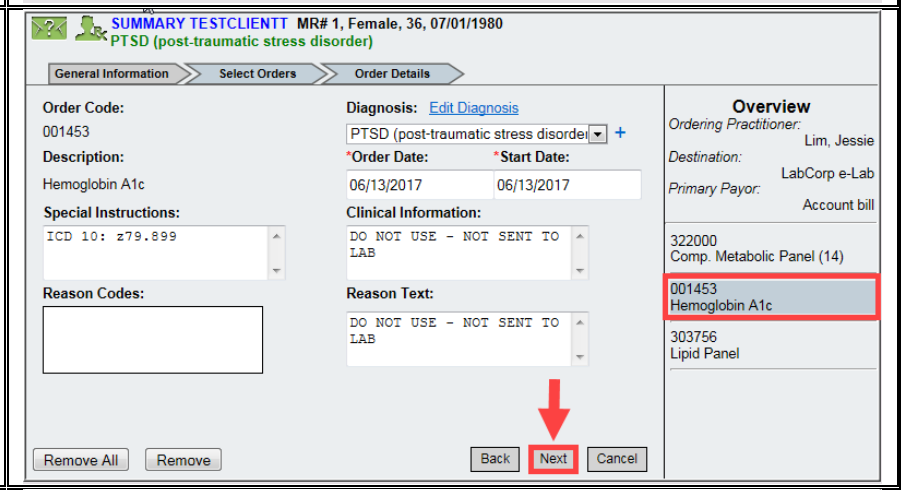
- Use "Panel" –> Preferred
  - Most commonly ordered labs are grouped
- Click "Add" to select labs individually or "Add All" to select all labs in panel
  - As labs are selected they will appear in the "Overview" section
- Click "Next" to save your selections



Adding specifics to a lab

Note anything added here is only for the lab highlighted

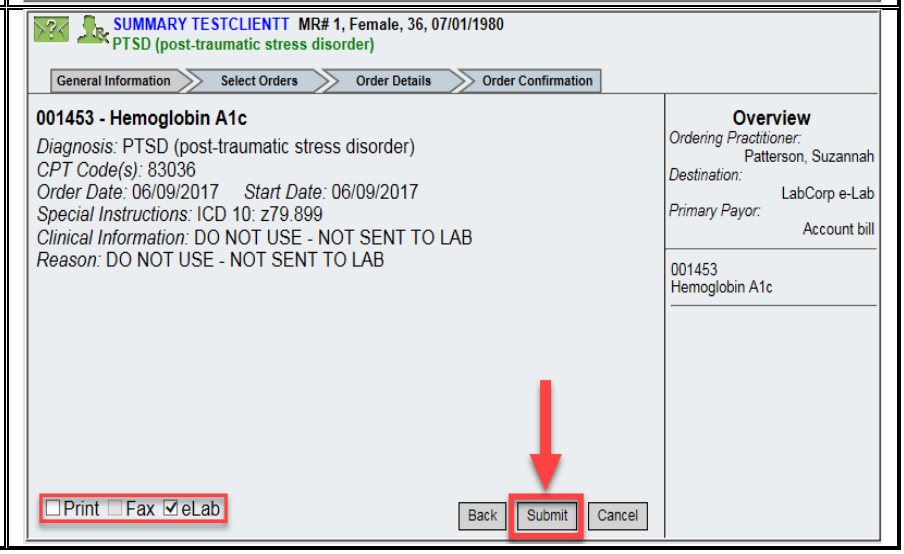
- Highlight lab
- Enter your specifics e.g. "Special Instructions" box (free text) – "standing lab", etc.
- Click "Next" to save your specifics
- These specifics will appear on the lab order for LabCorp



Select output of lab order

- If check box is selectable:
  - "Print" = prints hardcopy to hand to patient
  - "eLab" = submits order electronically directly to lab
- Click "Submit"

**Note: Recommend printing order to give to patient in addition to ordering electronically to avoid patient being turned away at lab.



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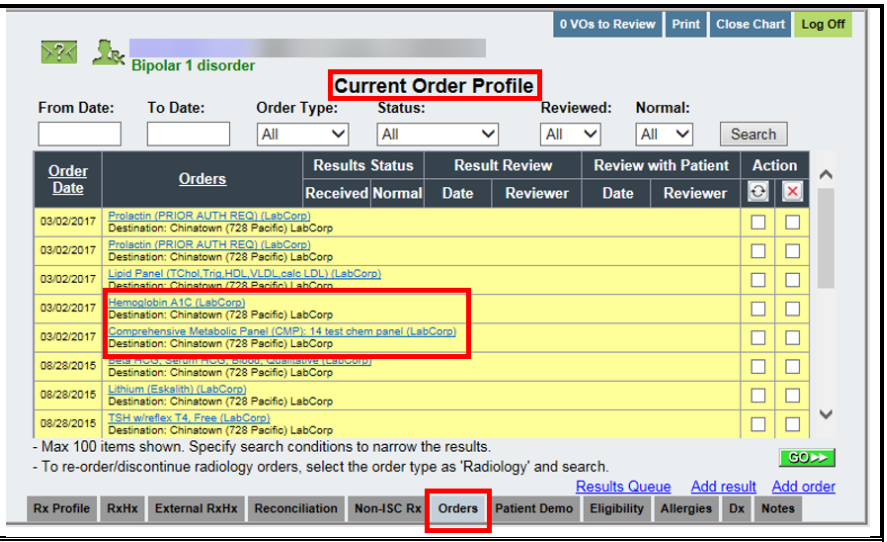
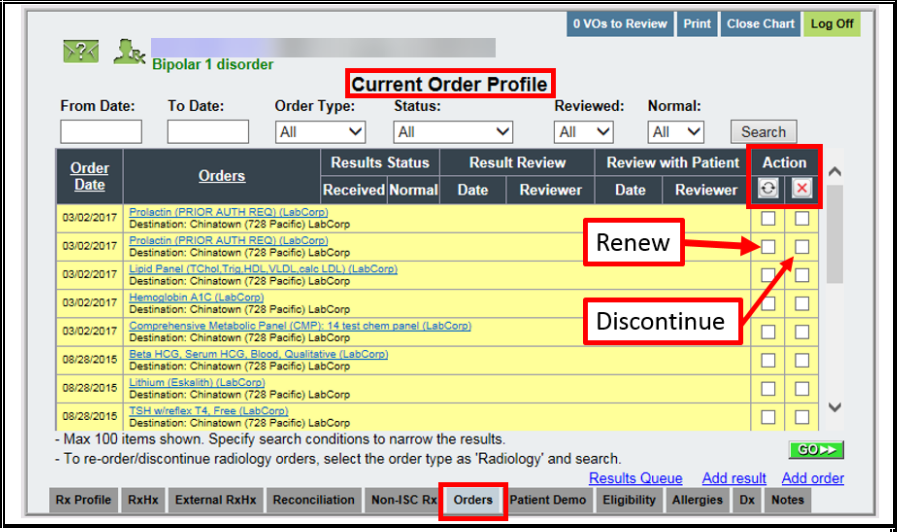
Ordering eLabs in Order Connect©

- Labs orders will now appear on patient's "Current Order Profile" as yellow line items



- To renew with no changes or discontinue the labs click corresponding check box under "Action" column



Good to know:

- If the Primary Payor of the patient is unknown or you are unsure; select "General Fund".
- All orders appear as yellow line items. Lab results appear as salmon line items. Once an eLab order results it will appear as a "new" salmon colored line item. Contrary to popular belief, a yellow eLab order does not change to salmon once it results.
- One cannot easily tell if a yellow eLab order is available for LabCorp to draw lab for patient. If in doubt, enter a new order.
- Continue to use paper lab forms for labs or specimens collected in the clinic.
- OrderConnect© eLabs applies to Labcorp labs only (e.g. not ZSFG or Quest).
- If enabled, "Agents" may order eLabs for assigned prescriber(s).
- Questions? Please call CBHS pharmacy 415-255-3659

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Ordering eLabs in Order Connect©

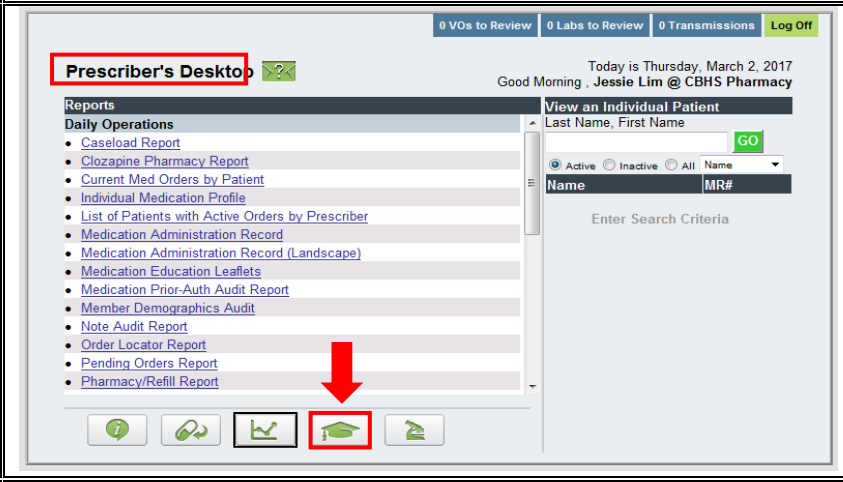
To access more training
Log directly onto OrderConnect©

- URL: https://orderconnect.ntst.com

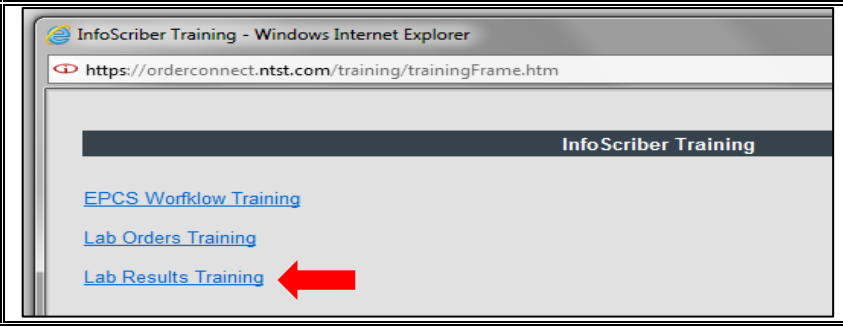
Click "Continue"

- Not necessary to enter password again, just click "Continue"

- Click on the "Cap" icon to access training videos



Double click on link to view video
A new browser with video will appear



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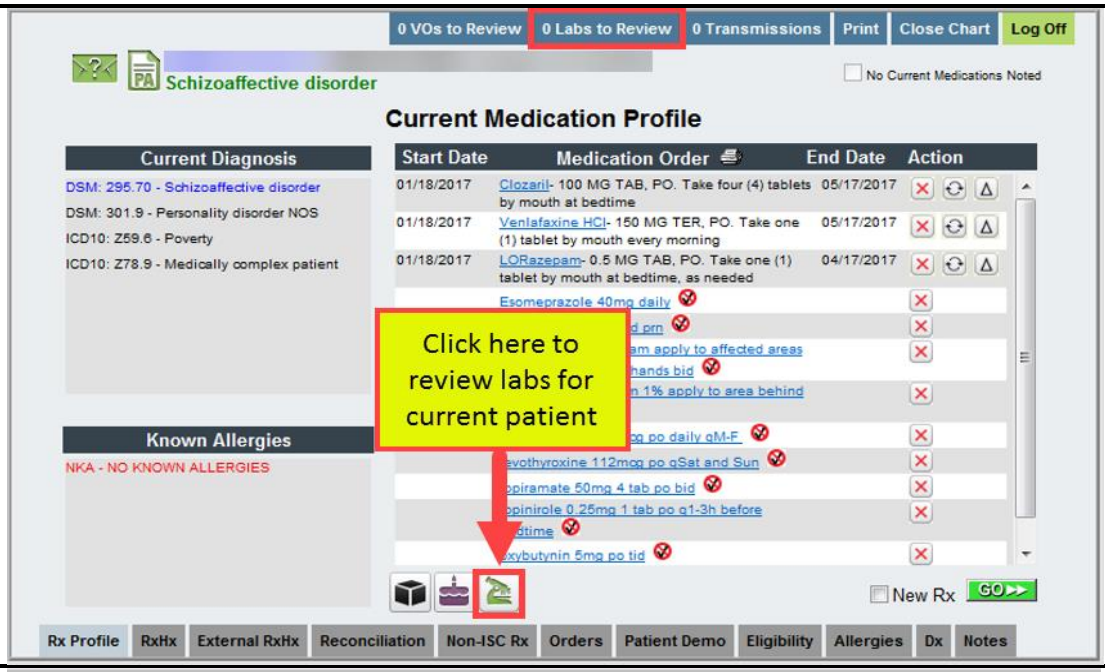
Reviewing eLab results in Order Connect©

Labcorp lab results will now appear in OrderConnect©. CBHS Policies & Procedures requires each clinician to review their patient's lab(s) and indicate reviewed in OrderConnect© within 30 days of resulting. Labs reviewed in OrderConnect© will allow patients to view their labs in the consumer portal, unless blocked as required by law. Blocked labs include those that reveal malignancy, pregnancy, hepatitis infection, HIV infection, other sexually transmitted infections, and substance use disorders.

Step 1:
Launch OrderConnect©

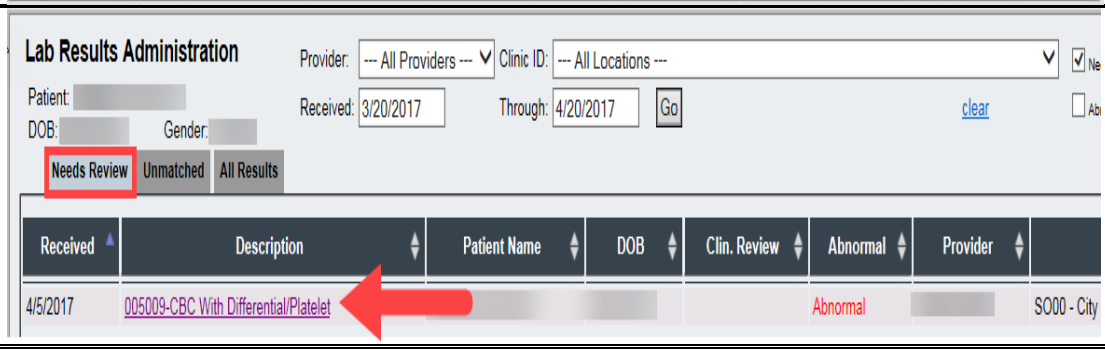
The number in the "Labs to Review" tab indicates how many labs you have to review

- "Click on "Microscope" icon to launch your current patient's lab results



Step 2:

- Click on the lab description hyperlink to open the "Lab order Results" window



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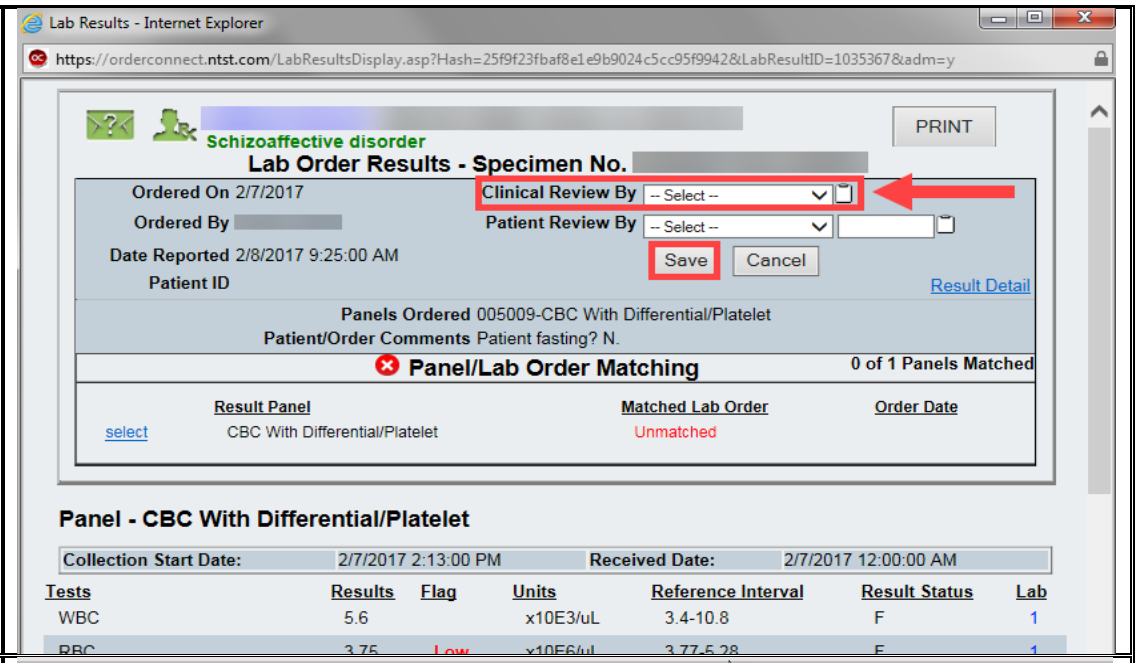
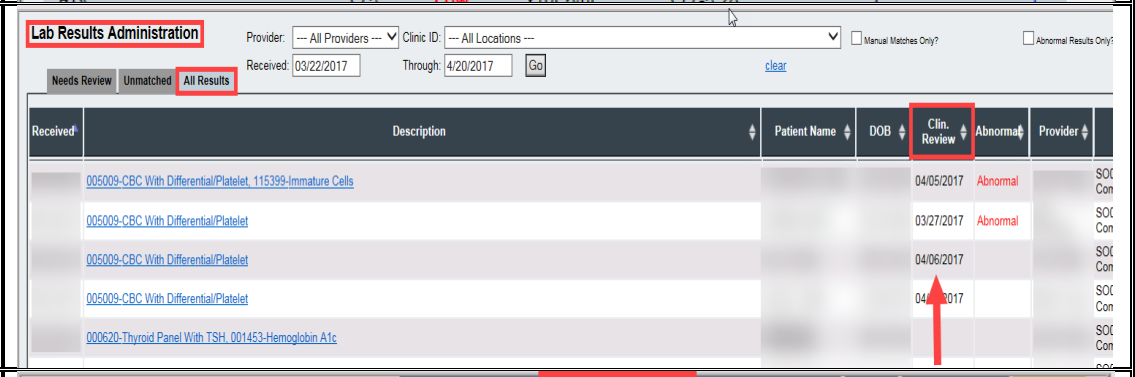
Reviewing eLab results in Order Connect©

Step 3:
Review the lab results. Indicating the lab reviewed:

- Select yourself in the "Clinical Review By" section if not defaulted
- Click "Save"

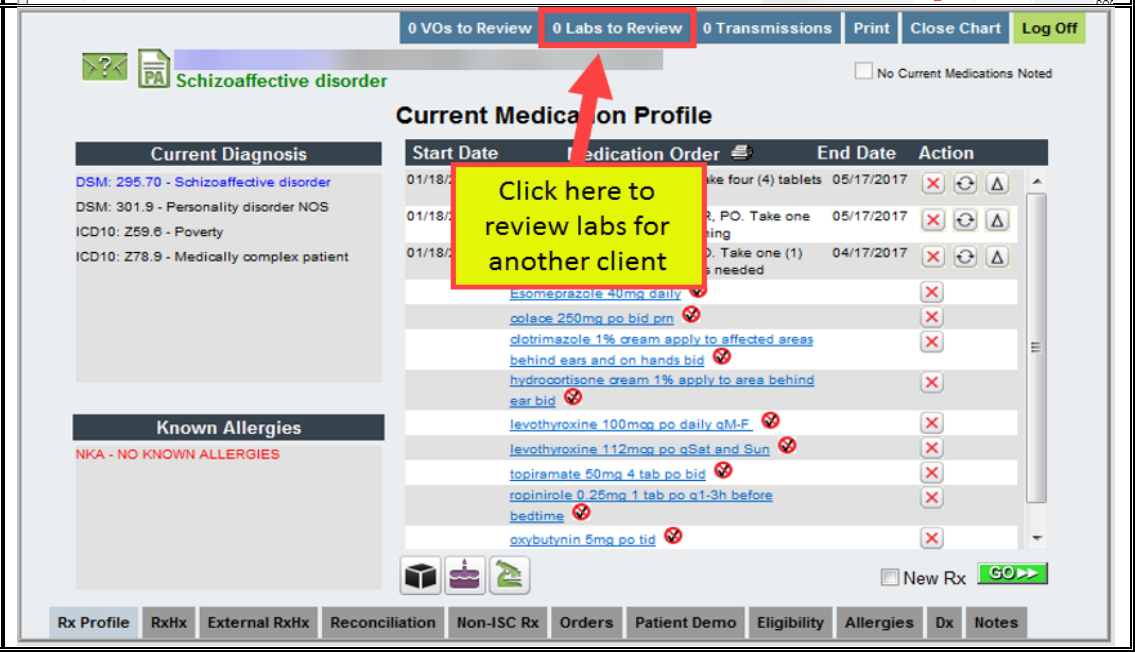


Once labs have been marked reviewed, it will disappear from the "Needs Review" tab and appear in the "All Results" tab with the date lab was marked reviewed



To review labs for other patients

- Click on "Labs to Review" tab



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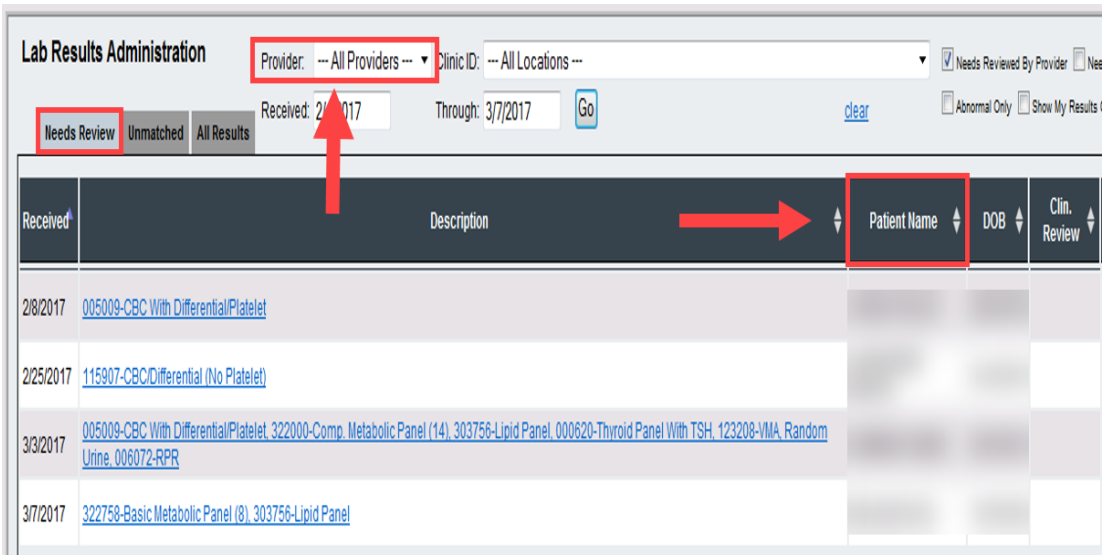
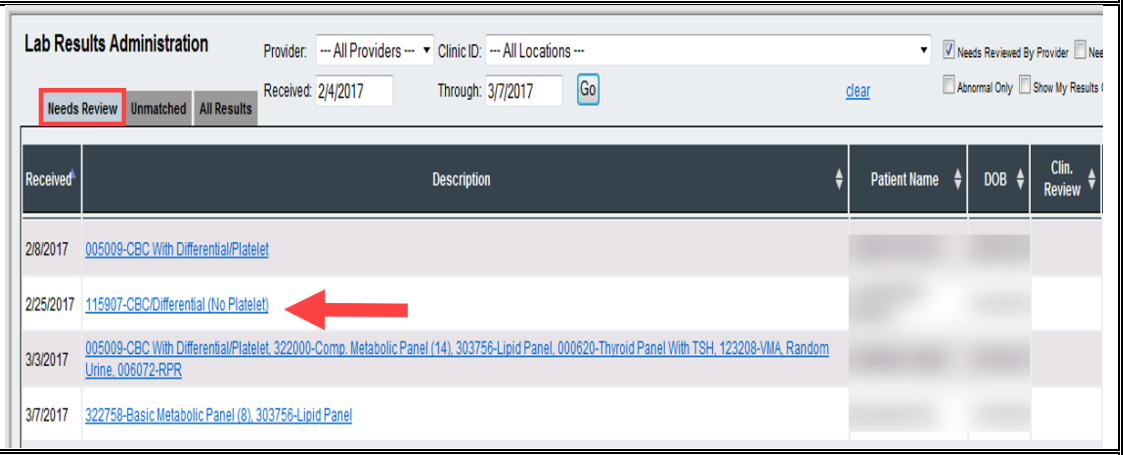
Reviewing eLab results in Order Connect©

On "Needs Review tab" in "Lab Results Administration" screen:

- Select yourself in the provider dropdown if not defaulted
  - If covering for another provider, select that provider
- Click on "Patient Name" header to sort patient names alphabetically



- Click on lab description link for the patient you choose to review
- Review labs as directed in Steps 2 and 3 above



Good to know:

- OrderConnect© eLabs applies to Labcorp labs only (e.g. not ZSFG or Quest)
- OrderConnect defaults to only show results going back 30 days. You will need to manually change the received date first to look back to earlier dates. Refer to Job Aid "How to Review OrderConnect© Labs Results > 1 Month Old.
- Questions? Please call CBHS pharmacy 415-255-3659

San Francisco Health Network

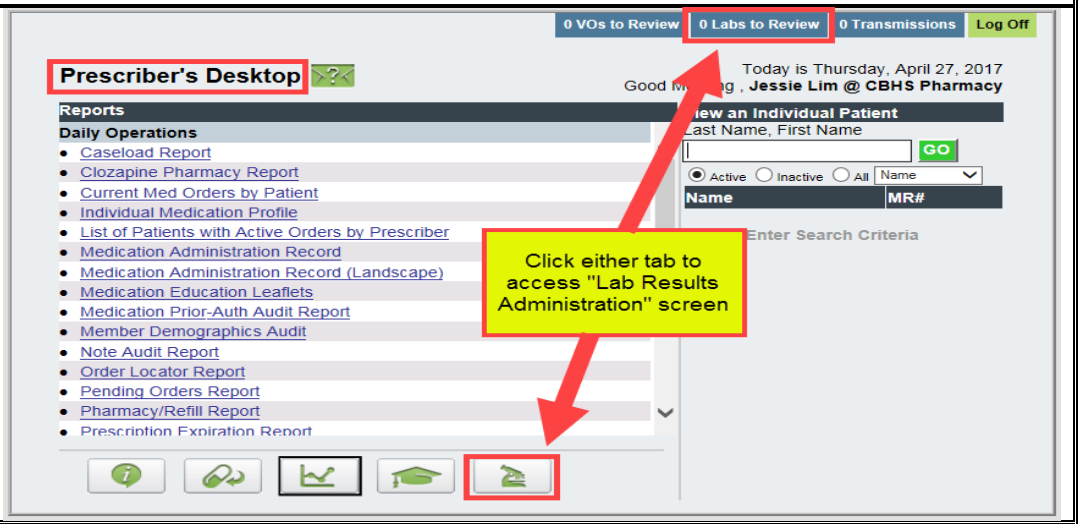
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

How to Review OrderConnect© Labs Results > 1 Month Old

Purpose: CBHS Policies & Procedures require OrderConnect© labs results be documented reviewed within 1 month (20 business days) of resulting. This user guide will instruct you on how to access lab results older than 1 month needing review in OrderConnect©.

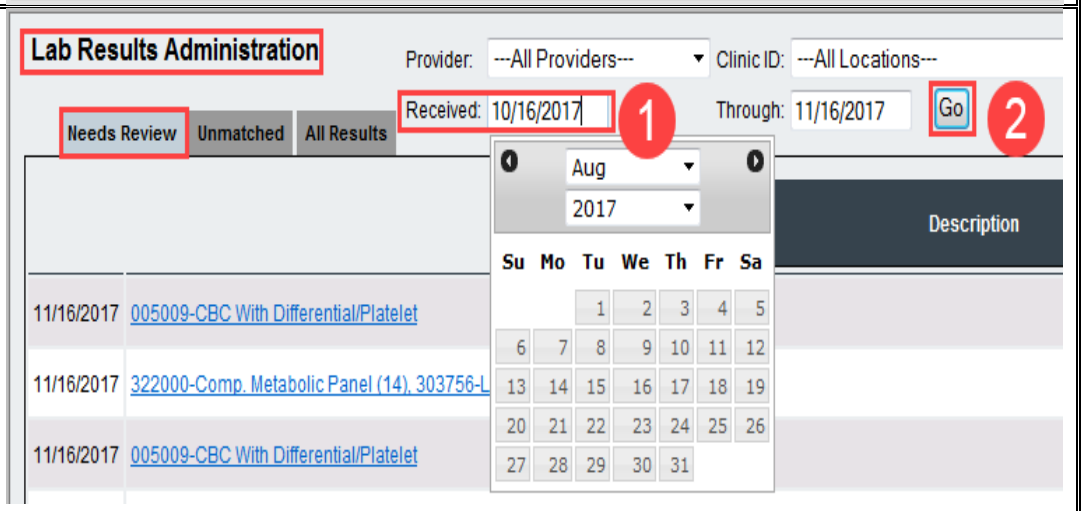
From "Prescriber's Desktop" screen; 2 ways to access "Lab Results Administration" screen:

1. Click "Labs to Review" tab
2. Or, click "Microscope" icon to launch your current patient's lab results



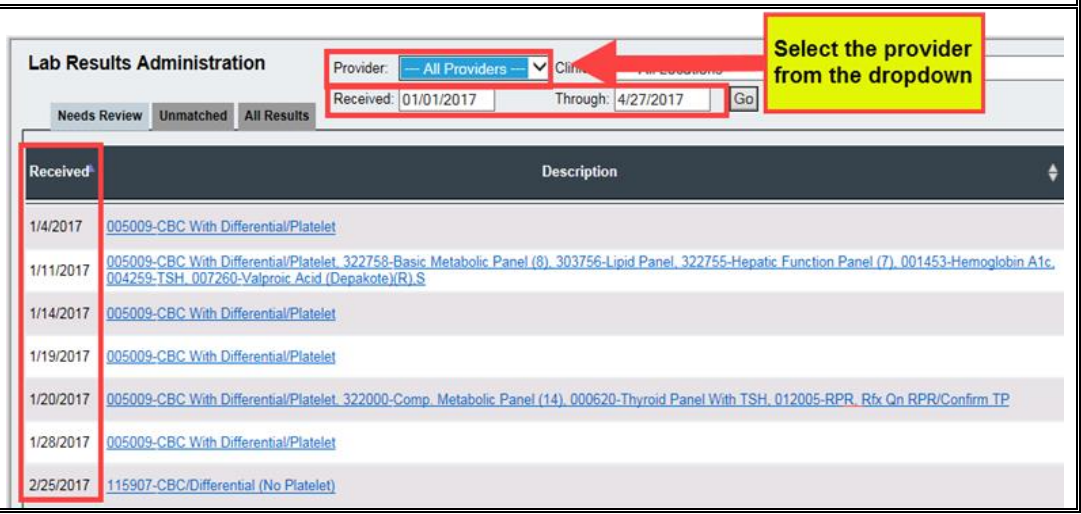
System defaults date range to look back to previous month only.
From "Lab Results Administration" screen:

1. Change the "Received" date to any date in the past. Recommend choosing a date 2 months prior or earlier
2. Click "Go"



- Select provider from dropdown menu
- Review lab(s) and document as normal

*Note: if the provider name is not listed as a choice, then there are no labs for that provider to review within the date range indicated



PATIENT SERVICE CENTERS

SAN FRANCISCO

LABORATORY AND EKG SERVICES

Laboratory Corporation of America (LabCorp)	Telephone	Fax
148 Noe Street (Noe Valley)	415-487-8960	415-487-3510
490 Post Street, Suite 419 (Union Square)	415-837-0782	415-788-7839
2233 Post Street, Suite 105(Mt. Zion Hospital Area)	415-928-0199	415-771-6730
2300 Sutter Street, Suite 102 (Western Addition)	415-346-9330	415-346-9327
2100 Webster Street, Ste 420 (Pacific Heights)	415-674-1662	415-674-1865
2000 Van Ness Ave, Suite 215 (Pacific Heights)	415-409-2563	415-474-2264
728 Pacific Ave, Suite 401 (Chinatown)	415-576-1017	415-576-1016
2622 Ocean Ave (West Portal)	415-398-2198	415-398-5458
55 Francisco St, Suite 430 (North Beach)	415-398-2198	415-398-5458
1440 Southgate Ave, Suite A (Daly City)	650-992-2986	650-757-6848

** For a referral to ECG/EKG service please call Pharmacy Administration, 415-255-3659.

Prescriber	Call CBHS Pharmacy Services at 255-3659 and tell the receptionist you are calling to arrange for an EKG. Be prepared to provide the following information: Prescriber name, phone, and fax; Client name and BIS number; Reason for ordering EKG (e.g. drug name), Diagnosis, ICD-9 Code. A diagnosis code consistent with a cardiovascular disorder diagnosis is preferred. PLEASE DO NOT USE A PSYCHIATRIC DIAGNOSIS.
Prescriber	Instruct your clients to go to SFGH 1st Floor Registration Desk in the Hospital Lobby between the hours of 8am-4pm. There they will receive a card for EKG and instructions to proceed to unit 3C for their EKG.

SITE MAP FOR
CBHS AFFILIATED LABORTORY
CUSTOMER SERVICE CENTERS

CBHS Formulary Laboratory Tests – OrderConnect eLabs
January 2, 2018

LabCorp Service Code	Test/Panel – eLABS OrderConnect Description	LabCorp Description
007476	Amitriptyline (Elavil), Serum	Amitriptyline
322758	Basic Metabolic Panel (8)	Metabolic Panel (8), Basic (Na,K,Cl,Ca,CO_2,Glu,BUN,Cr)
004416	hCG, Beta Subunit, Qual, Serum	Human Chorionic Gonadotropin (hCG), β-Subunit, Quantitative
004036	Pregnancy Test, Urine	Pregnancy Test, Urine (Beta HCG, Urine)
007419	Carbamazepine(Tegretol), S	Carbamazepine, Serum or Plasma
005009	CBC With Differential/Platelet	Complete Blood Count (CBC) With Differential
028142	CBC, Platelet, No Differential	Complete Blood Count (CBC) Without Differential
706465	Clomipramine, Serum	Clomipramine
706440	Clozapine (Clozaril), Serum	Clozapine, Serum or Plasma
322000	Comprehensive Metabolic Panel (14)	Metabolic Panel (14), Comprehensive (Na,K,Cl,Ca,CO_2,Glu,BUN,Cr,[BUN:Cr],Alb,Glub, [Alb:Glub],TBili,AlkPhos, AST,ALT,GGT,TP)
003012	Creatinine, 24-Hour Urine	Creatinine, 24-Hour Urine
007765	Desipramine, Serum	Desipramine
726778	**726778 7+Alc-Unbund**	Drug Abuse Profile, Urine (Seven Drugs + Alcohol)
007609	Doxepin (Sinequan), Serum	Doxepin
002014	Folate (Folic Acid), Serum	Folate (Folic Acid)
001958	GGT	γ-Glutamyl Transferase (GGT)
001453	Hemoglobin A1c	Hemoglobin (Hb) A1c
322755	Hepatic Function Panel (7)	Hepatic Function Panel (7) (Alb,TBili.,DBili.,AlkPhos,AST,ALT,TP):
083935	**Panel 083935**	Human Immunodeficiency Virus 1/O/2 (HIV-1/O/2) Antigen/Antibody (Fourth Generation) Preliminary Test With Cascade Reflex to Supplementary Testing
007468	Imipramine (Tofranil), Serum	Imipramine
001321	Iron and TIBC	Iron and Total Iron-binding Capacity (TIBC)
303756	Lipid Panel	Lipid Panel
007708	Lithium (Eskalith(R)), Serum	Lithium
001537	Magnesium, Serum	Magnesium
700070	Methadone Confirmation, Urine	Methadone Confirmation, Urine
007393	Nortriptyline (Aventyl), Serum	Nortriptyline
007401	Phenytoin (Dilantin), Serum	Phenytoin, Serum or Plasma
004465	Prolactin	Prolactin
005199	Prothrombin Time (PT)	Prothrombin Time (PT)
005207	PTT, Activated	Partial Thromboplastin Time (PTT), Activated
012005	RPR, Rfx Qn RPR/Confirm TP	Rapid Plasma Reagin (RPR) Test With Reflex to Quantitative RPR and Confirmatory Treponema pallidum Antibodies
140103	Testosterone,Free and Total	Testosterone, Free, Direct With Total Testosterone
004226	Testosterone, Serum	Testosterone, Total
000620	Thyroid Panel With TSH	Thyroid Profile With TSH
224576	TSH+Free T4	Thyroid-stimulating Hormone (TSH) and Free T4
001057	Uric Acid, Serum	Uric Acid
003772	Urinalysis, Complete	Urinalysis, Complete With Microscopic Examination
007260	Valproic Acid (Depakote)(R),S	Valproic Acid, Serum or Plasma
001503	Vitamin B12	Vitamin B12
005025	WBC	White Blood Cell (WBC) Count

Prior Authorization Required Laboratory Tests

The following tests are not covered by CBHS unless an allowable psychiatric condition/s exist/s to qualify for prior authorization approval (contact CBHS Pharmacy)

LabCorp Service Code	Test/Panel – eLABS OrderConnect Description	LabCorp Description
017996	Ethanol, Blood	Ethanol, Whole Blood
074401	Amphetamine Screen, Urine	Amphetamines, Screen and Confirmation, Urine
074427	Benzodiazepine Screen, Urine	Benzodiazepines, Screen and Confirmation, Urine
811083	Bupropion (Wellbutrin)	Bupropion and Hydroxybupropion, Serum or Plasma
071712	Clonazepam (Klonopin(R)),Serum	Clonazepam
074443	Cocaine Metabolite, Qual, Ur	Cocaine Metabolite, Screen and Confirmation, Urine
001370	Creatinine, Serum	Creatinine
120766	C-Reactive Protein, Cardiac	C-Reactive Protein (CRP), High Sensitivity (Cardiac Risk Assessment)
004515	Estradiol	Estradiol
004309	FSH, Serum	Follicle-stimulating Hormone (FSH)
070482	Haloperidol (Haldol(R)) Serum	Haloperidol, Serum or Plasma
004283	Luteinizing Hormone(LH), S	Luteinizing Hormone (LH)
004044	Metanephrines, Pheochromocyt	Metanephrines, Pheochromocytoma Evaluation
700070	Methadone Confirmation, Urine	Methadone Confirmation, Urine
811513	Olanzapine (Zyprexa)	Olanzapine, Serum or Plasma
737831	Opiates, Urine	Opiates, Screen and Confirmation, Urine
811133	Paroxetine (Paxil)	Paroxetine, Serum or Plasma
706838	Fluoxetine (Prozac(R)), Serum	Fluoxetine, Serum or Plasma
716563	Risperidone (Risperdal(R)), S	Risperidone
002188	Triiodothyronine (T3)	Triiodothyronine (T3)
001974	Thyroxine (T4) Free, Direct, S	Thyroxine (T4), Free, Direct
071688	Trazodone, Serum	Trazodone
123208	VMA, Random Urine	Vanillylmandelic Acid (VMA), Random Urine

PANELS – eLab Ordering in OrderConnect

Panel	LabCorp Service Code (STOM)	Test/Panel – eLABS OrderConnect Description
Atypical Antipsychotic Metabolic Monitoring	322000	Comp. Metabolic Panel (14)
	1453	Hemoglobin A1c
	303756	Lipid Panel
Carbamazepine Monitoring (Female)	7419	Carbamazepine(Tegretol), S
	5009	CBC With Differential/Platelet
	322000	Comp. Metabolic Panel (14)
	4556	hCG,Beta Subunit,Qual,Serum
	620	Thyroid Panel With TSH
Carbamazepine Monitoring (Male)	7419	Carbamazepine(Tegretol), S
	5009	CBC With Differential/Platelet
	322000	Comp. Metabolic Panel (14)
	620	Thyroid Panel With TSH
Lithium Monitoring (Female)	322758	Basic Metabolic Panel (8)
	5009	CBC With Differential/Platelet
	4556	hCG,Beta Subunit,Qual,Serum
	7708	Lithium (Eskalith(R)), Serum
	620	Thyroid Panel With TSH
Lithium Monitoring (Male)	322758	Basic Metabolic Panel (8)
	5009	CBC With Differential/Platelet
	7708	Lithium (Eskalith(R)), Serum
	620	Thyroid Panel With TSH
New Client	726778	726778 7+Alc-Unbund
	5009	CBC With Differential/Platelet
	322000	Comp. Metabolic Panel (14)
	1453	Hemoglobin A1c
	303756	Lipid Panel
	12005	RPR, Rfx Qn RPR/Confirm TP
	620	Thyroid Panel With TSH
Valproic Acid / Depakote Monitoring (Female)	5009	CBC With Differential/Platelet
	322000	Comp. Metabolic Panel (14)
	4416	hCG,Beta Subunit, Qnt, Serum
	7260	Valproic Acid (Depakote)(R),S
Valproic Acid / Depakote Monitoring (Male)	5009	CBC With Differential/Platelet
	322000	Comp. Metabolic Panel (14)
	7260	Valproic Acid (Depakote)(R),S
Urine Tox Screen 7 -726778	726778	Drug Screen (urine) with alcohol, without confirmation: Drug Abuse Profile, Urine (Seven Drugs + Alcohol)
HIV-1 Antibody Test - 083935	83935	HIV-1 Antibody with Reflex to Nucleic Acid Testing

Common ICD-10 Codes for Laboratory Test Orders

Note Medical Necessity Coverage Limitations

Complete list available through CMS

LABORATORY TEST	*ICD-10 CODE*	*DESCRIPTION*
A1C	Z79.899	Long term current use of other medication
	E11.9	Diabetes Mellitus
Blood Glucose	Z79.899	Long term current use of other medication
	E11.9	Diabetes Mellitus
CBC	Z79.899	Long term current use of other medication
HCG	Z33.1	Pregnancy
Lipids	Z79.899	Long term current use of other medication
Thyroid – TSH, FT4	Z79.899	Long term current use of other medication
	various	Bipolar I Disorder
	various	Anxiety States
	various	Other Extrapyramidal Diseases and Abnormal Movement Disorders
	G47.9	Difficulty sleeping
	R41.82	Altered Mental Status
	R63.5	Abnormal Weight Gain
	R63.4	Abnormal Weight Loss

** Last Updated December 2015

V. Forms

Prior Authorizations

Effective January 1, 2015 the new PRESCRIPTION DRUG PRIOR AUTHORIZATION REQUEST FORM is required for all non-Medicare plans per California Department of Managed Health Care regulations (Section 1300.67.241). This form shall be used for all prior authorization requests.

Use the table below for reference and specific plan contact information.

Prescription plan	**Plan/Medical Group Name**	**Plan/Medical Group Phone Number**	**Plan/Medical Group Fax Number**
CBHS/Healthy San Francisco	CSF01	1-800-788-2949	1-858-790-7100
San Francisco Health Plan	Medi-Cal San Francisco Health Plan	1-888-989-0091	1-855-811-9330
Anthem Blue Cross	Medi-Cal Anthem Blue Cross	1-800-700-2541	1-877-327-8009

Note: Medi-Cal Anthem Blue Cross has a reduced pharmacy network. Walgreens and CVS are **NOT part of Anthem's pharmacy network. Pharmacies in Anthem's network include both retail chain and independent stores. Visit Anthem's website for a list of network pharmacies at:

http://www.anthem.com/ca/provider/f3/s1/t4/pw_e213729.pdf?refer=culdesac&name=ssb

PRESCRIPTION DRUG PRIOR AUTHORIZATION REQUEST FORM

Plan/Medical Group Name: _____ **Plan/Medical Group Phone#: (_____)_____**
Plan/Medical Group Fax#: (_____)_____

Instructions: Please fill out all applicable sections on both pages completely and legibly. Attach any additional documentation that is important for the review, e.g. chart notes or lab data, to support the prior authorization request.

Patient Information: This must be filled out completely to ensure HIPAA compliance

First Name:	Last Name:	MI:	Phone Number:
Address:	City:	State:	Zip Code:
Date of Birth:	☐ Male ☐ Female	Circle unit of measure Height (in/cm): _____ Weight (lb/kg):_____	Allergies:
Patient's Authorized Representative (if applicable):		Authorized Representative Phone Number:	

Insurance Information

Primary Insurance Name:	Patient ID Number:
Secondary Insurance Name:	Patient ID Number:

Prescriber Information

First Name:	Last Name:	Specialty:
Address:	City:	State: Zip Code:
Requestor (if different than prescriber):	Office Contact Person:	
NPI Number (individual):	Phone Number:	
DEA Number (if required):	Fax Number (in HIPAA compliant area):	
Email Address:		

Medication / Medical and Dispensing Information

Medication Name:

☐ New Therapy ☐ Renewal
If Renewal: Date Therapy Initiated: Duration of Therapy (specific dates):

How did the patient receive the medication?
☐ Paid under Insurance Name:_____ Prior Auth Number (if known):_____
☐ Other (explain):

Dose/Strength:	Frequency:	Length of Therapy/#Refills:	Quantity:

Administration:
☐ Oral/SL ☐ Topical ☐ Injection ☐ IV ☐ Other:

Administration Location:
☐ Patient's Home ☐ Long Term Care
☐ Physician's Office ☐ Home Care Agency ☐ Other (explain):_____
☐ Ambulatory Infusion Center ☐ Outpatient Hospital Care _____

New 08/13

PRESCRIPTION DRUG PRIOR AUTHORIZATION REQUEST FORM

Patient Name:	ID#:

Instructions: Please fill out all applicable sections on both pages completely and legibly. Attach any additional documentation that is important for the review, e.g. chart notes or lab data, to support the prior authorization request.

1. Has the patient tried any other medications for this condition? ☐ **YES (if yes, complete below)** ☐ **NO**

Medication/Therapy (Specify Drug Name and Dosage)	**Duration of Therapy** (Specify Dates)	**Response/Reason for Failure/Allergy**

2. List Diagnoses:	**ICD-9/ICD-10:**

3. <u>Required clinical information</u> - Please provide all relevant clinical information to support a prior authorization review.

Please provide symptoms, lab results with dates and/or justification for initial or ongoing therapy or increased dose and if patient has any contraindications for the health plan/insurer preferred drug. Lab results with dates must be provided if needed to establish diagnosis, or evaluate response. Please provide any additional clinical information or comments pertinent to this request for coverage (e.g. formulary tier exceptions) or required under state and federal laws.

☐ Attachments

Attestation: I attest the information provided is true and accurate to the best of my knowledge. I understand that the Health Plan, insurer, Medical Group or its designees may perform a routine audit and request the medical information necessary to verify the accuracy of the information reported on this form.

Prescriber Signature:_____ **Date**:_____

Confidentiality Notice: The documents accompanying this transmission contain confidential health information that is legally privileged. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately (via return FAX) and arrange for the return or destruction of these documents.

Plan Use Only: Date of Decision:_____

☐ Approved ☐ Denied Comments/Information Requested: _____

_____

New 08/13

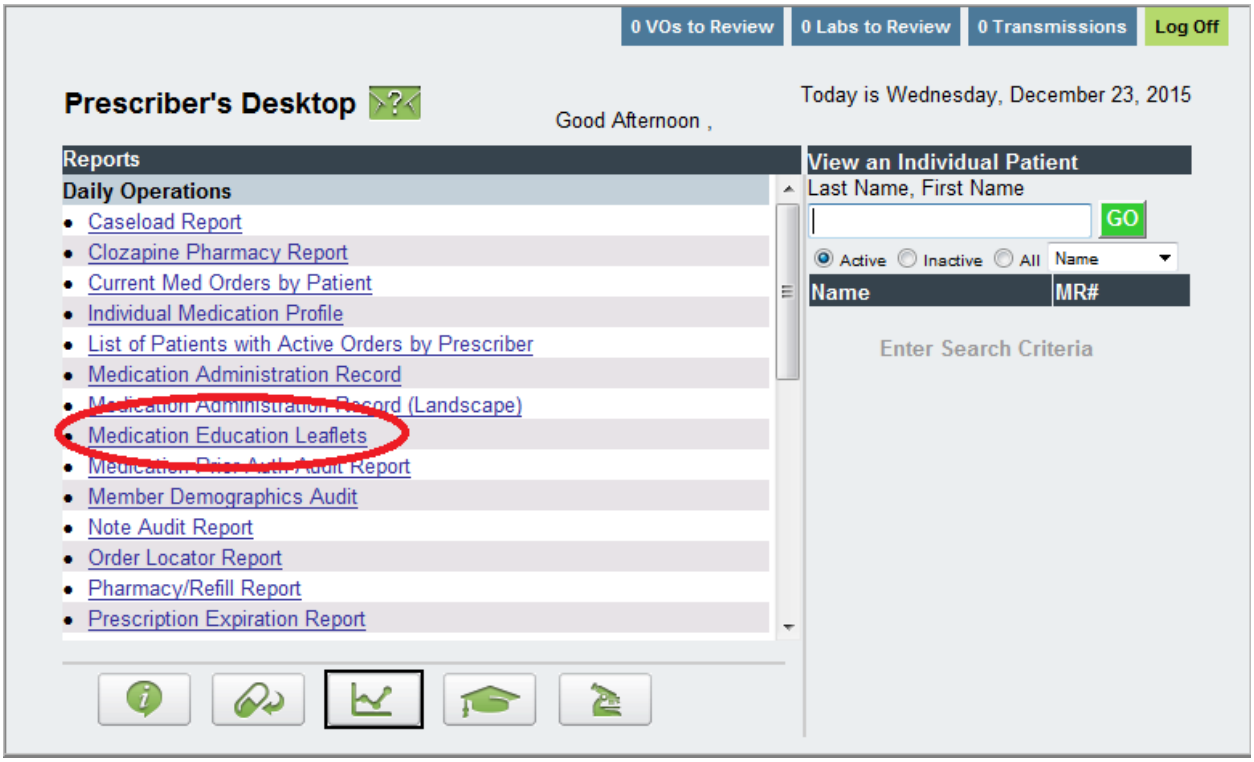
San Francisco Health Network
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
BEHAVIORAL HEALTH SERVICES
Mark Farrell, Mayor

CBHS Pharmacy Services
1380 Howard Street, Rm 130
San Francisco, CA 94103
Phone: (415) 255-3659
FAX: (415) 252-3036

Patient Medication Information Sheets

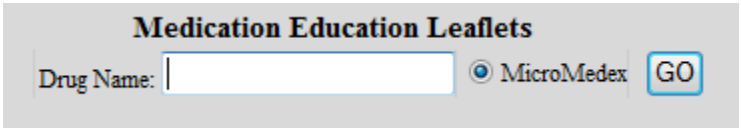
OrderConnect

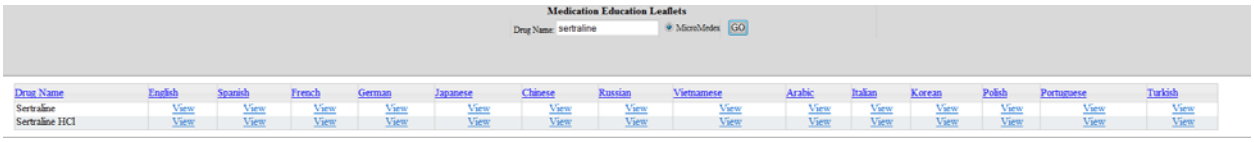
1. Access the "Leaflet" from the OrderConnect Prescriber's Desktop.



*Make sure to have pop-up blocker disabled

2. Type the medication in the text box.





**Language availability dependent on medication (English and Spanish available for all)

3. You may also click "Leaflet" on the Order Confirmation screen to access medication specific patient education when ordering medications.

For providers at clinics with access to the DPH Intranet

Online Drug Information Access: Lexi-Comp Online

Steps to Access Drug Information Online through Lexi-Comp

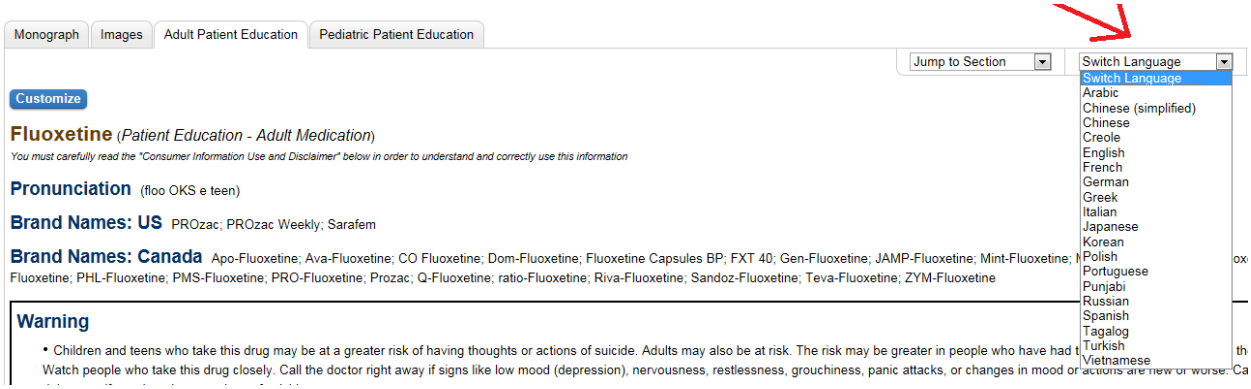
1. Begin at the Department of Public Health Intranet Home Page. (http://dphnet/)
2. Under Helpful Links, click on "Intranet - COPC".

3. Click on "Clinical Resources" located on the top of the screen. Then click on the sub-link "Formulary Lexi-Comp."

   Tip: We recommend that you bookmark this page so that you can access it directly in the future.

4. Type in the generic or brand name of the drug in the "Search for:" From this screen you can also access tabs **Interactions** for drug interactions and **Drug-ID** for drug identification.
5. Under "Search Results", click on the name of the drug. This will provide you with a drug monograph that includes information on adverse reactions, dosing, metabolism, safety in pregnancy and lactation, etc.
6. For patient information handouts for the drug you have selected, click the **"Patient Education - Adult" or "Patient Education - Pediatric"**.

7. Upon selection of the medication, there is an option to select different languages.



8. If you would like to customize the leaflet with the patient's name, any additional notes, or the provider's name, click on "customize leaflet" located above the drug name.

9. To print, click on the icon in the upper right corner or click on "File" located on the toolbar and then click on print.

VI. Policies and Procedures

City and County of San Francisco
Department of Public Health
San Francisco Health Network
BEHAVIORAL HEALTH SERVICES

1380 Howard Street, 5th Floor
San Francisco, CA 94103
415.255-3400
FAX 415.255-3567

POLICY/PROCEDURE REGARDING: **BHS Psychiatric Medication Consent in Ambulatory Care**

Issued By: Kavoos Ghane Bassiri, LMFT, LPCC
Director of Behavioral Health Services

Date: September 12, 2017

Manual Number: 3.5-04
References: CCR Title 9, Chapter 11, Sections 784.29 & 851, WIC 5325, 5326.95, 5325.1, American Academy of Child and Adolescent Psychiatry Guidelines: Medication Consents

Technical Revision. Replaces Policy 3.05-04 version May 26, 2017.

Purpose:

The purpose of this policy is to provide instruction regarding informed consent of psychiatric medication(s) for specialty mental health clients in ambulatory care (outpatient and day treatment programs). Clients include children, adolescents, adults, and older adults. Adult clients are defined as age 18 years or older.

Scope:

This policy applies to all BHS and BHS-affiliated prescribers providing care to specialty mental health clients in Adult/Older Adult (AOA) and Child, Youth and Family (CYF) in ambulatory care.

Policy:

1. Prior to treatment with any psychiatric medication the prescriber shall inform the adult client or parent/guardian of their right to accept or refuse medication(s) and that they may withdraw consent at any time by notifying the prescriber
2. Prior to treatment with any psychiatric medication the prescriber shall provide the adult client or parent/guardian with sufficient information about the medication(s) in order to make an informed decision. Information shall include:
   2.1 What condition or diagnoses the medication(s) are prescribed to address
   2.2 Which symptoms the medication(s) should reduce and how likely the medication(s) will work
   2.3 What are the chances of getting better without taking the medication(s)
   2.4 Reasonable options or alternatives to taking the medication(s)
   2.5 Name, type (or class) of medication, dosage, dosage range, frequency of administration, route of administration and duration of each prescribed medication
   2.6 Common side effects of the medication(s), including possible additional side effects which may occur beyond three months (long term), and may be potentially irreversible
   2.7 If antipsychotic medications are prescribed, notice that antipsychotic medications may cause additional side effects for some persons, including persistent involuntary

movements which are potentially irreversible, and may continue after the antipsychotic medication has been stopped

2.8 Any special instructions about taking the medication(s)

3. Prior to treatment with any psychiatric medication the prescriber shall complete the psychiatric medication consent form, and obtain the signed written consent of the adult client or parent/guardian. In urgent situations, a verbal consent with a witness is permitted.
4. The adult client or parent/guardian shall receive information about the consent and the medications(s) in their preferred language
5. The psychiatric medication consent shall include the date of service, prescriber's signature (or electronic equivalent) including name, type of professional degree, and licensure or job title. For medication consents, the date of service is the same as the date the document was entered (submitted) into the medical record; any exceptions shall be documented in progress notes.
6. The prescriber shall document the consent process including the information provided to the adult client or parent/guardian in the electronic health record Medication Consent form and in electronic health record Progress Notes
7. The completed consent form must be permanently filed in the medical record
8. A new consent form must be executed when any new medication(s) is started, or for any changes in route or dosage range
9. A printed copy of the completed psychiatric medication consent form must be provided to the adult client or parent/guardian
10. For CYF, the psychiatric medication consent must be renewed at least yearly, including completing a new consent form
11. For CYF, it is desirable to provide age-appropriate medication information to the client. The client assent signature is desirable but not required
12. For non-urgent psychiatric medication consents for San Francisco Human Services Agency (HSA) Court Dependent children/adolescents, the JV220 and JV220A request for medications to the court must be completed and fully executed (signed by the court) before medications are prescribed

Procedures:

1. Prior to treatment with any psychiatric medication(s), inform the adult client or parent/guardian that they have the right to accept or refuse medication(s), and that they may withdraw consent at any time by notifying you, the prescriber
2. Prior to treatment with any psychiatric medication(s), provide the following information to the adult client or parent/guardians:
   2.1 What condition or diagnoses the medication(s) are prescribed to address
   2.2 Which symptoms the medication(s) should reduce and how likely the medication(s) will work
   2.3 What are the chances of getting better without taking the medication(s)
   2.4 Reasonable options or alternatives to taking the medication(s)
   2.5 Name, type (or class) of medication, dosage, dosage range, frequency of administration, route of administration and duration of each prescribed medication
   2.6 Common side effects of the medication(s), including possible additional side effects which may occur beyond three months (long term), and may be potentially irreversible
   2.7 If antipsychotic medications are prescribed, notice that antipsychotic medications may cause additional side effects for some persons, including persistent involuntary

movements which are potentially irreversible, and may continue after the antipsychotic medication has been stopped

2.8 Any special instructions about taking the medication(s)

3. Document the consent process including the information provided to the adult client or parent/guardian in the electronic health record progress notes.
4. Instructions for the prescriber completing the Avatar "Medication Consent" form:
   4.1 Open Medication Consent form for the client
   4.2 If there are previous consents completed, select a consent for "carry forward" of information. If desired, choose to start with a blank consent form by checking the "yes" box in the form.
   4.3 The consent date is the current date and cannot be changed
   4.4 Select the Program Name
   4.5 Document how the adult client or parent/guardian received the medication information, choosing as many methods as apply (oral explanation, printed material, other). For "other", document in the free text box including if in a non-English language and/or other mediums such as video or consumer portal.
   4.6 Enter and/or update the medication name, route of administration, and dosage range for up to five medications
   4.7 Choose the Adult Consent or Parent/Guardian Consent type of participation
      4.7.1 "Agrees to Sign"
         4.7.1.1 Choose this option when electronic signature capture is available and the adult client or parent/guardian agrees to sign
         4.7.1.2 Capture the electronic signature of the adult client or parent/guardian
         4.7.1.3 For CYF, the minor client's signature is desirable but not required. To capture a minor client's signature, click on "Get Signature" in the Client Signature box.
         4.7.1.4 Submit the form. The prescriber electronically signs and dates the form when submitting into Avatar
         4.7.1.5 Provide a copy of the completed form for the adult client or parent/guardian using the Avatar "Medication Consent Report"
         4.7.1.6 A paper copy for the medical record is not necessary, as a permanent record of the fully signed copy is created when the form is submitted by the prescriber
      4.7.2 "Unable to Sign"
         4.7.2.1 Choose this option when the adult client or parent/guardian is unable to sign. Situations include: when obtaining a verbal consent over the telephone, or the client or parent/guardian is physically unable to sign
         4.7.2.2 Document the date of the progress note explaining why there is no signature
         4.7.2.3 Capture the signature of a "witness" such as another staff member who confirms the consent of the adult client or parent/guardian
         4.7.2.4 Submit the form. The prescriber electronically signs and dates the form when submitting into Avatar
         4.7.2.5 Provide a copy of the completed form for the adult client or parent/guardian using the Avatar "Medication Consent Report"
         4.7.2.6 If applicable, the prescriber shall complete a new medication consent when the adult client or parent/guardian is able to sign
      4.7.3 "Refuses to Sign"
         4.7.3.1 This option does not apply for CYF

4.7.3.2 For AOA, choose this option when the client consents to treatment however refuses to sign the consent form
4.7.3.3 Document the date of the progress note explaining why the client refuses to sign
4.7.3.4 Submit the form. The prescriber electronically signs and dates the form when submitting into Avatar
4.7.3.5 Provide a copy of the completed form for the adult client using the Avatar "Medication Consent Report"
4.7.3.6 Continue to attempt obtaining a signature during future visits
4.7.3.7 If the client consents to sign in the future, begin a new form, using "carry forward" of the information

4.7.4 "Signature on Paper"
4.7.4.1 Choose this option when electronic signature capture is not available
4.7.4.2 Complete and submit the form. The prescriber electronically signs and dates the form when submitting into Avatar
4.7.4.3 Print a copy of the form using the "Avatar Medication Consent Report"
4.7.4.4 Obtain the signature of the adult client or parent/guardian
4.7.4.5 Provide a copy of the fully signed form to the adult client or parent/guardian
4.7.4.6 File the completed paper form in the client's medical record

4.7.5 For field visits
4.7.5.1 If the medication regimen is known, see "4.7.4 Signature on Paper"
4.7.5.2 If the medication regimen is not yet determined, use the paper version of the form, either the "Informed Consent for Psychiatric Medication(s) - Adult/Older Adult" form (MM05) or "Informed Consent for Psychiatric Medication(s) - CYF" form (MM05-CYF), following instructions on the form
4.7.5.3 Provide a copy of the completed form to the adult client or parent/guardian
4.7.5.4 File the completed paper form in the client's medical record
4.7.5.5 After the visit, enter the medication consent form information into the Avatar Medication Consent form, choosing the "signature on paper" option. Submit the form.

4.7.6 For adult clients with a conservator, chose the Adult Consent. The conservator shall consent in behalf of the client and shall note they are the conservator with their signature.

4.7.7 There is no option to add an addendum electronic signature capture at a later date

4.8 Track completed medication consent forms using the Avatar Medication Consent Form Widget. The widget lists consents by date order, how the signature was captured, prescriber name and medications

4.9 Provide consenting medication information using the client or parent/guardian's preferred language. If the client or parent/guardian's preferred language is not English, if available, use the translated psychiatric medication consent form to support the consenting process. For the medical record, use the English version of the form.

Attachments:
"Informed Consent for Psychiatric Medication(s) - Adult/Older Adult" form (MM05)
"Informed Consent for Psychiatric Medication(s) - CYF" form (MM05-CYF)

Contact Person:
BHS Chief Medical Officer

Distribution:
BHS Policies and Procedures are distributed by the Behavioral Health Services Compliance Office

Administrative Manual Holders
BHS Programs
SOC Managers
BOCC Program Managers
CDTA Program Managers

City and County of San Francisco
Department of Public Health
San Francisco Health Network
BEHAVIORAL HEALTH SERVICES

Name:
Client ID:
Program Code:

Informed Consent for Psychiatric Medication(s) - Adult/Older Adult

THE PURPOSE OF THIS FORM IS TO DOCUMENT THAT YOU AND THE PROVIDER ORDERING YOUR MEDICATIONS (YOUR PRESCRIBER) HAVE DISCUSSED YOUR MEDICATION(S) TO YOUR SATISFACTION.

Your prescriber has ordered the following medication(s). You are entitled to know the following information before deciding whether to take the medication(s):

1. What condition or diagnoses you have that these medications are prescribed to address
2. Which symptoms the medication(s) should reduce and how likely the medication(s) will work
3. What are your chances are of getting better without taking the medication(s)
4. Reasonable options or alternatives to taking the medication(s)
5. Name, type (or class) of medication, dosage, dosage range, frequency of administration, route of administration and duration of each prescribed medication
6. Common side effects of the medication(s), including possible additional side effects which may occur beyond three months (long term), and may be potentially irreversible
7. If antipsychotic medications are prescribed, notice that antipsychotic medications may cause additional side effects for some persons, including persistent involuntary movements which are potentially irreversible, and may continue after the antipsychotic medication has been stopped
8. Any special instructions you should know about taking the medication(s)

Medication	Route		Dosage Range
	☐ Oral	☐ Inject	
	☐ Oral	☐ Inject	
	☐ Oral	☐ Inject	
	☐ Oral	☐ Inject	
	☐ Oral	☐ Inject	

- By signing this form, you indicate the above medication(s) have been explained to your satisfaction in your preferred language, and understand that you can ask questions about your medication(s) at any time.
- By signing this form, you consent to this treatment.
- After signing, you can still refuse any dose or withdraw your agreement at any time by notifying your prescriber either verbally or in writing.
- You will receive a copy of this consent form.
- You have received information about the medications in your preferred language by means of:
  ☐ Oral explanation ☐ Printed material ☐ Other_____

	Date
Client Signature:	
Prescriber Name (print):	
Prescriber Signature with type of professional degree, and licensure or job title:	
Witness (required if client unable or signs with a mark):	

If unable to obtain a signature, please check the box below and document the reason:

☐ The client verbally consents to the recommended medication(s), but is unable or refuses to sign because:

Continued attempts to obtain signature: Initials_____Date_____Initials_____Date_____

Procedure for Informed Consent for Psychiatric Medication(s) - Adult/Older Adult form (MM05)

Purpose:

1. To serve as a record of the client's consent to take psychiatric medication(s) as part of a treatment regimen
2. To document that the client has been provided information about the medication(s) being prescribed

Responsibilities for Documentation:

1. Refer to policy 3.5-04 "BHS Psychiatric Medication Consent in Ambulatory Care".
2. In situations when a non-electronic form is used such as for some field services, complete this form and document the consent in the electronic Avatar Medication Consent form.
3. The prescriber has the responsibility for filling out the form once the client has received information about the medication(s) in their preferred language.
4. A new consent form must be executed when any new medication(s) are started.
5. A copy of the completed consent form shall be given to the client.
6. The completed form must be filed permanently in the medical record.
7. The consent process shall be documented in the electronic health record.

Instructions:

1. The client shall receive information about the medication(s) in their preferred language before the form is completed.
2. The medication(s), route(s), and dosage range(s) are entered into the table for up to five medications.
3. If the client consents to medication(s), the client and prescriber sign and date the form.
4. If the client verbally consents to medication(s) but is unable or refuses to sign the form, check the applicable box. The prescriber shall sign and date the form and document the reason for not signing. The prescriber documents continued attempts to obtain a signature by initialing and dating the appropriate line.
5. If the client is unable to sign or signs with a mark, a third party witness must co-sign.
6. Prescriber signatures on the medication consent must include the person's type of professional degree, and licensure or job title.

City and County of San Francisco
Department of Public Health
San Francisco Health Network
BEHAVIORAL HEALTH SERVICES

Name:
Client ID:
Program Code:

Informed Consent for Psychiatric Medication(s) - CYF

THE PURPOSE OF THIS FORM IS TO DOCUMENT THAT YOU AND THE PROVIDER ORDERING YOUR MEDICATIONS (YOUR PRESCRIBER) HAVE DISCUSSED YOUR CHILD'S MEDICATION(S) TO YOUR SATISFACTION.

Your prescriber has ordered the following medication(s) for your child. You are entitled to know the following information before deciding whether your child takes the medication(s):

1. What condition or diagnoses your child has that these medications are prescribed to address
2. Which symptoms the medication(s) should reduce and how likely the medication(s) will work
3. What are the chances of getting better without taking the medication(s)
4. Reasonable options or alternatives to taking the medication(s)
5. Name, type (or class) of medication, dosage, dosage range, frequency of administration, route of administration and duration of each prescribed medication
6. Common side effects of the medication(s), including possible additional side effects which may occur beyond three months (long term), and may be potentially irreversible
7. If antipsychotic medications are prescribed, notice that antipsychotic medications may cause additional side effects for some persons, including persistent involuntary movements which are potentially irreversible, and may continue after the antipsychotic medication has been stopped
8. Any special instructions you should know about taking the medication(s)

Medication	Route		Dosage Range
	☐ Oral	☐ Inject	
	☐ Oral	☐ Inject	
	☐ Oral	☐ Inject	
	☐ Oral	☐ Inject	
	☐ Oral	☐ Inject	

- By signing this form, you indicate the above medication(s) have been explained to your satisfaction in your preferred language, and understand that you can ask questions about your child's medication(s) at any time.
- By signing this form, you consent to this treatment for your child.
- After signing, you can still refuse any dose or withdraw your agreement completely at any time notifying your prescriber either verbally or in writing.
- You will receive a copy of this consent form.
- You have received information about the medications in your preferred language by means of:
  ☐ Oral explanation ☐ Printed material ☐ Other_____
- This consent form remains valid for a period of one year from date of the prescriber's signature.

	Date
Parent/Guardian Signature:	
Prescriber Name (print):	
Prescriber Signature with type of professional degree, and licensure or job title:	
Client Signature (optional):	
Witness (required if client unable or signs with a mark):	

If unable to obtain a signature, please check the box below and document the reason:

☐ The parent/guardian verbally consents to the recommended medication(s), but is unable or refuses to sign because:

Continued attempts to obtain signature: Initials_____Date_____Initials_____Date_____

Procedure for Informed Consent for Psychiatric Medication(s) Consent Form – CYF (MM05-CYF)

Purpose:

1. To serve as a record of the parent/guardian's consent for psychiatric medication(s) as part of their child's treatment regimen
2. To document that the parent/guardian has been provided information about the medication(s) being prescribed
3. As applicable, to document the client's receipt of medication information and consent (optional)

Responsibilities for Documentation:

1. Refer to policy and procedures in 3.5-04 "BHS Psychiatric Medication Consent in Ambulatory Care"
2. In situations when a non-electronic form is used such for some field services, complete this form and document the consent in the electronic Avatar Medication Consent form.
3. For non-urgent medication consents for San Francisco Human Services Agency (HSA) Court Dependent children/adolescents, the JV220 and JV220A request for medications to the court must be completed and fully executed (signed by the court) before medications(s) are prescribed.
4. The prescriber has the responsibility for filling out the form once the parent/guardian has received information in their preferred language about the medication(s).
5. The consent process must be renewed at least annually.
6. A new consent form must be executed when any new medication(s) are started, or if there are any changes in route or dosage range.
7. A copy of the consent form shall be given to the parent/guardian.
8. The completed form must be filed permanently in the medical record.
9. The consent process shall be documented in the electronic health record.

Instructions:

1. The parent/guardian should receive information in their preferred language about the medication(s) before the form is completed. The child should receive age-appropriate information in their preferred language.
2. The medication(s), route(s), and dosage range(s) are entered into the table for up to five medications.
3. If the parent/guardian consents to the medication(s), the parent/guardian and the prescriber sign and date the form.
4. The client assent signature is desirable but not required.
5. If the parent/guardian verbally consents to medication(s) and is unable to sign the form, check the applicable box. The prescriber shall sign and date the form and document the reason for not signing. The prescriber documents continued attempts to obtain a signature by initialing and dating the appropriate line.
6. If the parent/guardian is unable to sign or signs with a mark, a third party witness must co-sign.
7. Prescriber signatures on the medication consent must include the person's type of professional degree, and licensure or job title.

Mark Farrell
Mayor

City and County of San Francisco
Department of Public Health

Behavioral Health Information Systems
1380 Howard Street, 3rd Floor
San Francisco, CA 94103-2614
e-mail: avatarhelp@sfdph.org
415-255-3788

Avatar Bulletin

Updated Psychiatric Medication Consent Form

September 27, 2017

When does this take effect: The new Avatar Medication Consent form is now available.

Who is impacted? Prescribers at Adult and CYF Mental Health Programs

Why is this happening now?

- Based on new State Mental-Health Medi-Cal requirements, the Psychiatric Medication Consent form and policy have been updated
- The Psychiatric Medication Consent form is now an Avatar electronic form to support prescribers completing and tracking medication consents. The new e-consent form allows for electronic signature capture; if a signature pad is not available, the form is printed out for signature on paper

How does this impact you? ***By March 31, 2018, all clients, including CYF and adult clients with a current paper consent, must have an electronic Avatar medication consent on file****.* Continue to refer to the "BHS Psychiatric Medication Consent in Ambulatory Care" Policy 3.5-04 for medication consent requirements.

Overview of what's happening:

New Form: "Medication Consent"

- One form for both AOA and CYF in Avatar
- Electronically enter medication(s), route, dosage range, how information given
- Capture client/parent/guardian signature(s) via signature pad, OR print out and obtain signature(s) on paper if field services or don't have signature pad
- Prescriber electronically signs when submitting the form
- Submitted form is saved in Avatar
- Carries forward previous medication information

New Report: "Medication Consent Report"

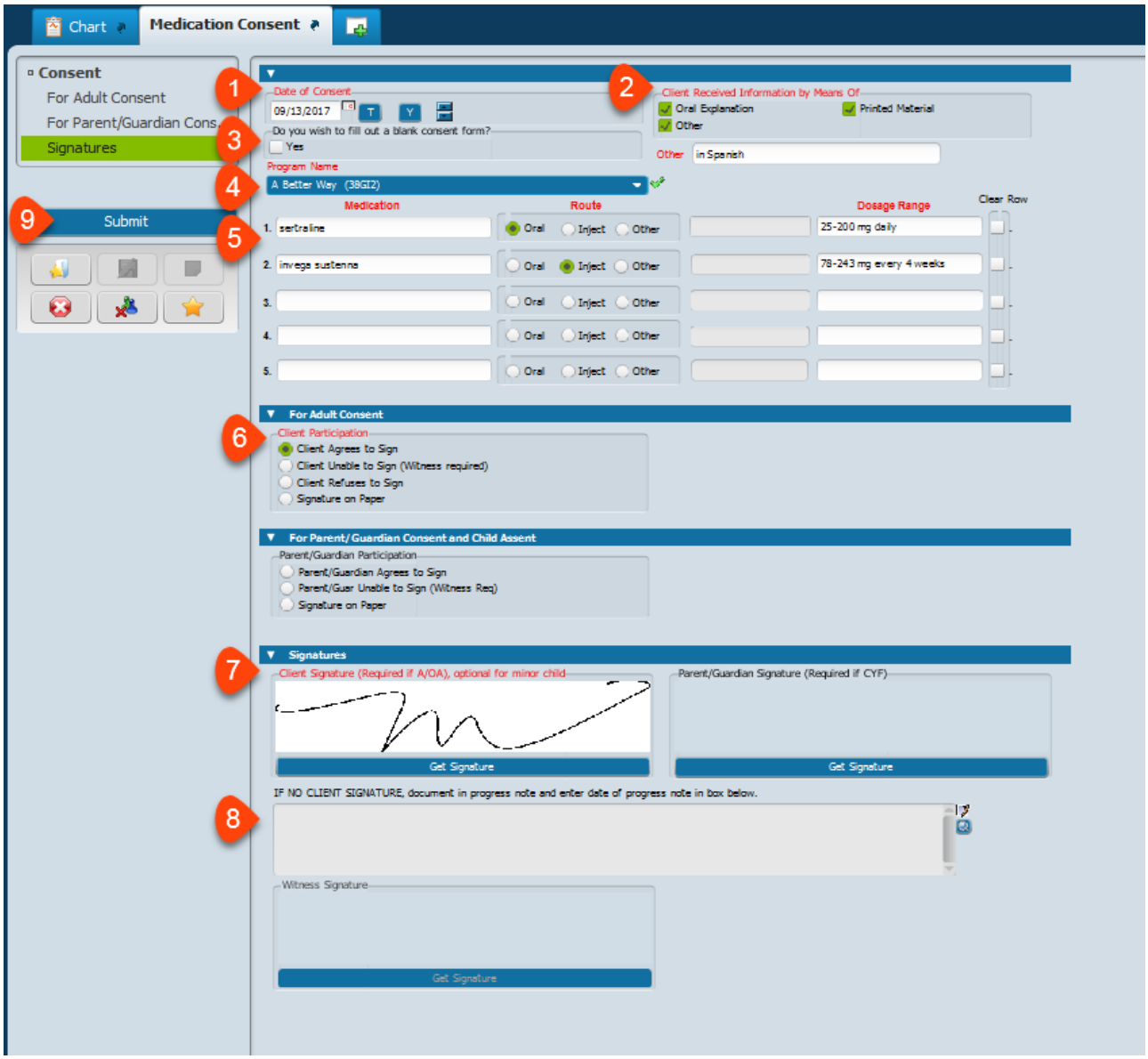
- Generates copy of AOA or CYF Consent form with electronic signature(s), or for signature(s) on paper

New Widget: "Medication Consents"

- In Home View, Consoles, "Medical" tab
- Helps prescribers track consents by listing each consent by prescriber, consent date, type of signature and medications

Note – all the following are made-up test examples; there is no PHI

A. Medication Consent – AOA Example



1. Date – defaults to today's date. Date cannot be changed.
2. Document how medication information received; choose as many methods as apply
3. Check "yes" if want blank consent form
4. Select Program Name
5. Enter medications, route, dosage range. You can edit carry forward information, or on far right can clear a row of information
6. Choose how signature will be captured
7. If choose "client agrees to sign", capture electronic signature
8. If no electronic signature, note the date of the progress note explaining why. If client unable to sign, capture witness signature
9. Submit form. By submitting you are electronically signing the form.
10. Print out consent form for client using "Medication Consent Report".
11. If signature on paper, file signed form in medical record

B. Example - Adult Medication Consent Report

City and County of San Francisco
Department of Public Health
San Francisco Health Network
BEHAVIORAL HEALTH SERVICES

Name: TEST CLIENT,SUMMARY
Client ID #: 1
Program Code: A Better Way (38GI2)

Informed Consent for Psychiatric Medication(s) - Adult/Older Adult

THE PURPOSE OF THE FORM IS TO DOCUMENT THAT YOU AND THE PROVIDER ORDERING YOUR MEDICATIONS (YOUR PRESCRIBER) HAVE DISCUSSED YOUR MEDICATION (S) TO YOUR SATISFACTION.

Your prescriber has ordered the following medication (s). You are entitled to know the following information before deciding whether to take the medication(s):

1. What your condition or diagnosis you have that these medications are prescribed to address
2. What symptoms the medication(s) should reduce and how likely the medication(s) will work
3. What your chances are of getting better without taking the medication(s)
4. Reasonable options or alternatives to taking the medication(s)
5. Name, type (or class) of medication, dosage, dosage range, frequency of administration, route of administration and duration of each prescribed medication
6. Common side effects of the medication(s), including possible additional side effects which may occur beyond three months (long term), and may be potentially irreversible
7. If antipsychotic medications are prescribed, notice that antipsychotic medications may cause additional side effects for some persons, including persistent involuntary movements which are potentially irreversible, and may continue after the antipsychotic medication has been stopped
8. Any special instructions you should know about taking the medication(s)

Medication	Route	Dosage Range
sertraline	Oral	25-200 mg daily
invega sustenna	Inject	78-243 mg every 4 weeks

- By signing this form, you indicate the medication(s) have been explained to your satisfaction in your preferred language, and understand that you can ask any questions about your medication(s) at any time.
- By signing this form, you consent to this treatment.
- After signing, you can still refuse any dose or withdraw your agreement at any time by notifying your prescriber either verbally or in writing.
- You will receive a copy of this consent form.
- You have received information about the medications in your preferred language by means of:

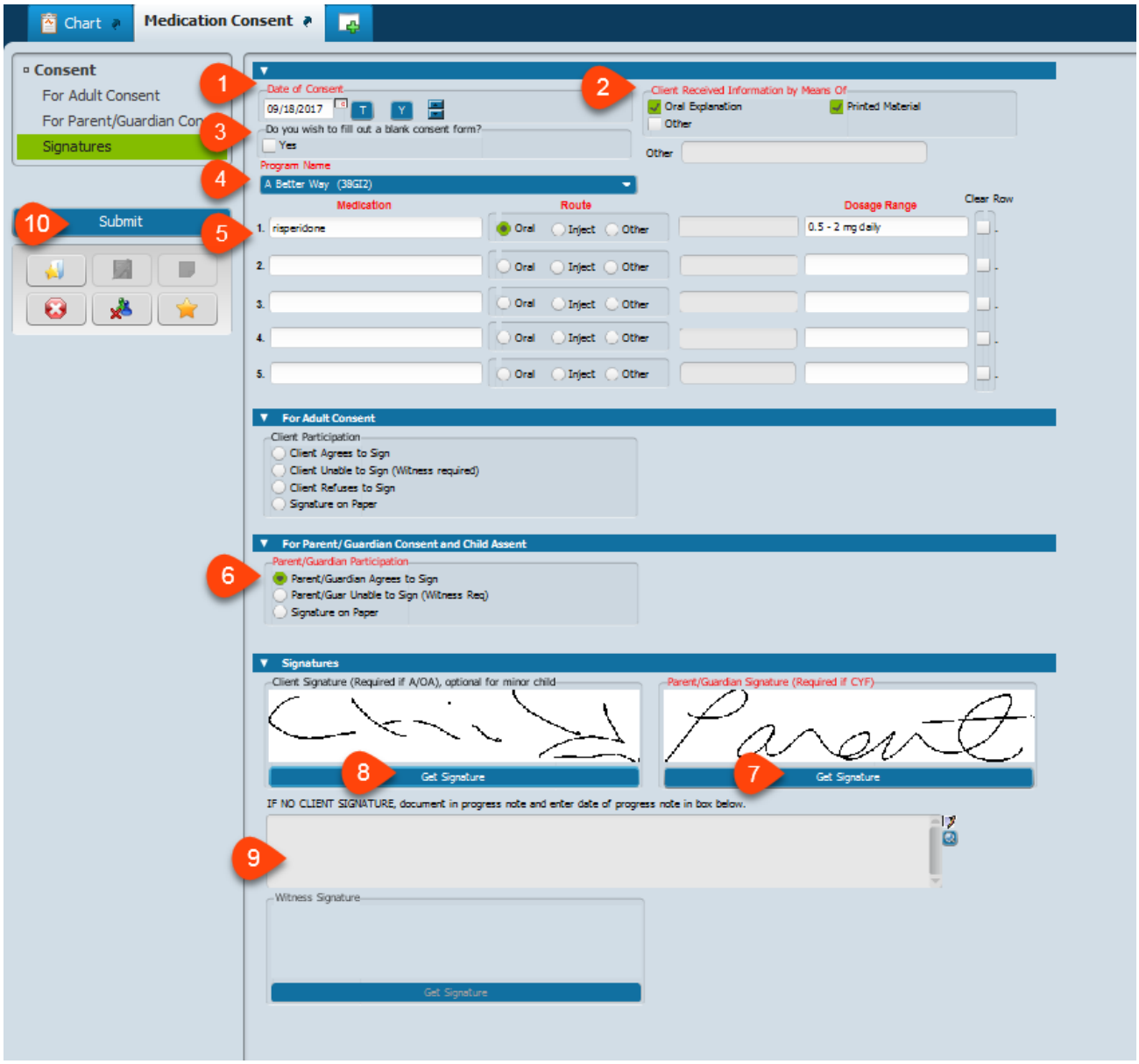
☒ Oral Explanation ☒ Printed Material ☒ Other in Spanish

Client Signature: 	9/13/2017
Prescriber Signature *(I have electronically completed and signed this document)* WILDER, GLORIA, PharmD	9/13/2017
Witness (required if client unable or signs with a mark):	

If unable to obtain an electronic signature, please check the box below:
☐ The client verbally consents to the recommended medication(s), but is unable or refuses to sign.
☐ Signature is on paper.

MM05 REV 09/12/2017 Confidential Patient/Client Information: see W & I Code 5328

C. Medication Consent – CYF Example



1. Date – defaults to today's date. Date cannot be changed.
2. Document how medication information received; choose as many methods as apply
3. Check "yes" if want blank consent form
4. Select Program Name
5. Enter medications, route, dosage range. You can edit carry forward information, or on far right can clear a row of information
6. Choose how signature will be captured
7. If choose "Parent/Guardian Agrees to Sign", capture electronic signature
8. If minor child signs (optional), capture electronic signature
9. If no electronic signature, note the date of the progress note explaining why. If Parent/Guardian unable to sign, capture witness signature
10. Submit form. By submitting you are electronically signing the form
11. Print out consent form for Parent/Guardian using "Medication Consent Report".
12. If signature on paper, file signed form in medical record

D. Example - CYF Medication Consent Report

City and County of San Francisco Department of Public Health San Francisco Health Network BEHAVIORAL HEALTH SERVICES	Name: TEST CHILD, SALLY Client ID #: 999062689 Program Code: A Better Way (38GI2)

Informed Consent for Psychiatric Medication(s) - CYF

THE PURPOSE OF THE FORM IS TO DOCUMENT THAT YOU AND THE PROVIDER ORDERING YOUR MEDICATIONS (YOUR PRESCRIBER) HAVE DISCUSSED YOUR CHILD'S MEDICATION(S) TO YOUR SATISFACTION.

Your prescriber has ordered the following medication(s) for your child. You are entitled to know the following information before deciding whether your child takes the medication(s):

1. What your condition or diagnosis you have that these medications are prescribed to address
2. What symptoms the medication(s) should reduce and how likely the medication(s) will work
3. What your chances are of getting better without taking the medication(s)
4. Reasonable options or alternatives to taking the medication(s)
5. Name, type (or class) of medication, dosage, dosage range, frequency of administration, route of administration and duration of each prescribed medication
6. Common side effects of the medication(s), including possible additional side effects which may occur beyond three months (long term), and may be potentially irreversible
7. If antipsychotic medications are prescribed, notice that antipsychotic medications may cause additional side effects for some persons, including persistent involuntary movements which are potentially irreversible, and may continue after the antipsychotic medication has been stopped
8. Any special instructions you should know about taking the medication(s)

Medication	Route	Dosage Range
risperidone	Oral	0.5 - 2 mg daily

- By signing this form, you indicate the medication(s) have been explained to your satisfaction in your preferred language, and understand that you can ask any questions about your child's medication(s) at any time.
- By signing this form, you consent to this treatment for your child.
- After signing, you can still refuse any dose or withdraw your agreement at any time by notifying your prescriber either verbally or in writing.
- You will receive a copy of this consent form.
- You have received information about the medications in your preferred language by means of:

  ☒ Oral Explanation ☒ Printed Material ☐ Other _____

- This consent form remains valid for a period of one year from date of the prescriber's signature.

Parent/Guardian Signature: Parent	9/18/2017
Client Signature (Optional): Child	9/18/2017
Prescriber Signature *(I have electronically completed and signed this document)* WILDER, GLORIA, PharmD	9/18/2017
Witness (required if client unable or signs with a mark):	

If unable to obtain an electronic signature, please check the box below:

☐ The client verbally consents to the recommended medication(s), but is unable or refuses to sign.

☐ Signature is on paper.

MM05-CYF REV 09/12/2017 Confidential Patient/Client Information: see W & I Code 5328

E. What if I don't have an e-signature pad?

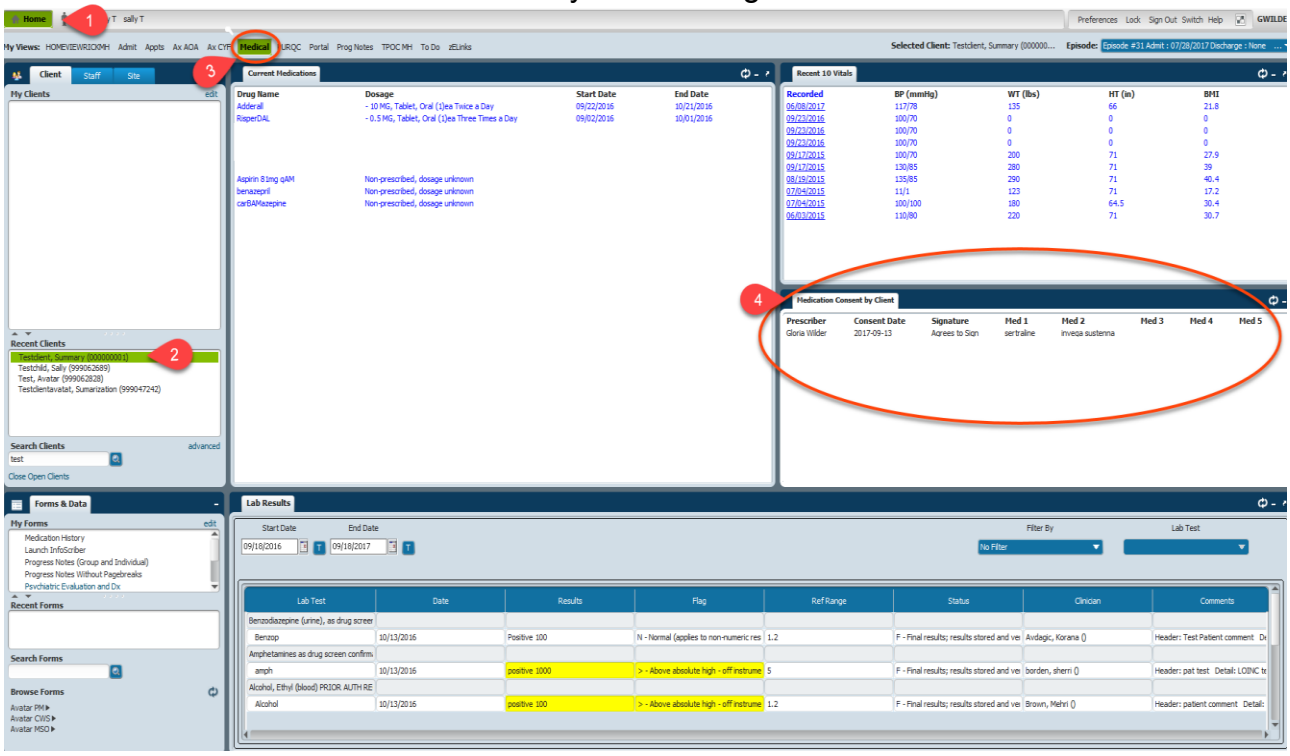
1. Complete Avatar electronic medication consent as instructed above.
    a. Choose "Signature on Paper"
    b. Document the date of the progress note that explains why there is no electronic signature
2. Print out consent form using "Medication Consent Report"
3. Have client/parent/guardian sign the paper printed out consent
4. File signed form in the client's medical record

F. What about Field Visits?

1. If you know the medication regimen and can enter into Avatar before the visit, following same steps as #E.
2. If not, use a paper consent form (MM05 for AOA, MM05-CYF for CYF 9/12/2017)
3. When next have access to Avatar, complete the Avatar electronic medication consent as instructed above.
    a. Choose "Signature on Paper"
    b. Document the date of the progress note that explains why there is no electronic signature
4. File the signed paper consent form in client's medical record

G. Medication Consent Widget

In Consoles, under the "Medical" tab, there is a new "Medication Consent" widget listing each medication consent by prescriber, consent date, type of signature and medications.
Steps: 1. In Home View 2. Click one time on Client Name 3. Click "Medical" Console 4. Find the "Medication Consent by Client" widget



Need Additional Support?

- Link to policy https://www.sfdph.org/dph/fi les/CBHSPolProcMnl/3.05-04.pdf
- If you need assistance with accessing the Avatar form or support documentation, please contact the Avatar Help Desk at 415-255-3788 or via e-mail at avatarhelp@sfdph.org
- If you have questions about the BHS medication consent policy, contact your Medical Director

BHS Policies and Procedures

City and County of San Francisco Department of Public Health San Francisco Health Network BEHAVIORAL HEALTH SERVICES	1380 Howard Street, 5th Floor San Francisco, CA 94103 415.255-3400 FAX 415.255-3567

POLICY/PROCEDURE REGARDING: BHS Clinic Medication Room

Issued By: Marcellina Ogbu, DrPH Deputy Director of San Francisco Health Network Date: May 17, 2016	Manual Number: 3.01-4 References: California Business and Professions Code: Code of Federal Regulations

(Substantive revision. Replaces version dated November 18, 2014)

PURPOSE:

This policy and procedures is intended to serve as a guideline for compliance with state and federal laws and regulations as well as to ensure medication safety in the clinic setting.

SCOPE:

This policy applies to BHS and BHS affiliated clinics and to staff working in BHS and BHS-affiliated clinics that store or maintain medications on site.

GLOSSARY:

a. **Prescription Refill**: Prescription refills or "refills" are defined as the remaining quantity of fills for a particular client prescription at the pharmacy. Prescription refills are stored on file at the pharmacy and are not filled until a medication request has been submitted by the client or clinic.

b. **Medication Request**: A medication request is defined as the request made by the client or clinic for a particular client medication to be filled by the pharmacy.

c. **Medication Reorder**: A medication reorder is defined as the prescriber issuance of additional fills for a particular client medication once refills of that medication are depleted.

d. **Medication Dispensing**: Medication dispensing is defined as the preparation, packaging, labeling, documenting, and transfer of a medication from an authorized medical personnel to the client for which the medication was prescribed and labeled for.

e. **Medication Administration**: Medication administration is defined as the directly observed administration of medications to a client (e.g. orally or via injection) by an authorized medical personnel during the course of a clinic visit.

POLICY:

1. RESPONSIBILITY

a. BHS and BHS affiliated clinic staff shall be in compliance with this policy and procedure, and with state and federal laws and regulations for medications including the access, ordering, receiving, storage, prescribing, dispensing, administration and disposal of medications.

b. The clinic Medical Director and Program Director have shared responsibility to ensure that the clinic staff and premises are in compliance. The Program Director has responsibility in the general support of the medication room including security and upkeep of the premises, and non-medical staff receiving of medications. The Medical Director has responsibility to ensure compliance by medical staff for medication room policies and procedures, and laws and regulations.

2. ACCESS

a. All prescription medications and medication injection equipment (syringes, needles) will be stored in a securely locked medication room or cabinet with access limited to medical personnel authorized to prescribe, dispense or administer medication. Designated medical staff will be identified in writing by the clinic and posted in the medication room. Housekeeping staff may only enter when a medical personnel is present.

LICENSED STAFF	NAME	AUTHORIZED (Access, dispensing, administration, ordering)
PHYSICIANS		
PHARMACISTS		
PHARMACY TECHNICIANS		
NURSE PRACTITIONERS		
NURSES		
PSYCHIATRY TECHNICIANS		
Other:		

Total number of keys available: _____

b. The medication room lock must be unique from other locks in the facility. The medication room shall not be accessible via the facility's master key.

c. Keys (keys, key cards, key codes) that open medication rooms and cabinets are issued to the above authorized medically licensed personnel who are assigned to work at these sites. These staff members must secure possession of the keys and must return the keys to the medical director when no longer assigned to the clinic. Under no circumstance shall staff members share keys with anyone else.

3. RECEIVING MEDICATIONS

a. The clinic shall only receive medication deliveries when authorized medical staff is present. Medications delivered to the clinic must be received by authorized personnel, then promptly and appropriately stored in the medication room.

b. If medications are received by non-medical staff such as front desk clerk, the front desk clerk shall immediately notify medical staff so that medications are promptly stored in the medication room. Packages shall never be left unattended.

c. Every clinic that receives and stores medications must keep records of their acquisition and disposition *(B&P Code 4081.4105,4180).* A chain of custody chronologically documenting the receipt, dispense, administration, and/or disposal of all medications shall be maintained.

d. Clinics must log the receipt of all client medications *(CCR, Title 22 73361*). Copies of the pharmacy's delivery log may serve as the receipt log. The records shall be retained for at least 3 years. *(CCR, Title 22 73361).* Incoming client medication logs must contain all the following information:
    i. Medication name
    ii. Strength and quantity
    iii. Name of the client
    iv. Date ordered (date medication request made to pharmacy)
    v. Date received
    vi. Name of issuing pharmacy

e. To document "date ordered" for the receipt of client medications, facilities shall do one of the following:
    a. Retain copies of medication requests sent to the pharmacy or
    b. Print and retain OrderConnect medication lists, noting date and requested medications or
    c. Record medication requests using the Client Medication Request Log (Attachment 1)

f. Clinics must log the receipt of all physician's own use medications *(CCR, Title 22 73361).* A copy of delivery log sent with the delivery, may serve as the receipt log. The records shall be retained for at least 3 years. Incoming medication logs must contain all of the following information:
    i. Medication name
    ii. Strength and quantity
    iii. Date ordered
    iv. Date received
    v. For prescription medications, name of ordering physician
    vi. Name of issuing pharmacy

g. Client medications received from a dispensing pharmacy must be properly labeled with *(CA B&P Code 4076)*:
    i. Name of the client
    ii. Name and strength of the medication; if generic name, include name of manufacturer
    iii. Description of the medication (color, shape, any identification code)
    iv. Directions for use
    v. Condition or purpose of the medication, if indicated
    vi. Date of issue.
    vii. Medication quantity

viii. Expiration date of the medication
ix. Name of the prescriber
x. Initials of the dispensing individual
xi. Name, address and phone number of the dispensing pharmacy
xii. FDA side effects statement label *(21 CFR 209)*
xiii. Any applicable auxiliary labels

h. Prescription labels may be altered only by persons legally authorized to do so.

4. STORAGE

a. The medication room/storage area shall be located in premises that are secure.
b. The medication room/storage area shall be secure, clean, and orderly. Drugs are organized in a manner that prevents crowding and confusion. The facility shall have a schedule or procedure for cleaning and upkeep of the premise. The premise shall be kept clean and sanitary, with no clutter or extraneous items.
c. Controlled substance floor stock medications must be stored in a separately locked cabinet in the medication room.
d. Medications labeled and intended for external-use only (topical) shall be stored separately from oral and injectable medications.
e. Germicidals, cleaning agents and test reagents are stored separately from all drugs.
f. Drugs stored at room temperature are between 59° and 86°F. Room temperatures shall be logged each working day on the Room Temperature Log form (Attachment 2). Contact CBHS Pharmacy immediately for instructions for any out-of-range temperatures and document actions taken on the Room Temperature Log form. Room temperature logs shall be retained for at least 3 years.
g. Drugs requiring refrigeration are stored in a refrigerator between 36° and 46°F. Refrigerator temperatures shall be logged each working day on the Refrigerator Temperature Log form (Attachment 3). Contact CBHS Pharmacy immediately for instructions for any out-of-range temperatures and document actions on the Refrigerator Temperature Log form. Refrigerator temperature logs shall be retained for at least 3 years.
h. If any vaccines are stored in refrigerators, storage and handling must be in compliance with the Center for Disease Control (CDC) guidelines. Refrigerator temperatures must be logged at the beginning and end of each working day. Vaccines cannot be stored in dormitory-style refrigerators which have a combined refrigerator and freezer in the same compartment.
i. Drugs shall not be stored in a refrigerator with any food or lab specimens.
j. Except for certain vaccines, multiple dose injectable medications will be initialed and have the expiration date recorded on the label when opened. Once opened, multiple dose vials expire in 28 days. Any open vial that appears to be contaminated or discolored shall be discarded and not used.
k. Vaccines in multidose vials that do not require reconstitution can be administered until the expiration date printed on the vial or vaccine packaging if the vial has been stored correctly and the vaccine is not visibly contaminated, unless otherwise specified by the manufacturer.

l. Drug containers shall not be cracked, soiled or without secure closures.

m. Expired, contaminated, or deteriorated prescription medications, Over The Counter (OTC) medications, and/or medical supplies are not available for use and shall be properly disposed of. All medications and supplies shall be checked for expiration.

n. Medication expiration dates will be checked and documented on a monthly basis by a designated person with legal access to the medication room. Facilities may use the Monthly Expired Medication Review form (Attachment 4) to document completion. Records shall be retained for at least 3 years.

o. Medication samples and drug vouchers are not allowed in clinics.

p. Prescription blanks are stored in a secure location inaccessible to clients.

5. HANDLING OF CLIENTS' OWN MEDICATIONS

a. Clients' own prescription medications that have been dispensed by a pharmacy may be stored in the clinic medication room if necessary to support the client's wellness and recovery. Justification shall be supported by documentation.
b. Clients' own medications are properly stored, clearly labeled, with internal use medications separated from external use.
c. No more than a six week supply of client's own medications should be stored in the clinic medication room.
d. If a client does not claim his or her medications within 8 weeks of receipt by the clinic, they may be considered as medications abandoned by the client.
e. Abandoned, expired, or discontinued medications shall be first sent back to the dispensing pharmacy for the billing to be reversed if possible. If the issuing pharmacy does not accept retuned dispensed medications, medications shall be disposed of as hazardous medication waste.
f. Clients' own medications shall only be distributed to the specific client for whom it was prescribed and labeled. Client's own medications shall not be administered or "shared" with other clients.
g. "Automatic medication refills" (i.e. automatic medication requests to the pharmacy) shall not be utilized for client's medications stored in the clinic medication room in compliance with CMS requirements mandating member consent for all prescription deliveries, new or refill. Client medications shall be requested as needed when supplies are depleted.

6. PHYSICIAN'S SUPPLY MEDICATIONS

a. "Physician's Supply Medications" refers to a physician's supply of medications for the physician's use in clinic *(B&P Code 4119.5 and 4170)*.

b. A physician's own supply of medications may be stored in the medication room. Medications should be prescribed by the physician, and use should be limited to providing acute need or emergency medications in the clinic. Prescribers should use a local community pharmacy to provide pharmacy dispensed medications to clients.

c. Usage shall be documented on the Physician's Supply Medication Log sheet. (Attachment 6).

Each medication use shall be logged separately with a running inventory of the quantity used and quantity remaining for that particular medication. The records shall be retained for at least 3 years. Logs must contain all of the following information:

i. The date and time the medication was administered
ii. The source of the medication
iii. The expiration date, lot and/or vial number of the medication
iv. The name of the client receiving the medication
v. The name, dosage and quantity of the medication given
vi. The route of administration for medication (if other than oral)
vii. The signature of authorized staff who administered the medication

d. Requests for Physician's Supply Medications shall be placed using the BHS Drug and Supply Request form (Attachment 5). Orders shall be placed by designated medical staff, and need to include a copy of the Physician's Supply Medication Log sheet for proof of use or expiration of the medication requested.

e. For Controlled Substances, medication quantities must be reconciled at least daily on the Physician's Supply Medication Log (Attachment 6) and shall be retained for at least three years. Controlled Substances are stored separate from non-controlled drugs.

7. MEDICATION ADMINISTRATION

a. "Medication Administration" refers to directly observed administration of medications to a client (e.g. orally or giving an injection) during the course of the clinic visit.

b. Medications may only be administered by authorized personnel upon an order by a lawfully authorized prescriber. BHS personnel who are authorized to administer medications under their scope of practice include: physicians, physician assistants, nurse practitioners, registered nurses, licensed vocational nurses, licensed psychiatric technicians and pharmacists.

c. Authorized personnel administering a medication are responsible for:

i. Knowing a drug's usual dosage range, indications, side effects, toxicity, stability, expiration date and the client's hypersensitivity or allergies.
ii. Ensuring that the fundamentals of medication administration are followed: right client, right drug, right dose, right route, and right time.

d. Prior to drug administration, establish the client's identity by using two distinct client identifiers (e.g. asking the client to state their name and date of birth).

e. For injectable medication administration:

i. Use universal and bloodborne pathogen precautions
ii. Use safety needles

f. Documentation by the person administering the medication(s) shall be in compliance with Medical Records Policy 3.10-02, and include:

i. Medication, dosage, frequency and route
ii. Date and time of administration
iii. Site/location of any injection
iv. The lot and/or vial number if medication was dispensed from a multi-dose container
v. Any unusual or adverse response to the medication

g. Client medications shall not be "shared" or utilized as floor stock medications under any circumstance. Client medications shall only be administered to the specific client for whom it was prescribed and labeled.

8. DRUG AND SHARPS DISPOSAL

a. General requirements: Every clinic that maintains a stock of drugs must keep records of their acquisition and disposition *(B&P Code 4081.4105,4180).* All medications shall be disposed in accordance to applicable federal, state, and local regulations for disposal of chemicals and potentially dangerous or hazardous substances.
b. Medications for disposal may include:
    i. Medications which are not taken with the client upon termination of services
    ii. Medications abandoned by the client
    iii. Discontinued medications
    iv. Expired, contaminated or deteriorated medications
c. Proper medication disposal
    i. Clients' medications may be returned to the dispensing pharmacy for disposal, or disposed of at the clinic through the use of a licensed medical waste disposal service (e.g. Stericycle) or destruction container (eg RxDestroyer).
    ii. Solid dosage form medications (e.g. pills, capsules) are removed from their original containers before disposal.
    iii. Non-Controlled Substances
        a. Non-Controlled pharmaceutical waste shall be place in the white waste container with the blue top that is puncture resistant and sealable when full. This container is labeled "Pharmaceutical Waste" and shall be stored in the medication room or other secure medication storage area.
        b. The waste shall be removed by a licensed medical waste disposal company.
    iv. Controlled Substances
        a. Controlled substances shall be placed in the "RxDestroyer" which is a white, puncture resistant container with a red top and sealable when full. This container is labeled "RxDestroyer", and shall be stored in the medication room or other secure medication storage area. RxDestroyer should only be used for destruction of controlled substances. All other pharmaceutical waste must be destroyed by placing in the blue and white pharmaceutical waste container as described above.
        b. Directions for using "RxDestoyer"
            i. Load medications into the bottle
            ii. Tightly replace cap
            iii. Gently shake to mix solution over medications. The bottle contains a solution that will dissolve medications on contact. Active medication ingredients are adsorbed or neutralized by activated charcoal.
            iv. Note that the outer shells of capsules or patch materials will not dissolve
            v. Bottle is full when contents are 2 inches from the cap. Do not overfill.
            vi. When full, the full container shall be discarded into regular trash receptacle.

v. Personnel conducting disposal
    a. Only individuals with authorized access to the medication room may dispose of expired or returned medications.
    b. Disposal and documentation of disposal of non-controlled medications shall be conducted by a pharmacist or registered nurse employed by the facility. In the absence of a pharmacist and registered nurse, by licensed medical staff authorized to access the medication room.
    c. Disposal and documentation of disposal of controlled medications shall be conducted by both a pharmacist and registered nurse. In the absence of a pharmacist and/or registered nurse, by two licensed medical staff authorized to access the medication room.

vi. Disposal shall be documented on a Medication Destruction Log (Attachment 7). The log shall be retained for at least 3 years and include the following information:

i. Name of the client
ii. Medication name and strength
iii. Quantity destroyed
iv. Prescription number
v. Date of destruction
vi. Name and signature of witness (two signatures if controlled substance)

d. Client Confidentiality
    i. Client identifiers, which are protected health information (PHI), include the client's name, medical record number, address, and date of birth. (Refer to San Francisco Department of Public Health Privacy and Data Security Policies)
    ii. Labels or documents containing PHI are placed in confidential waste or physically destroyed, which may be accomplished by cross-cut shredding, pulverizing, pulping, incinerating, or a combination of these techniques.

e. Sharps containers are stored in a secure location not accessible to clients. Containers are disposed of in accordance to applicable federal, state, and local regulations for disposal of chemical and potentially dangerous or hazardous substances. The method of disposal may include the use of a contracted medical waste disposal service.

9. MEDICATION ROOM COMPLIANCE CHECKLIST

a. The Medication Room Compliance Checklist (Attachment 8) form shall be completed each quarter (every three months) by a pharmacist or other medical staff.

b. The results of the audit shall be reviewed by the clinic Medical Director. Any areas of non-compliance shall be promptly addressed to ensure the clinic and staff are in compliance.

c. Compliance checklists and any plans of correction shall be retained for at least three years.

Contact Person: Director, CBHS Pharmacy Services

Distribution:
CBHS Policies and Procedures are distributed by the Health Information Management Department under the DPH Compliance Office

Administrative Manual Holders
CBHS Programs
SOC Managers
BOCC Program Managers
CDTA Program Managers

City and County of San Francisco
Department of Public Health
San Francisco Health Network
BEHAVIORAL HEALTH SERVICES

Client Medication Request Log (Via Non-Fax Modality)

Client Name	Medication			Name of Pharmacy	Date Ordered	Date Received[1]
	Name	Strength	Quantity			

[1]Document date received if the issuing pharmacy does not provide a delivery log

Client Medication Request Logs must be retained for **three years**.

Attachment 1

Medication Room Temperature Log - Fahrenheit

Month/Year: _____ Days 1-15

Clinic Name:

Completing this temperature log: Check the temperature in the medication room EACH WORKING DAY. Place an "X" in the box that corresponds with the temperature, the time of the temperature reading, and your initials. Once the month has ended, save each month's completed for 3 years.

If temperature is out of range, contact dispensing pharmacy or CBHS Pharmacy Services (415-255-3659) immediately at and document action taken on this form.

Staff Initials															
Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Exact Time															

*Write any unacceptable temperatures (above 86°F or below 59°F) in these boxes. Then take action!

Acceptable Temperatures																
	Danger! Temperatures above 86°F are too warm! Write any unacceptable temperatures on the boxes above and call CBHS Pharmacy Services immediately!															
	86°F															
	85°F															
	84°F															
	83°F															
	82°F															
	81°F															
	80°F															
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	64°F															
	63°F															
	62°F															
	61°F															
	60°F															
	59°F															
	Danger! Temperatures below 59°F are too cold! Write any unacceptable temperatures on the boxes above and call CBHS Pharmacy Services immediately!															

Attachment 2

Medication Room Temperature Log - Fahrenheit

Month/Year: _____ Days 16-31

Clinic Name:

Completing this temperature log: Check the temperature in the medication room EACH WORKING DAY. Place an "X" in the box that corresponds with the temperature, the time of the temperature reading, and your initials. Once the month has ended, save each month's completed for 3 years.

If temperature is out of range, contact dispensing pharmacy or CBHS Pharmacy Services (415-255-3659) immediately at and document action taken on this form.

Staff Initials																
Day of Month	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Exact Time																

*Write any unacceptable temperatures (above 86°F or below 59°F) in these boxes. Then take action!

Acceptable Temperatures																	
Danger! Temperatures above 86°F are too warm! Write any unacceptable temperatures on the boxes above and call CBHS Pharmacy Services immediately!																	
	86°F																
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	61°F																
	60°F																
	59°F																
Danger! Temperatures below 59°F are too cold! Write any unacceptable temperatures on the boxes above and call CBHS Pharmacy Services immediately!																	

Attachment 2

Temperature Log for Refrigerator — Fahrenheit

Month/Year:_____ **Days 1–15**

Program Name:

Completing this temperature log: Check the temperature in the refrigerator compartment of your storage unit at minimum of EACH WORKING DAY. Place an "X" in the box that corresponds with the temperature, the time of the temperature reading, and your initials. Once the month has ended, save each month's completed form for 3 years.

If temperature is out of range, contact dispensing pharmacy or CBHS Pharmacy Services immediately at 415-255-3659 and document action taken on this form.

Staff Initials																														
Day of Month	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15	
Exact Time																														
	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm

***Write any unacceptable temps (above 46°F or below 36°F) on these lines. Then take action!** ↳ _____

Danger! Temperatures above 46°F are too warm! Write any unacceptable temperature on the lines above* and call BHS Pharmacy Services immediately!

Acceptable Temperatures																														
	46°F																													
	45°F																													
	44°F																													
	43°F																													
	42°F																													
	41°F																													
	40°F																													
	39°F																													
	38°F																													
	37°F																													
	36°F																													
	35°F																													

Danger! Temperatures below 36°F are too cold! Write any unacceptable temperature on the lines above* and call BHS Pharmacy Services immediately!

Temperature Log for Refrigerator — Fahrenheit

Month/Year:_____ **Days 16–31**

Program Name:

If temperature is out of range, contact dispensing pharmacy or CBHS Pharmacy Services immediately at 415-255-3659 and document action taken on this form.

Completing this temperature log: Check the temperature in the refrigerator compartment of your storage unit at a minimum of EACH WORKING DAY. Place an "X" in the box that corresponds with the temperature, the time of the tempera-ture reading, and your initials. Once the month has ended, save each month's completed form for 3 years.

Staff Initials																														
Day of Month	16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31	
Exact Time																														
	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm

***Write any unacceptable temps (above 46°F or below 36°F) on these lines. Then take action!**

Danger! Temperatures above 46°F are too warm! **Write any unacceptable temperature on the lines above* and call BHS Pharmacy Services immediately!**

Acceptable Temperatures																														
46°F																														
45°F																														
44°F																														
43°F																														
42°F																														
41°F																														
40°F																														
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38°F																														
37°F																														
36°F																														
35°F																														

Danger! Temperatures below 36°F are too cold! **Write any unacceptable temperature on the lines above* and call BHS Pharmacy Services immediately!**

City and County of San Francisco
Department of Public Health
San Francisco Health Network
BEHAVIORAL HEALTH SERVICES

Monthly Expired Medication Review

Program:_____ **Year:_____**

Month	Staff Member	Date Completed
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

All **medications and medical supplies** stored in the medication room must be **checked monthly** for **contamination, deterioration, and/or expiration** and shall be logged appropriately for destruction. Retain Logs for **3 years**.

Attachment 3

City and County of San Francisco
Department of Public Health
San Francisco Health Network
BEHAVIORAL HEALTH SERVICES

Drug and Supply Request Form

Clinic Name & Address:_____

Ordered By:_____
Name- Please Print

Date Ordered:_____
Date Shipped:_____

OTC MEDICATIONS

DRUG	STRGTH	QUANTITY	ORDERED	REC'D
Acetaminophen tablets	500mg	1000/UD		
Antacid Liquid		12 fl oz		
Bacitracin Ointment, foil pack		12/pk		
Bisacodyl tablets	10mg	50/ pk		
Diphenhydramine capsules	25mg	24/ btl		
Docusate Sodium capsules	250mg	25/ btl		
Fiber		10 oz – each		
Folic acid	1mg	30/ btl		
Glucose gel	15gm	1tube		
Ibuprofen tablets	200mg	24/ btl		
Lice Shampoo		2 oz – each		
Multi Vitamins		30/ btl		
Senna tablets	8.6mg	100/ btl		
Sunblock, Ultra Sheer Dry Touch, SPF 45		3 oz - each		
Thiamine tablets	100mg	100/ btl		

PHYSICIAN'S SUPPLY MEDICATIONS

Specify prescriber's name, medication name, strength, and quantity requested in the rows below and **fax copies of Physician Medication Supplies Dispensing Logs** for each requested prescription medication.

PRESCRIBER	DRUG	STRGTH	QTY	ORDERED	REC'D
	Naloxone	2mg/2ml	2		
	Diphenhydramine	50mg/ml	1		
	Epipen	0.3mg	1		
	Tuberculin (Aplisol)		1ml		

Fax copies of Drug and Supply Request forms to **CBHS Pharmacy Services at 415-255-3754.**

Drug and Supply Request forms must be retained for **three years**.

Attachment 5

City and County of San Francisco
Department of Public Health
San Francisco Health Network
BEHAVIORAL HEALTH SERVICES

Drug and Supply Request Form

MEDICATION ROOM SUPPLIES

SUPPLY	STRGTH	QUANTITY	ORDERED	REC'D
7-day pill box				
Alcohol Prep Pads		100/box		
Applicator, Cotton Tipped Wood	3" Stick- 10/Box			
Conforming Gauze Bandage, 1-ply	3" x 4yd Roll	100/box		
Digital Oral Thermometer		1		
Face Mask, Blue	50/Box	50/box		
Flexible Adhesive Bandage	2" x 4"- 10/Box	50/box		
Hydrogen Peroxide 3%		16 oz/btl		
Kerlix Bandage Wrap	4" x 4yds. Roll	12 fl oz		
Large Eye Pad	2" x 2.5" – Ea.	1roll		
Latex Gloves (S, M, L) (Please circle)		100/box		
Medicine Cups, Graduated	1oz	100/sleeve		
Non-Stick Sterile Pad, 3x4	3" x 4"- 100/Box			
Paper bags (small, large)				
Paper Cups	5oz. –150/Pkg.			
Porous Paper Tape, 1"	1" x 10yds. Roll	10 pages		
Porous Paper Tape, 2"	2" x 10yds. Roll	1roll		
Rx Destroyer		1		
Sterile Gauze Pad, 2x2	2" x 2"- 50/Box	100/btl		
Sterile Gauze Pad, 4x4	4" x 4"- 25/Box	100/btl		
Surgical Betasept Soln., 4%	32oz.Bottle			
Syringe w/ needle TB 1cc 27g x ½"*		100/box		
Syringe w/ needle 3cc 21g x 1½"*		100/box		
Syringe w/ needle 3cc 22g x 1½"*		100/box		
Syringe w/ needle 3cc 23g x 1½"*		100/box		
Syringe w/ needle 3cc 25g x 1"*		100/box		
Thermometer Sheaths, Disposable	50/Box	100/box		
Tongue Depressor, Wood	6" Stick – Ea.	100/btl		
Universal Precaution Kit		12/pk		
Waste Container - Pharmaceuticals		2 Gallon		
Waste Container – Sharps		1 Quart		

**Syringes & Needles in compliance with DPH Occupational Bloodborne Pathogens Exposure Control Plan*

Drug and Supply Request forms must be retained for **three years**.

Attachment 5

City and County of San Francisco
Department of Public Health
San Francisco Health Network
BEHAVIORAL HEALTH SERVICES

Drug Name:_____

Strength:_____ **Form**:_____

Rx#:_____ Lot#:_____ Exp.:_____

Physician's Supply Medication Log

Medication Source (Pharmacy):_____ **Prescribing Physician:**_____

Date	Client	Qty. Dispensed	Qty. Remaining	Authorized Staff (Signature)
Quantity Supplied ➔				

Floor stock medication dispensing log must be retained for **three years**.

Attachment 6

City and County of San Francisco
Department of Public Health
San Francisco Health Network
BEHAVIORAL HEALTH SERVICES

Medication Destruction Log

Date	Name of Drug and Strength	Qty.	Rx # *Required for client medication*	Client Name *Required for client medication*	Authorized Staff (Name and Signature)	2nd Authorized Staff (Name and Signature) *Required for Controlled Substances*

Medication Destruction Log must be retained for **3 years**.

Attachment 4

CBHS Medication Room Compliance Checklist

Clinic Name_____

General

1. CBHS Medication Storage Policy & Procedure available Yes No

2. Medication room personnel licenses current and available for review Yes No

3. There are no medication "samples" in the facility Yes No

4. No expired, contaminated, deteriorated or recalled medications on premises (including physician's supply, patient meds, OTCs, supplies) Yes No

5. Medications are properly received from pharmacy deliver according to CBHS Medication Room Policy & Procedures Yes No

Medication Room

1. Locked; Access limited to authorized personal who are identified in writing and posted in medication room Yes No

2. Organized and clean appearance Yes No

3. Drugs are properly labeled according to federal and state laws; Labels altered only by persons legally authorized to do so Yes No

4. Faxed client medication requests are retained with date ordered/received Yes No

5. Separate logs for the following exist, are neat and are up to date:
   a. Physician's supply meds ordered/received from CBHS pharmacy Yes No
   b. Client medication requests by phone with dates ordered/received Yes No
   c. Meds dispensed from Physician's supply Yes No
   d. Room temperature (daily) Yes No
   e. Refrigerator temperature (daily) Yes No
   f. Medication destruction log Yes No
   g. Monthly expired medication review Yes No

6. No single dose parenteral container opened. Yes No

7. Multi-dose parenteral container dated when first opened. 28 day expiration Yes No

8. External drugs separated from internal drugs Yes No

Medication Room (continued)

9. No excessive amt of drugs present (more than 6-week supply) Yes No

10. Room temp within range (59-86°F) Yes No

Refrigerator (Skip if N/A)

1. Organized and clean appearance Yes No

2. Temp within range (36-46°F) Yes No

3. No food items or specimens present Yes No

4. Drugs requiring refrigeration properly stored & labeled. (Risperidone Consta, PPD) Yes No

5. Multi-dose parenteral container dated when first opened. 28 day expiration (except vaccines) Yes No

Controlled Substances (Skip if N/A)

1. Locked & separated from non-controlled drugs. Yes No

2. Log for dispensing/administering Physician's supply is separate from non-controlled Physician's supply log and is neat, completed and up to date Yes No

3. Log for daily inventory of Physician's supply Yes No

Disposal

1. Client identifiers are removed from prescription labels and leaflets before discarding/recycling Yes No

2. Sharps and hazardous waste disposal containers are stored in a secure location and disposed of properly Yes No

Comments_____
_____
_____
_____
_____

Date_____

Signature_____ Reviewed by: _____

5/16 (Medical Staff Member) (Medical Director)

Attachment 8 Retain Medication Room Compliance Checklist for **3 years**.

VII. Medication Resources (Approved in 2017)

The following Medication Resources published in the 2017 CBHS Pharmacy Services Manual may still be accessed via the SFDPH website:

- Guideline to Promote Prescription Safety of Sedative-Hypnotics
- Overdose Prevention with Naloxone
- Approaches to Alcohol Use Disorder Medication-Assisted Treatment Guidelines
- BHS Adult Blood Pressure Monitoring Guidelines
- Safer Prescribing of Antipsychotic Medications Guideline
- Recommendations for Smoking Cessation Treatment

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Guideline for Evaluation and Treatment of Attention-Deficit/Hyperactivity Disorder (ADHD) in Adults

SCOPE: The Guideline for Evaluation and Treatment of Attention-Deficit/ Hyperactivity Disorder (ADHD) in Adults is intended to offer diagnostic and prescribing assistance for providers, clients, and the interested general public to increase the safety and quality of ADHD treatment in adults. It is not intended to be comprehensive in scope. Selection of therapy for individual clients is ultimately based on the health care provider's assessment of clinical circumstances and client needs. The recommendations here are intended to assist practitioners in providing consistent, high quality care. Providers must carefully consider and incorporate the clinical characteristics and circumstances of each individual client.

INTRODUCTION: In the past, psychiatrists believed that children and adolescents outgrew ADHD, but in recent years, it has become clear that about half of this group have a persistent disorder into adulthood. The current prevalence is estimated to be 4.4% in the United States. ADHD in adults can be accompanied by serious impairment, including poor learning and limited educational achievement, poor job performance and job loss, interpersonal and marital problems, an increased rate of arrest for speeding and an increased rate of traffic accidents. Mortality is higher in persons with ADHD than in the general population. Co-existing psychiatric disorders are common, and include mood, anxiety, substance use, intermittent explosive, and antisocial personality disorders.

Rates of ADHD in non-psychotic adult community mental health centers are believed to be 10% or higher, yet few of these clients are identified and treated. This is true despite the fact that stimulants have effect sizes comparable to the use of antidepressants in depression or antipsychotics in psychosis. Treatment has been shown to reduce the risk of criminal convictions, accidental injuries, substance use disorders, and suicide. Occupational and social functioning may also improve with treatment.

Possible reasons for this under-diagnosis and under–treatment are numerous. A significant one, which this guideline hopes to address, is inadequate awareness and training in the diagnosis and management of the disorder. Clinicians should find training or study on their own to remedy these gaps and provide adequate assessment and treatment of this disorder.

Treatment of adult ADHD in the community mental health care (CMHC) setting is complicated by:

- co-existing psychiatric disorders that may mimic or mask the symptoms of ADHD
- difficulty obtaining or corroborating a history of symptoms prior to the age of twelve (required for the diagnosis)
- inaccurate reporting of attention by the client requiring collateral history from friends or family
- medical disorders that could affect the safety of ADHD medication treatment

- the frequent co-occurrence of substance use disorders in the CMHC population, raising the risk of abuse or diversion of stimulant medications and the question of when, if ever, after remission from a substance use disorder, stimulant medications might be considered

ASSESSMENT: All behavioral health services (BHS) clients should be screened for ADHD as part of their assessment process. Attention should be paid to individuals with non-episodic forms of emotional instability and diagnoses like dysthymia, cyclothymia, and personality disorders. ADHD may be suspected at the point of intake by the clinician doing an initial assessment, by the prescriber during a psychiatric assessment, or any time after admission.

Screening consists of a survey of the client's early school performance and later job history, looking for childhood and adult ADHD symptoms, and evidence of impairment of functioning. At times, major psychiatric illness beginning early in life, severe psychosocial disruption, or serious abuse and/or neglect may make it impossible to separate ADHD symptoms from symptoms caused by these factors.

Diagnosis is made with the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) criteria. It requires the presence of symptoms prior to the age of twelve. However, it does not require impairment before the age of twelve nor does it require that the client met criteria for the full disorder in the pre-teen years. Several recent studies show that a sizeable proportion of adults with ADHD did not meet criteria as children. The meaning of this is debated. One possibility is that intelligent, non-disruptive individuals may not show signs of ADHD until they encounter more challenging task demands later in life.

Attempts should be made to gather records or other information pertinent to diagnosing ADHD in adults. These include school records, prior treatment records, and corroborating history from family and friends.

Family history may be helpful but needs to be expanded beyond the presence of known disorders (like ADHD or a learning disability). Poor job performance, unstable relationships, legal difficulties, anger issues, depression or anxiety, or substance use disorders all may be markers of ADHD in a relative.

ASSESSMENT SCALES: Assessment scales may be used as screening tools to trigger further evaluation. Assessment scales are not sufficient to make the diagnosis independent of a clinical interview. Assessment scale items may point to specific areas or activities in the client's life that require further exploration. They may help by pointing to areas or activities in which the client can give examples of the scale item in their own lives.

It may be beneficial to use the same scale at the time of diagnosis and again later to track response to treatment. Useful scales are brief and directly related to DSM-5 ADHD criteria. Examples include the Self-Report Adult Symptoms and Role Impairment Inventory (ASRS) (Figure 1) and the Third Party Adult ADHD Symptoms and Role Impairment Inventory (Figure 2). Any scale used should be signed, dated, and included in the medical record.

CARDIAC AND MEDICAL SCREENING: Research has shown no overall increase in major cardiac events with the use of stimulants to treat ADHD in adults. However, individual clients at higher cardiovascular risk may require a medical or cardiology referral. Cardiac screening involves asking about a possible heart problem or having a history of chest pain, palpitations, or syncope; and taking a family history of sudden death, heart attacks, and high blood pressure.

The average increase in resting heart rate is 5.7 beats per minute and in blood pressure is 1.2 mmHg with stimulant therapy. The Federal Drug Administration (FDA) warns that stimulants and atomoxetine should not be used in clients with serious heart issues or clients in whom increased blood pressure or heart rate would be problematic. Routine electrocardiogram (ECG) is not required. Some medical conditions such as thyroid disease or sleep disorders may present with symptoms that can mimic ADHD. They should be evaluated for and ruled out as part of the assessment process.

CO-MORBID PSYCHIATRIC DISORDERS AND SUBSTANCE USE DISORDERS: In general, co-morbid psychiatric disorders that have a higher impact on functional impairment should be treated first.

Stimulant medications can trigger or worsen psychotic and manic symptoms, hypertension, and tic disorders. A careful substance use history is a recommended part of the evaluation for ADHD in adults. There are no clear guidelines about when, if ever, it may be appropriate to use stimulants in individuals recovering from a substance use disorder.

STIMULANT PHARMACOTHERAPY: Stimulants (methylphenidate and amphetamine) are the most effective medications for the treatment of ADHD. Methylphenidate and amphetamine are equally effective. There are no recommendations to start with one as opposed to the other. Effects are generally seen within one hour with both immediate-release and controlled-release formulations. The effective dose varies widely between individual agents (Appendix 1 and 2). Some insurance plans prefer one formulation over another.

General principles of stimulant treatment for ADHD in adults include:

- Start with long-acting formulations
- Avoid use of short-acting preparations due to increased potential for abuse
- Start with lower doses and increase according to symptom relief, functional improvement and tolerance
- Use long-acting medications as a base and, if necessary, fill in with short-acting agents to cover periods of waning benefit from the long-acting agent
- Use medications every day, or only when a specific need is identified such as work demands or other tasks
- Take periodic medication holidays to reassess the need for ongoing stimulant treatment

Adverse effects are similar among methylphenidate and amphetamine formulations. Common adverse effects include headache, dry mouth, decreased appetite, weight loss, insomnia, dysphoria and anxiety. Adverse effects of one stimulant formulation may call for trials of other formulations of the same agent or a different medication.

Monitoring should include blood pressure, heart rate, and weight at initial evaluation, at every visit early in treatment, and at a minimum every three months thereafter.

The California prescription drug monitoring system, CURES, should be searched for each client for whom stimulant medication may be used. New guidelines suggest urine toxicology screens, a controlled substance agreement, and careful monitoring of medications prescribed and filled for all individuals receiving stimulant medications. Providers should consider using a controlled substance agreement or medication contract (Figure 3).

Concern about substance use should be discussed with clients. Within San Francisco, referral to the Treatment Access Program (TAP) 415-255-3629 should be made when appropriate.

There is a risk of medication diversion with stimulant prescriptions. This should be regularly monitored for and, if present, should be thoroughly discussed with clients. Once identified, clinicians should take appropriate steps to prevent future diversion, including withholding stimulant medication prescriptions, offering non-stimulant pharmacotherapy and other interventions.

NON-STIMULANT PHARMACOTHERAPY: Non-stimulant medications may be used when stimulant medications are contraindicated. Non-stimulant medications include atomoxetine, alpha 2-agonists (clonidine and guanfacine), and bupropion. The only FDA-approved non-stimulant medication for ADHD in adults is atomoxetine. There is no evidence that atomoxetine has a better safety profile than stimulant medications. It should be used cautiously in clients with cardiovascular disease (including hypertension) or cerebrovascular disease (Appendix 2). Some insurance plans prefer one type of non-stimulant medication over others.

SPECIAL POPULATIONS:

***Pregnancy*:** All medications for the treatment of ADHD in adults are pregnancy category C with the exception of guanfacine, which is category B.

Lactation:

Stimulants: Methylphenidate is excreted in breast milk, resulting in relative infant doses of 0.16% to 0.7% of the weight adjusted maternal dose. Dextroamphetamine, lisdexamfetamine, and mixed amphetamine salts are excreted in breast milk and use may decrease milk production. The manufacturers of methylphenidate, desmethylphenidate, and dextroamphetamine do not give any specific recommendations for nursing. The manufacturer of lisdexamfetamine and mixed amphetamine salts recommends refraining from nursing due to the potential for adverse reactions in a nursing infant.

Non-Stimulants: Clonidine is excreted in breast milk. The manufacturer recommends caution be used if administered to nursing women. It is not known if atomoxetine and guanfacine are excreted in breast milk. The manufacturers of atomoxetine and guanfacine recommend that caution be exercised when administering these medications to nursing women. Bupropion and its metabolites are excreted in breast milk. Recommendations for use in nursing women vary by manufacturer labeling.

Older Adults: This client population has been generally excluded from clinical studies and should be treated with special caution.

Hepatic/Renal Dysfunction: There are special dosing recommendations for hepatic or renal impairment. See Appendix 1, 2 and 3 for which medications require adjustments and refer to package insert for dosing recommendations.

FOLLOW-UP CARE: Follow-up care focuses on functional improvement, not just subjective symptom relief. This may mean contacting family or other informants. Monitoring for adverse effects will usually include tracking weight, blood pressure, heart rate, and sleep.

Early visits are more frequent and involve regular checks of the CURES database. Later visits can be less frequent. The optimal duration of treatment is unknown. The few long-term studies that exist (of 6 to 24 months in duration) suggest that medication benefits are sustained over time. ADHD is considered a chronic condition, but periodic trials off medication may help determine if the medication is still needed.

MAINTENANCE: If treatment was initiated in a mental health setting, stable clients may be considered for transfer to their primary care providers.

Figure 1: Self-Report Adult Symptoms and Role Impairment Inventory

Name:_____ Date:_____
Time period considered:_____ Medication and dose (if applies):_____

Instructions: This inventory can be used to measure ADHD symptoms. Think of a "typical," recent week, and complete the lines above. For each item there are questions about effort and consequences. Note on the right how often either of these occur. Use space at the bottom of each page to describe examples of how these symptoms keep you from functioning well in major life roles. If using this form for diagnosis, write down the earliest age each active symptom began to persist.

Inattentive Traits	Rarely	Sometimes	Often	Very Often	Age started
Difficulty being accurate with details How often does it take effort to avoid errors? Or: How often do you make "careless" mistakes?	0	1	2	3	
Difficulty sustaining attention How often does it take effort to pay attention when in meetings, classes or while reading? Or: How often does your mind wander in meetings, class, or while reading?	0	1	2	3	
Difficulty listening in conversation How often is it hard to listen in conversation? Or: How often do you miss what people say to you?	0	1	2	3	
Difficulty sticking to and finishing actions How often does it take effort to stick with a task? Or: How often do you leave things unfinished?	0	1	2	3	
Difficulty organizing How often is it hard to get around to tasks? Or: How often is there a problem because of poor organization?	0	1	2	3	
Putting off tasks requiring mental effort How often is it hard to get around to tasks? Or: How often do you miss a deadline?	0	1	2	3	
Often losing important items How often do you take care not to misplace things? Or: How often are you looking for things you misplaced?	0	1	2	3	
Forgetfulness How often do you depend on lists or reminders? Or: How often are you upset that you forgot something?	0	1	2	3	
Often distracted by things in environment How often do you avoid or tune out distractions? Or: How often are you distracted from tasks?	0	1	2	3	

Total inattentive symptoms score: _____

Note here examples of how these, or similar difficulties, impact your life roles:
Your own daily activities:
Work or School activities:
Relationship with others:

Hyperactive/ Impulsive Traits	Rarely	Sometimes	Often	Very Often	Age started
Fidgeting How often does it take effort to be still? Or: How often is your fidgeting upsetting to you or others?	0	1	2	3	
Restless How often do you stop yourself from standing Up to the middle of an activity? Or: How often do you get up in middle of activity?	0	1	2	3	
Excessively in motion How often do you stop yourself from walking or running too much? Or: How often are you walking or running when others are not?	0	1	2	3	
Excessively loud How often do you keep yourself from being too loud? Or: How often do you wish you had kept yourself from being too loud?	0	1	2	3	
Excessive internal drive How often do you stop yourself from moving on to another activity? Or: How often is it hard to stick with or enjoy quiet activities?	0	1	2	3	
Talking excessively How often do you stop yourself from talking too much? Or: How often do you wish you had stopped talking sooner?	0	1	2	3	
Speaking at the wrong time in a conversation How often do you stop yourself from interrupting in a conversation? Or: How often do you wish you had waited to speak in turn?	0	1	2	3	
Difficulty waiting How often do you struggle to wait in a line? Or: How often to you avoid lines or leave them?	0	1	2	3	
Intruding on others How often is it hard to stop yourself from interrupting others when they are busy? Or: How often do you intrude on other people?	0	1	2	3	

Total impulsive/ hyperactive Score:_____

Note here examples of how these, or similar difficulties, impact your life roles:
Your own daily activities:

Work or school activities:

Relationships with others:

Developed by Craig B.H. Surman, M.D.

Figure 2: Third Party Adult ADHD Symptoms and Role Impairment Inventory

Name:_____ Date:_____
Time period considered:_____ Medication and dose (if applies):_____
Instructions: This inventory can be completed by a third party (e.g. significant other, family, friend) to help track ADHD symptoms. Ask them to think of a "typical," recent week. For each item note on the right how often either of these occur, and the earliest age they began persist. Note impact on major life roles at bottom.

Inattentive Traits	Rarely	Sometimes	Often	Very Often	Age Started
Difficulty being accurate with details					
How often do they make "careless" mistakes?	0	1	2	3	
Difficulty sustaining attention					
How often their mind in meetings, class, or while reading?	0	1	2	3	
Difficulty listening in conversation					
How often do they miss what people say to them?					
Difficulty sticking to and finishing actions					
How often do they leave a task before it is unfinished?	0	1	2	3	
Difficulty organizing					
How often is it hard to get around to tasks? Or: How often is there a problem because of poor organization?		0	1	2	3
Putting off tasks requiring mental effort					
How often is it hard to get around to tasks? Or: How often do you miss a deadline?	0	1	2	3	
Often losing important items					
How often do you take care not to misplace things? Or: How often are you looking for things you misplaced?	0	1	2	3	
Forgetfulness					
How often do you depend on lists or reminders? Or: How often are you upset that you forgot something?	0	1	2	3	
Often distracted by things in environment					
How often do you avoid or tune out distractions? Or: How often are you distracted from tasks?	0	1	2	3	

Total inattentive symptoms score: _____

Do these symptoms impair function in daily activities, at work or school, or relationships with others? Please note some examples here:

_____

Hyperactive/ Impulsive Traits	Rarely	Sometimes	Often	Very Often	Age started
Fidgeting					
How often does it take effort to be still? Or: How often is your fidgeting upsetting to you or others?	0	1	2	3	
Restless					
How often do you stop yourself from standing Up to the middle of an activity? Or: How often do you get up in middle of activity?	0	1	2	3	

Excessively in motion

How often do you stop yourself from walking or running too much? Or: How often are you walking or running when others are not?	0	1	2	3	

Excessively loud

How often do you keep yourself from being too loud? Or: How often do you wish you had kept yourself from being too loud?	0	1	2	3	

Excessive internal drive

How often do you stop yourself from moving on to another activity? Or: How often is it hard to stick with or enjoy quiet activities?		0	1	2	3

Talking excessively

How often do you stop yourself from talking too much? Or: How often do you wish you had stopped talking sooner?	0	1	2	3	

Speaking at the wrong time in a conversation

How often do you stop yourself from interrupting in a conversation? Or: How often do you wish you had waited to speak in turn?	0	1	2	3	

Difficulty waiting

How often do you struggle to wait in a line? Or: How often to you avoid lines or leave them?		0	1	2	3

Intruding on others

How often do they intrude on other people who are busy?	0	1	2	3	

Total Impulsive/ Hyperactive Presentation Score:_____

Developed by Craig B.H. Surman, M.D.

Figure 3: Controlled Medication Agreement (SAMPLE)

Controlled Medication Agreement

Date_____

Name: _____ DOB: _____ BIS: _____

The purpose of this agreement is to prevent misunderstanding about controlled medicines that you will be taking. This agreement will help both you and your Provider to comply with laws regarding controlled pharmaceuticals. This contract also verifies your agreement to participate in non-medication activities that may reduce your symptoms and improve your quality of life.

I, _____ and_____ have decided together to use controlled substance for management of my symptoms. I agree to following contract conditions:

- ☐ I agree that this medication will only be used by me and used only as prescribed.
- ☐ I will not share, sell or trade my medication with anyone.
- ☐ I will safeguard my medication from loss or theft. **Lost, damaged or stolen medicine will not be replaced.**
- ☐ If I run out of the medication because I increase the dose without the approval of my prescribing Provider, other clinic Providers will not refill the prescription early.
- ☐ I will not seek controlled substance from other Medical Providers outside of this clinic.
- ☐ I understand that there may be no refills of my medications without a Provider visit.
- ☐ I agree to share my complete medications history in order to avoid adverse drug interactions.
- ☐ I will follow through on referral appointments made with other Providers who can help me with my symptoms.
- ☐ I agree that upon request, I will bring all unused controlled medication to every office visit.
- ☐ I understand that pharmacy records may be reviewed to confirm prescriptions.
- ☐ I agree to leave a urine specimen for drug testing upon request, and I understand that failure to do so will be considered a breach of this contract.
- ☐ I understand that I must keep my schedule appointments for medication refills, and that I may not come to drop-in appointments for medication refills if I miss a scheduled appointment,

I agree to participate in the following non-medication activities:

_____

I understand that if I break this agreement, my Provider may stop prescribing these medicines.

MEDICATION	INSTRUCTIONS	AMOUNT PER WEEK/MONTH

My Provider has explained that the above medications have possible side effects and may be addictive.

Client Signature: _____ Date_____

Provider Signature_____ Date_____

Appendix 1: Stimulant Medications (Methylphenidate)

Action	Short		Intermediate	Long						
Brand	**Focalin**	**Ritalin, Methylin**	**Ritalin SR, Metadate ER**	**Focalin XR**	**Ritalin LA**	**Metadate CD**	**Aptensio XR**	**Concerta**	**Quillivant XR**	**Daytrana**
Drug	Dexmethyl phenidate	Methylphenidate		Dexmethyl phenidate	Methylphenidate					
Generic	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No
Dosing Sizes	2.5, 5, 10 mg tab	5, 10, 20 mg tab; 5mg/5mL, 10 mg/5 mL	Ritalin SR: 20 mg tab Metadate ER: 10, 20 mg tab	5, 10, 15, 20, 25, 30, 35, 40 mg cap	10, 20, 30, 40 mg cap	10, 20, 30, 40, 50, 60, mg cap	10, 15, 20, 30, 40, 50, 60 mg cap	18, 27, 36, 54 mg tab	25mg/5mL (60, 120, 150, 180 mL)	10, 15, 20, 30 mg patch
Max Dose	20 mg/day	60 mg/day	60mg/day	40 mg/day	60 mg/day	60 mg/day	60 mg/day	72mg/day	60 mg/day	30 mg/day
Dosing	BID	BID-TID	Daily	Daily						
Release	IR	IR	ER/SR	Capsule is 50% IR & 50% DR beads.	Capsule is 50% IR & 50% DR beads.	Capsule is 30% IR % 70% DR beads.	Capsule contains multi-layered beads that is 40% IR and 60% CR	Non-absorbable tablet is 22% IR $ 78% CR	Suspension is 20% IR and 80% DR	Transdermal
Onset	30	30-60	30-60	30	30-60	30-60	-	60-120	45	120
Duration of Action (hr)	3-5	3-6	8	12	8	8	-	10-12	12	9
Crush?	Yes	Yes	No, Swallow whole with water or other fluid	No, Swallow whole or may be opened and contents sprinkled over a spoonful of applesauce				No, Swallow whole with water or other fluid	-	-
CYP Enzyme Metabolism	-									
Hepatic/ Renal impairment	No studies available, likely not of concern									
Comments	Take 30-45 min before meal when possible	High fat meal may delay peak by 1.5 hrs	Take 30-45 min before meal when possible	Mimics BID dosing	Mimics BID dosing. High fat meal may delay peak	High fat meal may delay early peak by 1 hr	-	-	Shake vigorously for $\geq$ 10 sec before administering	Apply to hip. Remove after 9 hrs; absorption may continue for several hours after removal

Appendix 2: Stimulant Medications (Amphetamine)

Action	Short			Intermediate	Long			
Brand	**DextroStat, Dexedrine**	**Evekeo**	**Adderall**	**Dexedrine Spansules**	**Adderall XR**	**Vyvanse**	**Dyanavel XR**	**Adzenys XR-ODT**
Drug	Dextroamphetamine	Amphetamine	Mixed Amphetamine Salts	Dextroamphetamine	Mixed Amphetamine Salts	Lisdexamphetamine	Racemic Amphetamine Sulfate	Racemic Amphetamine Sulfate
Generic	Yes	No	Yes	Yes	Yes	No	No	No
Dosing Sizes	5, 10 mg tabs	5, 10 mg tab	5, 7.5, 10, 12.5, 15, 20, 30 mg tabs	5, 10, 15 mg bead-filled caps	5, 10, 15, 20, 25, 30 mg caps	10, 20, 30, 40, 50, 60, 70 mg caps	2.5 mg/mL susp	3.1, 6.3, 9.4, 12.5, 15.7, 18.8 mg ODT
Max Dose	40 mg/day	40 mg/day	40 mg/day	40 mg/day	30 mg/day	70 mg/day	20 mg/day	18.8 mg/day
Dosing	Daily-BID	Daily	BID	Daily	Daily	Daily	Daily	Daily
Release Formulation	IR	Contains d-amphetamine & 1-amphetamine salts in a 1:1 ratio	Contains d-amphetamine & 1-amphetamine salts in a 3:1 ratio	Capsule is 50% IR and 50% DR beads	Contains d-amphetamine & 1-amphetamine salts in a 3:1 ratio. Capsule is 50% IR and 50% DR beads.	IR	Contains d-amphetamine & 1-amphetamine salts in a 1:1 ratio	Contains d-amphetamine & 1-amphetamine salts in a 3:1 ratio
Onset	30-60	-	30-60	30-60	30-60	-	-	-
Duration of Action	2-6 hrs	-	5 hrs	6-9 hrs	9 hrs	10 hrs	-	-
Crush?	Yes	Yes	Yes	No, Do not chew beads in capsule	No, Sprinkle on applesauce, swallow without chewing	No, Swallow whole or may be opened and entire contents dissolved in a glass of water	-	No, Do not chew or crush tablet
CYP Enzyme Metabolism	2D6							
Hepatic/Renal Impairment	May inhibit metabolism/elimination resulting in prolonged exposure	No information available	May inhibit metabolism/elimination resulting in prolonged exposure				No information available	No information available
Comments	-	-	-	-	Mimics BID dosing	Continuous-release capsule. High fat meal may delay peak by 1 hr		Do not push tablet through foil

Appendix 3: Non-Stimulant Medications

Brand	**Strattera**	**Wellbutrin**	**Wellbutrin SR**	**Wellbutrin XL**	**Catapres**	**Catapres-TTS**	**Tenex**	Intuniv
Drug	**Atomoxetine**	**Bupropion**			**Clonidine**		**Guanfacine**	
Generic available	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Dosing Sizes	10, 18, 25, 40, 60, 80, 100 mg caps	75, 100 mg tab	100, 150, 200 mg tab	150, 300 mg tab	0.1, 0.2, 0.3 mg tab	0.1, 0.2, 0.3 mg patches	1,2, mg tab	1,2,3,4 mg tab
Max Dose	100 mg/day or 1.4 mg/kg/day	450mg/day	400mg/day	450mg/day	2.4mg/day	0.6mg/day every 7 days	4mg/day	4mg/day
Dosing	QD-BID	TID	BID	Daily	Daily-QID	Once every 7 days	Daily	Daily
Release formulation	N/A	IR	SR	ER	IR	Transdermal Patch	IR	ER
Duration of Action (hr)	24	8	12	24	8	Up to 8 hrs after patch removal	8-14 hrs, up to 24 hrs in higher doses	
Crush?	No	Yes	No	No	Yes	N/A	Yes	No
CYP Enzyme Metabolism	2D6	1A2, 2A6, 2B6, C29, 2D6, 2E1, 3A4			-		3A4	
Hepatic/Renal Impairment	Hepatic	Renal Hepatic			Renal		None	
Comments	High fat meals may delay peak by 3 hrs	-			Do not stop abruptly		Avoid administration with high fat meals. Do not stop abruptly	

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SAFER PRESCRIBING OF ANTIDEPRESSANT MEDICATION GUIDELINE

SCOPE: This Safer Prescribing of Antidepressant Medications Guideline is intended to offer antidepressant prescribing guidance for providers, clients and the interested general public to increase the effectiveness and safety of antidepressant use. It is not intended to be comprehensive in scope. These recommendations are not a substitute for clinical judgment, and decisions about care must carefully consider and incorporate the clinical characteristics and circumstances of each individual.

INTRODUCTION: Antidepressant medications are prescribed for multiple conditions in mental health. They have a critical role in the treatment of major depressive disorder and other depressive disorders. Although known as antidepressants, many of these medications are used to treat other mental disorders besides depression, including anxiety disorders, obsessive compulsive disorder, post-traumatic stress disorder and others. Although this class of medications is sometimes used in bipolar disorder, this treatment recommendation is complex and beyond the scope of this guideline. See introduction and treatment guidelines in the references and further reading section at the end of this document for suggested treatment algorithms for the use of these medications.

Antidepressant medications are often divided into families based upon mechanism of action or chemical structure: selective serotonin reuptake inhibitors (SSRIs) have their primary effect on modulating the neurotransmitter serotonin; serotonin norepinephrine reuptake inhibitors (SNRIs) modulate serotonin and norepinephrine; tricyclic antidepressants (TCAs) often have a chemical structure with three rings; monoamine oxidase inhibitors (MAOIs) inhibit the monoamine oxidase enzyme. There are other antidepressant medications both within these families as well as in other families with other mechanisms of action and chemical structures.

For the most part, antidepressant medications are only available in oral forms. There is one antidepressant, selegiline, that is available in a transdermal patch.

The selection of a specific antidepressant medication, form of administration, dose and duration of treatment is a complex decision-making process involving multiple factors. These factors often include individualized treatment goal(s), client choice, history of past antidepressant medication trials, family history, side effect profile and other factors.

SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs):
Selective serotonin reuptake inhibitors, or SSRIs, work by inhibiting synaptic reuptake of serotonin in neurons, increasing serotonin availability and leading to downstream modulation of serotonin receptors. SSRIs are first line for the treatment of major depressive disorder, anxiety disorders, trauma-related disorders and obsessive compulsive disorder.

When prescribing SSRIs, one should begin at the low end of the dosage range and gradually titrate up to the FDA maximum dose, if clinically warranted. Due to genetic variability, some individuals are very sensitive to SSRI adverse effects and may require even lower starting doses. See Table 1 for more information about SSRIs.

SSRIs can take anywhere between 4-12 weeks for their full effect. Sudden cessation of SSRIs can lead to discontinuation syndrome, consisting of flu-like symptoms, sleep disturbances, imbalance, tremors, dizziness, electric-shock sensations, agitation and confusion. When stopping SSRI treatment, prescribers should gradually taper the dose to minimize the risk of discontinuation syndrome.

Common initial side effects from SSRIs include headaches, nausea and gastrointestinal effects (constipation, diarrhea, vomiting). These effects are usually mild and tend to dissipate in 1-2 weeks. Some individuals experience an initial increase in anxiety. This too tends to improve over time. SSRIs occasionally cause bruxism (teeth grinding) and an increase in sweating. Sexual dysfunction may occur with SSRI treatment. The most common types of dysfunction are delayed ejaculation and anorgasmia. Sexual side effects do not tend to improve over time. SSRIs block serotonin transporter sites on platelets and osteocytes and are associated with increased risk of bleeding, bone resorption and hyponatremia.

TABLE 1: SELECTIVE SEROTONIN REUPTAKE INHIBITORS

Generic Name	Dosage Range	Comments
Citalopram*	10-40 mg/day	Well tolerated; QTc prolongation and FDA warning for abnormal heart rhythms; Fewer drug interactions
Escitalopram	5-20 mg/day	Well tolerated; QTc prolongation; Fewer drug interactions
Fluoxetine	10-80 mg/day	Most activating (insomnia, diarrhea, initial increase in anxiety); More drug interactions; Least likely to cause discontinuation syndrome; QTc prolongation
Fluvoxamine	50-300 mg/day	Most sedating
Paroxetine	10-60 mg/day	Sedating, anticholinergic effects; Drug interactions
Sertraline	50-200 mg/day	Slightly activating; Fewer drug interactions
Vilazodone	10-40 mg/day	Nausea, anorexia, diarrhea

*See Appendix 1: Special considerations when using the SSRI citalopram

SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs):
Serotonin and norepinephrine reuptake inhibitors, or SNRIs, work by blocking presynaptic serotonin and norepinephrine transporter proteins, thus inhibiting reuptake of these neurotransmitters and increasing stimulation of postsynaptic receptors. The effect of SNRIs on serotonin and norepinephrine reuptake is dose dependent. For example, venlafaxine acts like an SSRI at low doses, but at 150 mg daily and above, it has a significant effect on norepinephrine reuptake. Duloxetine affects serotonin and norepinephrine reuptake at all doses. Similar to SSRIs, SNRIs should be started at lower doses and titrated gradually. SNRIs should not be stopped abruptly due to discontinuation syndrome. See Table 2 for more information about SNRIs.

Common side effects from SNRIs are diaphoresis, dizziness, headache and nausea. Nausea tends to diminish over time and the medication may be better tolerated with food. Sexual dysfunction is common. Stimulation of norepinephrine receptors in the sympathetic nervous system leads to decrease in parasympathetic tone, leading to constipation, dry mouth and urinary retention. Due to their serotonergic effect, SNRIs block serotonin transporter sites on platelets and osteocytes and have been associated with increased risk of bleeding, bone resorption and hyponatremia.

All SNRIs are associated with elevated blood pressure due to norepinephrine effects. Blood pressure should be evaluated prior to initiating SNRIs, and their use should be avoided in individuals with uncontrolled hypertension. Blood pressure should be monitored on a regular basis in individuals taking SNRIs. If necessary, antihypertensive treatment should be initiated or an alternative antidepressant agent should be used. (See *BHS Adult Blood Pressure Monitoring Guidelines* for more information).

TABLE 2: SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS

Generic Name	Dosage Range	Comments
Desvenlafaxine	50-100 mg/day	Monitor blood pressure
Duloxetine	60-120 mg/day	Monitor blood pressure; Avoid in chronic liver disease or those with substantial alcohol use
Levomilnacipran	40-80 mg/day	Orthostatic hypotension; monitor blood pressure
Venlafaxine	75-375 mg/day	Sexual dysfunction, QTc prolongation; monitor blood pressure
Venlafaxine XR	75-225 mg/day	Sexual dysfunction, QTc prolongation; monitor blood pressure

TRICYCLIC ANTIDEPRESSANTS:
Tricyclic Antidepressants, or TCAs, work by inhibiting serotonin and norepinephrine transporters, thereby inhibiting presynaptic serotonin and norepinephrine reuptake and increasing concentrations of these neurotransmitters in synaptic clefts. Secondary amines have greater affinity for the norepinephrine transporter, while tertiary amines have greater affinity for the serotonin transporter. In general, secondary amine TCAs are better tolerated than tertiary amines.

TCAs commonly cause sedation, weight gain, sexual dysfunction and anticholinergic effects including blurry vision, urinary retention, dry mouth, constipation, cognitive impairment and delirium. They should be used with caution in individuals with a history of glaucoma. They can lower the seizure threshold in individuals prone to seizures. TCAs should not be stopped abruptly due to discontinuation syndrome. Most TCAs are metabolized by the CYP450 2D6 and their levels can be altered by inducers/inhibitors of that enzyme.

Individuals taking TCAs should be monitored for cardiovascular side effects. TCAs are contraindicated in individuals with a recent myocardial infarction. They are lethal in overdose due to their cardiotoxic effects. They should be used cautiously in individuals with cardiovascular disease or family history of sudden death. Ingesting TCAs with alcohol or sedatives increases the risk of accidental overdose. They are also known to cause orthostatic hypotension, tachycardia and right bundle branch block. ECG monitoring should be performed at baseline and as clinically indicated when TCAs are used in children, in adults over the age of 40, and in those with cardiovascular disease.

TCAs have a narrow therapeutic index and high inter-individual variability. Plasma concentration levels can be used to monitor for adherence and toxicity, although they are less helpful in guiding therapy. See Table 4 below for information about specific TCAs.

TABLE 4: TRICYCLIC ANTIDEPRESSANTS

Generic Name	Dosage Range	Comments
Amitriptyline	50-300 mg/day	Tertiary; Active metabolite is nortriptyline; Plasma level range: 100-250ng/mL (amitriptyline + nortriptyline)
Clomipramine	25-250 mg/day	Tertiary; Plasma level range: 230-450ng/mL (clomipramine + norclomipramine)
Desipramine	25-300 mg/day	Secondary; Plasma level range: 50-300ng/mL
Doxepin	3-300 mg/day	Tertiary; Lower doses used for insomnia; Plasma level range: 30-150ng/mL
Imipramine	50-300 mg/day	Tertiary; Active metabolite is desipramine; Plasma level range: 150-250ng/mL (imipramine + desipramine)
Nortriptyline	25-150 mg/day	Secondary; Plasma level range: 50-150ng/mL
Protriptyline*	10-6 0mg/day	Secondary

*Plasma level range is not well defined

MONOAMINE OXIDASE INHIBITORS:
Monoamine Oxidase Inhibitors, or MAOIs, irreversibly inhibit the monoamine oxidase enzymes, which are responsible for the metabolism of serotonin, norepinephrine, dopamine, tyramine and other amines. They work by increasing the concentration of serotonin, norepinephrine and dopamine in the synapse. Tranylcypromine also inhibits norepinephrine and dopamine transporters. See Table 5 below for names and dose ranges for MAOIs.

MAOIs are contraindicated in pheochromocytoma, cardiovascular or cerebrovascular disease, hypertension or use of hypertensives and hepatic impairment. They interact with virtually all other classes of antidepressants by causing serotonin syndrome and should never be used in combination with them. One should stop all other antidepressants and allow at least two weeks to elapse (five weeks for fluoxetine) prior to starting treatment with an MAOI. MAOIs should be discontinued at least 10 days before an elective surgery because of concerns with concurrent use with general anesthesia. MAOIs interact with some opioid analgesics that have serotonin reuptake inhibitor activity such as meperidine, tramadol, methadone and dextromethorphan, increasing the risk of serotonin syndrome. MAOIs also interact with stimulants and over-the-counter sympathomimetic decongestants such as pseudoephedrine and phenylephrine; the combination may cause increased blood pressure and should be used with great caution.

As stated above, MAOIs inhibit the breakdown a tyramine which is a derivative of an amino acid found in aged and fermented foods. Consuming tyramine-containing foods while taking an MAOI can lead to dangerous increases in blood pressure and hypertensive crisis. See Table 6 below for details on dietary restrictions while taking on MAOI.

Side effects of MAOIs include postural hypotension, dry mouth, upset stomach, constipation, weight gain, and sexual dysfunction. Starting at a low dose and titrating to therapeutic response may help minimize adverse effects.

TABLE 5: MONOAMINE OXIDASE INHIBITORS

Generic Name	Dosage Range	Comments
Phenelzine	45-90 mg/day	Irreversible, non-selective inhibitor of MAO-A and MAO-B
Tranylcypromine	30-60 mg/day	Irreversible, non-selective inhibitor of MAO-A and MAO-B; Inhibits dopamine and norepinephrine transporters
Isocarboxazid	20-60 mg/day	Irreversible, non-selective inhibitor of MAO-A and MAO-B
Selegiline transdermal	6-12 mg/day	Transdermal patch- avoids first pass metabolism

TABLE 6: MAOI DIETARY RESTRICTIONS*

Foods To Avoid	Foods Allowed
All matured or aged cheeses	Fresh cottage cheese, cream cheese, ricotta cheese, processed cheese slices, sour cream, yogurt, ice cream
Dried, aged, smoked, fermented, spoiled or improperly stored meat, poultry and fish	Fresh or processed meat, poultry and fish, properly stored pickled or smoked fish
Tap and unpasteurized beer	Canned or bottled beer and alcohol
Broad bean pods, fava beans	All other vegetables and beans
Marmite concentrated yeast extract	Brewer's and baker's yeast
Sauerkraut, kimchee	
Banana peel	Banana pulp, other fruit
Soy sauce, tofu	Peanuts

* Adapted with permission from Grady MM, Stahl SM. Practical guide for prescribing MAOIs: debunking myths and removing barriers. CNS Spectrums. 2012;17(1):2-10.

BUPROPION:
Bupropion is a norepinephrine-dopamine reuptake inhibitor. It is commonly used for depression, smoking cessation and less commonly for Attention Deficit Hyperactivity Disorder. Bupropion can lower the seizure threshold and therefore is contraindicated in anyone who is prone to seizures, including individuals with a known seizure disorder, those with eating disorders or those withdrawing from alcohol or sedative-hypnotics. Similar to SSRIs, bupropion can take anywhere from 4-12 weeks for full antidepressant effect. Common side effects include insomnia, anxiety, headache and increase in sweating. It is less likely to cause sexual side effects compared to SSRIs. See Table 3 for formulations and dosing information.

MIRTAZAPINE:
Mirtazapine works by inhibiting alpha$_2$ receptors which results in increased release of serotonin and norepinephrine. It also antagonizes serotonin receptors $5HT_2$, $5HT_3$, and the histamine receptor, H_1. It is used in the treatment of depressive disorders. Similar to SSRIs, mirtazapine can take 4-12 weeks for full antidepressant effect. It commonly causes increased appetite, weight gain and sedation and is thus useful when depressive symptoms include lack of appetite, weight loss and insomnia. It is less likely to cause sexual side effects compared to SSRIs. See Table 3 for dosing information. Lower doses tend to be more sedating than higher doses.

TABLE 3: BUPROPION AND MIRTAZAPINE

Generic Name	Dosage Range	Comments
Bupropion IR	100-450 mg/day	Three times daily; Single doses >150mg can decrease seizure threshold
Bupropion SR	150-400 mg/day	Twice daily
Bupropion XL	150-450 mg/day	Once daily
Mirtazapine	15-45 mg/day	Weight gain, increased appetite, sedating

NEFAZODONE AND TRAZODONE:
Nefazodone and trazodone weakly inhibit serotonin and norepinephrine reuptake, weakly antagonize alpha-1 receptors and are serotonin $5HT_2$ receptor antagonists. They are both FDA approved for the treatment of depression. Side effects include sedation, dry mouth, stomach upset and blurry vision.

Nefazodone has been associated with life-threatening hepatic failure and should not be used in anyone with active liver disease. If used, liver function tests should be monitored at baseline and every 3-6 months as clinically indicated. If aspartate aminotransferase (AST) or alanine aminotransferase (ALT) levels reach three times or greater the upper limit of normal, nefazodone should be discontinued. The dose range for nefazodone is 300-600 mg/day.

Trazodone is seldom used as an antidepressant due to its sedating effects. However, it is commonly used as a sleeping agent (refer to *BHS Non Sedative-Hypnotic Treatments of Insomnia Toolkit).* It has the rare potential to cause priapism, a painful, persistent and abnormal penile erection for which individuals should seek immediate emergency care. The dose range for trazodone is 25-100 mg at bedtime when used for sleep and 150-600 mg when used for depression.

SPECIAL CONSIDERATIONS FOR USING ANTIDEPRESSANT MEDICATIONS IN CHILDREN AND ADOLESCENTS AND YOUNG ADULTS:

The use of antidepressant medication in children, adolescents and young adults merits special consideration and monitoring. See the related BHS guideline, *Safer Use of Psychotropic Medications in Children and Adolescents* for additional information about medication use in these specific age groups.

There has been some concern that the use of antidepressant medications themselves may induce suicidal behavior in youths. According to the National Institute of Mental Health (NIMH):

Following a thorough and comprehensive review of all the available published and unpublished controlled clinical trials of antidepressants in children and adolescents, the U.S. Food and Drug Administration (FDA) issued a black box label warning in October 2004 about an increased risk of suicidal thoughts or behavior (suicidality) in children and adolescents treated with SSRI antidepressant medications. In 2006, an advisory committee to the FDA recommended that the agency extend the warning to include young adults up to age 25.

More recently, results of a comprehensive review of pediatric trials conducted between 1988 and 2006 suggested that the benefits of antidepressant medications likely outweigh their risks to children and adolescents with major depression and anxiety disorders. The study, partially funded by NIMH, was published in the April 18, 2007, issue of the Journal of the American Medical Association.

Some young people respond to antidepressant medication after about two weeks, but for most, the full effect is not seen until four to six weeks or longer. During the first few weeks, the dose is usually increased gradually. For children particular care should be given to start at the lowest possible dose and increase slowly, unless the clinical symptoms or history indicate a different course. Children and families should be informed of the possible risks and side effects of medication and consent for medication must be signed by parents or guardians. Due to the need for more diligent safety observations regarding this black box warning, initial monitoring for children and adolescents starting antidepressant therapy is recommended by the FDA as follows in Table 7:

TABLE 7: FDA RECOMMENDED MONITORING PARAMETERS FOR CHILDREN AND ADOLESCENTS STARTING SSRI MEDICATION

Month 1	Patient seen once per week for the first four weeks. Some contacts may be by phone if deemed safe by prescriber.
Month 2	Patient seen every 2 weeks. One contact may be by phone if determined safe by prescriber.
Month 3-12	Patient seen every 1-3 months if symptoms and dose stable. May be more frequent if clinically indicated.
Month 12-Beyond	After 12 months of medication treatment symptom re-assessment should be performed. If symptom free and no previous depressive episodes or extenuating clinical circumstances, consider possibility of medication taper if safe and clinically indicated.

There are only two antidepressant medications FDA approved for the treatment of depression in children and adolescents- see Table 8 for details. While it is recommended that these agents be used as first line, it is common in clinical practice to choose other agents, especially SSRIs or SNRIs based on clinical indicators (i.e. side effect profile, history of symptom response to a different agent, history of first degree family member or patient adverse reaction to these medications, history of other diagnoses that may contraindicate use of these agents).

TABLE 8: ANTIDEPRESSANTS WITH FDA APPROVAL FOR THE TREATMENT OF DEPRESSION IN CHILDREN AND ADOLESCENTS

Generic Name	Dosage Range	Comments
Escitalopram	5-20 mg/day	Approved for ages 12+;Well tolerated; QTc prolongation; Fewer drug interactions
Fluoxetine	10-80 mg/day	Approved for ages 8+; Most activating (insomnia, diarrhea, initial increase in anxiety); More drug interactions; Least likely to cause discontinuation syndrome; QTc prolongation

SPECIAL CONSIDERATIONS FOR USING ANTIDEPRESSANT MEDICATIONS IN OLDER ADULTS:

Aging may increase the risk of developing side effects from antidepressant medications that otherwise would likely be well-tolerated by a younger adult. This may be due to an enhanced sensitivity to common side effects associated with these drugs – particularly anticholinergic, hypotensive, and sedating effects – and a decreasing capacity to metabolize and eliminate medications in general due to diminished renal or hepatic function. In addition, older adults often have multiple medical comorbidities. As a result, they may be prescribed various medications, introducing the risk for drug interactions. The general approach is to initiate antidepressant therapy at a low dose and titrate to a therapeutic dose with careful monitoring.

The American Geriatrics Society periodically releases updates to the Beers criteria for potentially inappropriate medication use in older adults; the most recent version was released in 2015. Please refer to References and Further Reading section for additional details.

SPECIAL CONSIDERATIONS FOR USING ANTIDEPRESSANT MEDICATIONS DURING PREGNANCY:

The FDA classifies drug safety in pregnancy using the following categories: A = controlled studies show no risk; B = no evidence of risk in humans; C = risk cannot be ruled out; D = positive evidence of risk; X = contraindicated in pregnancy. Most antidepressants are categorized as pregnancy category C. One exception is paroxetine which is category D.

The most well studied antidepressants during pregnancy are SSRIs. Meta-analyses on SSRI exposure do not demonstrate an increased risk in congenital malformations in children. However, there have been some reports of an association between first trimester paroxetine exposure and congenital heart defects. Smaller studies on tricyclic antidepressants, bupropion, venlafaxine and mirtazapine have not shown increased risk of congenital malformations. Maternal SSRI use has been associated with a 1% risk of persistent pulmonary hypertension of the newborn in one report, although subsequent studies demonstrated lower risk or no association.

Some studies have suggested that use of SSRIs near the time of delivery may be associated with pre-term birth and poor perinatal outcomes, in particular tremor, restlessness, increased muscle tone and increased crying in about 25% of newborns. These symptoms usually resolve within 1-4 days after delivery. Studies following cohorts of children up to age 7 years concluded that prenatal exposure to SSRIs or tricyclic antidepressants did not have a significant effect on cognitive development, language or behavior.

Discontinuing antidepressants before or during pregnancy increases the risk of symptom relapse. Untreated depression and anxiety are associated with a variety of adverse pregnancy outcomes: low birth weight, fetal growth retardation, pre-term delivery, increased risk of pre-eclampsia and increased risk of delivery complications. Women with untreated mental illness are less likely to receive adequate prenatal

care and are more likely to use alcohol, tobacco and other substances known to adversely affect pregnancy outcomes. The decision of whether or not to continue antidepressants during pregnancy should be carefully considered and individualized, weighing both the risk of untreated mental illness and risks from fetal medication exposure.

SPECIAL CONSIDERATIONS FOR USING ANTIDEPRESSANT MEDICATIONS DURING BREASTFEEDING:

Antidepressants are considered relatively safe during breastfeeding. Data on SSRIs such as fluoxetine, paroxetine and sertraline and on TCAs suggests that breastfeeding infants have very low to non-detectable amounts of these drugs in their serum. While there have been a small number of case reports of breastfeeding infants experiencing jitteriness, irritability, sleep disturbance, excessive crying and feeding problems, a causal link between medication exposure and these symptoms has been difficult to establish. Serious side effects related to antidepressant exposure in breast milk have not been reported. When selecting an appropriate antidepressant, one should consider choosing an antidepressant for which there are data to support its safety during breastfeeding. However, if a woman responded well to a particular antidepressant in the past or during the course of her pregnancy, it would be reasonable to use that antidepressant while she is breastfeeding. In depth information about specific medications are available on LactMed, a free database available online supported by the National Institute of Health (NIH).

SPECIAL CONSIDERATIONS FOR RENAL AND HEPATIC IMPARIMENT:
The metabolism of antidepressants may be compromised in individuals with renal or hepatic impairment. Depending on the severity of the impairment, antidepressants may require dose adjustments. See Table 9 for general dose adjustment information. Refer to the package insert for additional details for each specific medication.

TABLE 9: ANTIDEPRESSANT DOSE ADJUSTMENTS IN RENAL AND HEPATIC IMPARIMENT

Renal Impairment			Hepatic Impairment		
No Dose Adjustment	**Dose Adjustment**	**Do Not Use**	**No Dose Adjustment**	**Dose Adjustment**	**Do Not Use**
Citalopram Escitalopram Fluoxetine Fluvoxamine Sertraline Vilazodone Mirtazapine	Paroxetine Bupropion Desvenlafaxine Venlafaxine Levomilnacipran	Escitalopram (if severe) Duloxetine (if CrCl<30ml/min)	Fluvoxamine (monitor closely) Vilazodone Mirtazapine Levomilnacipran	Citalopram Escitalopram Fluoxetine Paroxetine Sertraline Bupropion Desvenalafxine Venlafaxine	Duloxetine

WEIGHT GAIN AND METABOLIC RISKS ASSOCIATED WITH ANTIDEPRESSANT USE:
Antidepressant medications may lead to weight gain. There is increasing evidence that their use may also be associated with the development of metabolic syndrome, a group of conditions associated with heart disease and diabetes. These conditions include:

- Hypertension (high blood pressure)
- Dyslipidemia (elevated cholesterol and triglycerides)
- Elevated blood glucose (high blood sugar)
- Weight gain

At this time there is no consensus on monitoring individuals taking antidepressant medications for conditions associated with metabolic syndrome. Providers should monitor clients as appropriate for each individual situation.

APPENDIX 1: SPECIAL CONSIDERATIONS WHEN USING THE SSRI CITALOPRAM

In 2011, the FDA updated the prescribing information for citalopram based on the risk of QT prolongation and potential to cause *torsades de pointes*. The use of citalopram is **not recommended** in individuals with the following characteristics:

- Congenital long QT syndrome
- Bradycardia (low heart rate)
- Hypokalemia (low potassium)
- Hypomagnesemia (low magnesium)
- Recent acute myocardial infarction (MI)
- Uncompensated heart failure
- Taking other drugs that may prolong the QT interval.

ECG monitoring is recommended in those individuals if the use of citalopram is considered essential. If QTc is persistently > 500ms, FDA recommends discontinuation of citalopram. SFHN BHS recommends using an alternate SSRI in this population or ECG monitoring if citalopram is to be used.

The FDA recommends a **maximum dose of 20mg** for the following individuals: age >60 years, hepatic impairment, known CYP2C19 poor metabolizers, those taking CYP2C19 inhibitors. SFHN BHS recommends considering using no more than 20mg of citalopram in this population.

Patients being considered for citalopram treatment who are at risk for significant electrolyte disturbances should have baseline serum potassium and magnesium measurements with periodic monitoring.

APPENDIX 2: STRATEGIES FOR ADDRESSING TREATMENT RESISTANCE WHEN USING ANTIDEPRESSANT MEDICATIONS

MEDICATION ADHERENCE: Adherence to a medication regimen is challenging. Adherence difficulties are common and can significantly reduce the efficacy of antidepressant medication. Therefore, this should be carefully evaluated in all cases of less-than expected treatment response. Strategies to address this are varied and might include: weekly pill boxes or medi-sets, reminders by clients' significant others, and directly observed therapy. Strategies to address adherence should be individually customized for each client.

MAXIMIZING ANTIDEPRESSANT MEDICATION DOSE: Maximizing the antidepressant medication dose should be the first strategy employed for symptom reduction after it is determined that medication adherence is not a significant problem. Gradually increase the dose of the current medication to the maximum recommended dose or to the point where the client develops difficulty tolerating the medication, whichever comes first. This strategy should be considered for individuals who are able to tolerate their current antidepressant and have shown some response after a reasonable trial at the current dose.

SWITCHING ANTIDEPRESSANT MEDICATIONS: Switching should be considered in cases where individuals cannot tolerate their current antidepressant medication due to side effects, or when there is little to no response after a reasonable trial despite attempts to maximize the dose. Switching can be from one antidepressant medication to another in the same family or from an antidepressant in one family to one in another family. Often during an antidepressant switch, the two medications should be cross-titrated, whereby the new antidepressant is added and the dose gradually raised while the old antidepressant dose is gradually tapered off. Cross titration is not necessary when switching within the family of SSRIs.

ANTIDEPRESSANT MEDICATION AUGMENTATION: Augmentation of an antidepressant is defined as adding a non-antidepressant medication to the treatment regimen of an individual taking an antidepressant medication with the goal of improving antidepressant response. There are several antidepressant augmentation medications that have demonstrated possible efficacy: lithium, L-triiodothyronine, buspirone, psychostimulants, and some second generation antipsychotic medications (see the related BHS publication, *Safer Prescribing of Antipsychotic Medications Guideline* for additional information on the use of antipsychotic medications). This strategy might be considered in individuals who have partially responded to the current antidepressant medication, have maximized its dose and in whom switching is contraindicated or not clinically appropriate.

ANTIDEPRESSANT COMBINATION THERAPY: Combining two antidepressant medications that each have a different mechanism of action is the final strategy to address treatment resistance. Some combination therapies that have evidence of efficacy include SSRIs/SNRIs with mirtazapine, and SSRIs/SNRIs with bupropion. Like with augmentation, this strategy might be considered in individuals who have partially responded to the current antidepressant medication, have maximized its dose, and in whom switching is contraindicated or not clinically appropriate.

APPENDIX 3: OTHER POTENTIAL THERAPIES

ELECTROCONVULSIVE THERAPY: Electroconvulsive therapy (ECT) is a procedure in which an electrical charge is applied to stimulate a seizure in the brain. It is an efficacious treatment for major depressive disorder, with 70-90% of patients demonstrating improvement. Multiple practice guidelines recommend ECT for severe treatment resistant depression, including individuals who have psychotic or catatonic features, those who are acutely suicidal, and those who refuse food. ECT is contraindicated in those with recent myocardial infarction, active bleeding, or any cerebral lesions or hemorrhage. It is considered relatively safe during all trimesters of pregnancy. Side effects include confusion, impaired memory, headache and muscle aches; minimizing ECT dose and using unilateral electrode placement may minimize these side effects.

ECT is available at ZSFG upon referral by sending a secure email to Melissa Nau (Melissa.nau@ucsf.edu) and Jo Ellen Brainin-Rodriguez (Jbrainin-rodriguez@ucsf.edu) or by leaving a message on the ECT referral voicemail at 415-206-2930 which is checked weekly.

EXERCISE: Evidence exists for at least a modest improvement in symptoms of depression for people that engage in aerobic exercise or resistance training. The recommendation is at least 30 minutes of moderate exercise every day. Exercise for at least 180 minutes per week or more is moderately more effective than placebo, while exercise for 80 minutes per week or less has a similar effect to placebo. It is reasonable for a patient with mild depression to try exercise as an initial treatment for several weeks and then be re-evaluated. Physical activity can also be recommended as an adjunct to psychotherapy or medication(s).

HERBAL SUPPLEMENTS: In contrast to prescription medications, companies that manufacture herbal supplements do not have to seek FDA approval before putting their products on the market. They can state that their products address nutrient deficiencies, support health or are linked to body functions, as long as they include a disclaimer that the FDA has not evaluated the claim. Once an herbal supplement is on the market, the FDA is responsible for monitoring its safety. If a product is found to be unsafe, the FDA can take action against the company and may require the product to be removed from the market.

The regulations surrounding herbal supplements do not guarantee that they are effective or safe for anyone to use. Supplements should be reviewed for possible adverse effects and drug interactions before being cleared for patient use. Most insurance plans do not cover herbal supplements, so individuals may have to pay out-of-pocket if they wish to try them. Table 10 below describes some supplements used for depressive disorders.

TABLE 10: HERBAL SUPPLEMENTS

Supplement	Dose Range	Efficacy	Comments
St. John's Wort	300mg three times per day of standardized extract	Modest for mild-to-moderate depression	Drug interactions- use caution with oral contraceptives, warfarin protease inhibitors; Photosensitivity
S-Adenosyl Methionine (SAM-e)	Titrate up to maximum 1600mg/day	Evidence is modest for treatment of depression	Use caution in bipolar patients- potential for causing mood cycling
Folate and L-methylfolate (L-MTF)	Folate: 400mcg/day L-MTF: 7.5-15mg/day	Evidence is limited for use adjunctive to antidepressants	L-MTF is a "medical food" and requires a prescription; Consider checking for folic acid deficiencies
Omega-3 fatty acids: eicosapentaenoic acid (EPA), docosahexaenoic acid (DHA)	1-9 grams/day EPA or EPA/DHA combination	Evidence is limited for use adjunctive to antidepressants	Adverse effects of gastrointestinal upset, diarrhea, constipation

KETAMINE: Ketamine acts primarily as an antagonist of the NMDA receptor. It is currently used in medical practice as an anesthetic agent and for acute post-operative pain management. It has also been used as a recreational drug of abuse as high doses produce a side effect of dissociation as well as visual and auditory hallucinations.

In recent years there have been a number of studies indicating promising efficacy of intravenous infusions of ketamine in addressing symptoms of severe, treatment refractory depression. Phase 2 trials are currently underway involving an active metabolite of Ketamine, GLYX-13, which is thought to possess the anti-depressant properties of ketamine with less risk for the dissociative side effects. At this time, ketamine is not routinely used for the treatment of psychiatric disorders, and is only available in select clinical or academic settings.

CANNIBIS: At this time, there is insufficient evidence to recommend the use of cannabinoid products in the treatment of depressive or anxiety disorders. Cannabinoids can worsen psychiatric symptoms in some individuals.

REFERENCES AND FURTHER READING

Introduction and Treatment Guidelines

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Approaches to Opioid Use Disorder Medication-Assisted Treatment Guideline

SCOPE: This Approaches to Opioid Use Disorder Medication-Assisted Treatment (OUD MAT) Guideline is intended to offer prescribing assistance for providers, clients and the interested general public to increase the effectiveness and safety of OUD MAT use in the ambulatory care setting. It is not intended to be comprehensive in scope. These recommendations are not a substitute for clinical judgment, and decisions about care must carefully consider and incorporate the clinical characteristics and circumstances of each individual patient.

INTRODUCTION: The American Society of Addiction Medicine (ASAM) defines opioid use disorder (OUD), also known as opioid addiction, as a "primary, chronic disease of brain reward, motivation, memory, and related circuitry." OUD requires ongoing attention to the affected physical, psychological, social and spiritual areas of an individual's life. Opioids are a group of drugs that include heroin and prescription pain relievers including morphine, hydrocodone, oxycodone, hydromorphone, methadone, fentanyl and others. In 2015, heroin use disorder affected 0.2% and pain reliever use disorder affected 0.7% of people 12 years and older in the US. Locally in San Francisco, 5% of persons over the age 12 reported non-prescribed use of pain relievers between 2012 and 2014. In San Francisco public high-school students, 13% reported use of prescription drugs in 2015.

Opioids are associated with increased risk of death. In 2014, unintentional drug overdose was the leading cause of unintentional death in the United States at 14.7 per 100,000. The majority of the overdoses involved opioids at 9.0 per 100,000. This is a 200% increase in overdoses from 2000. In addition, opioid use is associated with increased risk of death due to injury from motor vehicle accidents and homicide.

Opioids are also associated with increased risk of multiple medical conditions. Opioids can lead to decreased gut motility and constipation. Taking opioids use can lead to sexual dysfunction including erectile dysfunction in men and changes in menstruation in women. Syringe and paraphernalia sharing or high risk behaviors such as unprotected sex can lead to multiple additional medical conditions. This includes viral infections, such as HIV, hepatitis C, hepatitis B, tetanus, botulism, and tuberculosis. Injecting contaminated drugs and/or non-sterile injection techniques can lead to infections of the skin, heart and bones. Injecting drugs can cause scarring on veins and, if severe enough, result in swelling in the legs.

A range of interventions should be considered for all people with OUD, including assessment of withdrawal, management of detoxification, and long-term strategies to reduce the medical and psychosocial harms of OUD. Retention in treatment is an important goal in order to address the OUD as well as any co-occurring conditions that resulted from injecting opioids or jeopardize a person's treatment success.

Medication-Assisted Treatment (MAT) refers to the combination of medication therapy with counseling or behavioral interventions. MAT for OUD is recommended for those with moderate to severe OUD who are unsuccessful at ceasing opioid use without the assistance of medication or at risk for relapse.

While medication remains the cornerstone for treating the physiology of opioid dependence, withdrawal and cravings, non-medication supports and services are necessary components in the comprehensive treatment of OUD. A range of treatment modalities should be considered, including, but not limited to, cognitive behavioral therapy, intensive outpatient programs and residential treatment.

OPIOID WITHDRAWAL: The neurobiology of opioid withdrawal typically does not include the serious and life-threatening symptoms that may be common with prolonged and heavy alcohol or benzodiazepine use. However, it is crucial that patients are provided with a humane and tolerable withdrawal experience that preserves their dignity and safety. Failure to do so may lead to patient relapse, overdose or abandonment of treatment, and may be experienced as a lack of empathy or concern for their well-being.

The symptoms of opioid withdrawal are experienced as the opposite of this class's pharmacologic effect (See Appendix 2 for review of opioid withdrawal symptoms). However, the onset, duration and intensity of the withdrawal is variable and dependent upon the particular agent used, the duration of use, and the degree of neuroadaptation. The severity of withdrawal experienced may also be influenced by numerous other factors, including conditions such as mood, anxiety, trauma, stress and tolerance.

EVALUATION: ASAM describes the comprehensive assessment and diagnosis of OUD that occurs during the initial phase of treatment as "a crucial aspect of patient engagement and treatment planning." The initial task should include the identification of urgent or emergent medical or psychiatric crises that may require immediate attention and/or a transfer to a higher level of care. The components of a comprehensive assessment are detailed below.

Medical History

- Review of systems, past diagnoses, pregnancy status, chronic conditions (HIV, viral or alcoholic hepatitis, diabetes, chronic pain conditions, thyroid, etc.), current medications and adherence, relevant family history and allergies
- Sexual transmitted infections or diseases (STI/STD) risks/exposure (e.g., sharing needles, sex work, unprotected sex)
- Treatment history, pharmacotherapy history

Physical Examination

- Include signs of intoxication & withdrawal
- Include findings common with OUD or other substance use disorder

Diagnostics

- Labs: Hepatitis serologies, HIV, STIs, tuberculosis, pregnancy, complete blood count and liver function tests
- Urine drug screen
- Breathalyzer (as appropriate)
- Prescription Drug Monitoring Program (CURES in California)

OPIOID WITHDRAWAL MANAGEMENT: In general, opioid withdrawal management alone is not recommended due to significant relapse rates, especially in those with moderate and severe OUD. However, monitored inpatient or residential opioid withdrawal management may be necessary to ensure safety for individuals with severe or poorly managed co-occurring medical, psychiatric or cognitive

conditions, and/or for individuals concurrently using other central nervous system (CNS) depressants. Facilitating linkage to appropriate long-term recovery support should occur as a treatment plan component. While opioid withdrawal management alone should not be considered adequate treatment, it may be included as the first of a series of step-wise interventions that include evaluation, stabilization and fostering readiness for and entry into treatment, as is the ASAM recommendation for all addictions.

LEVEL OF CARE SELECTION: Several factors should be considered when selecting level of care. This includes functional status indicators such as mental health conditions, co-occurring use disorders, housing and employment status, and community and family supports.

Opiate Treatment Program (OTP): In the OTP, patients remain under daily management for MAT until such time as they earn take-home doses. In addition, there is required counseling and urine drug screening. While the OTP has become synonymous with methadone, recent expansion of buprenorphine to the OTP setting expands medication options for treatment at this level of care. OTP-based buprenorphine or methadone is considered a higher level of care than office-based treatment (OBOT) by providing more structure and oversight. Buprenorphine and methadone provided in an OTP will not appear on CURES due to privacy requirements for substance abuse treatment programs. A benefit of OTP is that these clinics are generally open at earlier hours than primary care clinics and community pharmacies, therefore patients who require OUD MAT before work or during their lunch break may best be served by an OTP. Some OTPs offer directly observed therapy (DOT) of medications other than OUD MAT including alcohol use disorder MAT, psychiatric medications, HIV treatment medications, hepatitis C treatment medications and others. DOT may benefit patients who have difficulty with medication adherence.

Office-Based Opioid Treatment (OBOT): Buprenorphine's originally intended use under Drug Addiction Treatment Act (DATA) 2000 was office-based opioid treatment (OBOT) rather than in the OTP setting. When considering buprenorphine for an office-based patient, an assessment of psychosocial functioning is crucial and should include the patient's capacity and ability to safely store medication, adhere with dosing instructions and an exploration of prior MAT treatment history, if any. Patients well-suited for OBOT buprenorphine typically are psychiatrically stable and show no evidence of concurrent substance use patterns that negatively impact their ability to engage in treatment. Patients with moderate to severe ETOH and/or sedative use disorders may benefit from the higher level of care found in OTP. Housing, employment and social and/or family support are important factors in recovery and be indicators of psychosocial stability. Alternatively, loss of dispensed buprenorphine may indicate diversion or the presence of functional impairments that preclude participation in office-based treatment.

OUD MAT PHARMACOTHERAPY SELECTION: Three medications, methadone, buprenorphine and naltrexone, are approved by the US Food and Drug Administration. Buprenorphine and methadone are indicated for the treatment of OUD and naltrexone is indicated for relapse prevention of OUD. (See Appendix 1). The effect of each medication is through effects on the mu opioid receptor and each agent has demonstrated decreased time to relapse to non-prescribed opioids. Beyond this, the agents differ in their mechanism of action and respective treatment outcomes.

The two major medications available for the treatment of OUD are buprenorphine and methadone. Choice between these agents is based on availability in the chosen level of care. Methadone, and possibly buprenorphine, are available in OTPs, while buprenorphine is available for OBOT. Additional considerations include patient preference, past treatment experience with OUD MAT, level of motivation, their medical status and contraindications for each medication. For example, in a patient with underlying QTc prolongation, buprenorphine is a safer option. For a list of contraindications and cautions for each agent, see Appendix 1.

For relapse prevention in a patient who has successfully completed opioid detoxification, naltrexone has been shown to be an effective choice for the highly motivated, high functioning individual willing to engage in the requirements of therapy. Barriers to effective treatment with naltrexone include continued opioid use vis a vis an inability to abstain long enough to achieve the required full two week post-detoxification period necessary to initiate the medication. Failure of the medication to reduce opioid cravings may be related to treatment efficacy outcome or poor medication adherence.

CO-OCCURRING MENTAL ILLNESS: As complex brain diseases, substance use and psychiatric disorders share common genetic and environmental risk factors and brain pathways, contributing to the challenge of accurate assessment of either. However, the identification of co-occurring OUD and psychiatric conditions is crucial to developing appropriate interventions to address the complex interaction between both conditions. Inadequate or absence of treatment of the brain based diseases affecting the patient will negatively impact the course and prognosis of recovery. Accordingly, a fundamental principle of effective OUD emphasizes the need for comprehensive treatment of both conditions in this patient, who is likely to exhibit more severe, persistent and treatment resistant symptoms of their disorders.

In particular, ASAM recommends evaluating for co-occurring depression, anxiety, personality disorders and trauma in patients presenting with possible OUD. A barrier to comprehensive and integrated treatment is the 42 Code of Federal Regulations (CFR) Part 2 confidentiality regulations that protect and limit the disclosure of substance use-related health information by a substance use disorder program to a mental health program without the explicit and signed consent by the patient for each disclosure made. Therefore, it is strongly recommended that providers of both substance use and mental health programs review and obtain the necessary consents for release of information between programs in order to ensure appropriate and timely coordination and access to necessary treatment.

Included in the initial comprehensive evaluation, immediate risks, such as suicidal or homicidal thoughts or behavior and/or acute psychosis or mania should be identified and managed appropriately. Patients should be assessed for psychiatric disorders, including a detailed mental status examination prior to beginning OUD pharmacotherapy, and treated accordingly. Likewise, reassessment should occur after stabilization of OUD MAT to identify previously undiagnosed psychiatric disorders. It is also prudent clinical practice to consider the existence of undiagnosed psychiatric conditions in the patient who repeatedly is unable to adhere with the established OUD management plan.

While there is no absolute contraindication to concurrent pharmacotherapy in patients with co-occurring psychiatric and OUD, prescribers should remain aware of potential interactions between these medications. ASAM recommends the concurrent initiation of antidepressant and OUD MAT in patients that present with symptoms of depression, and the concurrent initiation of antipsychotics and OUD MAT in patients with a psychotic disorder, including the use of depot formulations as a strategy for increasing adherence. Patients with more severe psychiatric impairments may benefit from greater coordination between involved providers, or a referral for intensive case management. Patients with co-occurring OUD and psychiatric disorders should always be offered psychosocial support as a component of their long-term recovery.

CO-OCCURRING OTHER DRUGS AND ALCOHOL: OUD frequently co-occurs with alcohol and other substance use disorders. Taking other substances during OUD treatment is associated with poorer treatment outcomes. Treatment recommendations for patients who drink alcohol and/or take other drugs depends on the substance used and the presence and severity of a use disorder.

OUD MAT can be initiated and should not be withheld when the substance used does not interact with opioids and should not be discontinued when benefit has been shown. This includes marijuana, tobacco, cocaine, methamphetamine or other non-CNS depressant substances.

Alcohol, benzodiazepines or other CNS depressants use should be considered when selecting OUD MAT. Combining CNS depressants with buprenorphine or methadone can have additive CNS depressant effects and increase a patient's risk for accidental overdose. Patients with co-occurring alcohol use disorder or other CNS depressant use disorders may require detoxification prior to initiating OUD MAT. If naltrexone is chosen for relapse prevention, it may also help with treating co-occurring alcohol use disorder.

CO-OCCURRING CHRONIC PAIN: Among people with chronic pain, approximately 10-20% of people have a co-occurring opioid use disorder. General approaches to the management of co-occurring chronic pain include using nonpharmacological treatments and non-opioid treatments as first-line treatments. In patients where opioid-based treatments are used, both buprenorphine and methadone can be used for analgesic effects. The analgesic effects are shorter for both agents, therefore divided dosing should be used.

CO-OCCURRING HIV: Injection drug use (IDU) of heroin and stimulants is the second most common mode of HIV transmission in the United States. Maintaining adherence with antiretroviral therapy (ART) can be particularly challenging among active drug users as a consequence of the depression, anxiety and general life instability commonly associated with repeated use and/or withdrawal. Engagement and offering OUD MAT to opioid users is crucial to decreasing the harms associated with both untreated HIV and continued illicit opioid use. Directly observed therapy (DOT) can be a useful strategy for successful management of both HIV and opioid use disorder.

*Methadone***:** Opioid-induced decreased gastric emptying may decrease the absorption of ARTs. The CYP450 2B6, 3A4 and 2D6 metabolism of methadone may interact with ARTs in any or all of the following ways: opioid withdrawal, methadone toxicity (including overdose) and decreased ART efficacy. Initial and first-line ARTs for the management of HIV include integrase strand transfer inhibitor (INSTI) based regimens, and include raltegravir, dolutegravir, and elvitegravir. There is no methadone dose adjustment recommendation for patients on concurrent INSTIs. While non-first-line agents, OUD MAT prescribers may encounter patients prescribed the non-nucleoside reverse transcriptase inhibitors (NNRTIs) efavirenz (EFV) and nevirapine (NVP), or the protease inhibitor (PI) agent lopinavir/ritonavir (LPV/r), all known to significantly decrease methadone levels. The clinical effects of decreased methadone levels are typically seen after seven days of the coadministration of EFV, NVP or LPVr and methadone. See "References and Further Readings" section for a link to a comprehensive list of methadone and ART interactions.

*Buprenorphine/naloxone***:** Buprenorphine is metabolized by CYP450 3A4, therefore there is a theoretical risk of buprenorphine toxicity with CYP450 3A4 inhibitors. However, there is little evidence that clinically significant interactions occur with the exception of the non-first-line agent PIs atazanavir (ATV) and ritonavir-boosted atazanavir (ATV/r). A small study and case reports showed increased sedation and buprenorphine concentration levels in the groups receiving coadministered ATV and ATV/r compared with buprenorphine alone. However, compared with methadone, buprenorphine has a much lower risk of respiratory depression. A significant advantage of buprenorphine is that primary care providers may prescribe buprenorphine in their clinic setting, enabling one provider to manage both primary care/HIV and OUD MAT in one visit.

*Naltrexone***:** Naltrexone is not metabolized via the CYP450 enzyme system and is not expected to interact with PIs or NNRTIs.

SPECIAL POPULATIONS:

Older Adults: Older adults are more susceptible to over sedation with buprenorphine and methadone. Therefore, doses may need to be titrated slower in order to prevent adverse effects. In addition, older adults may be taking more medications than the general population and the potential for drug interactions should be considered.

Adolescents: The ASAM consensus opinion is adolescents can be considered for treatment with OUD MAT. However, there are few studies in this patient population. There are no studies comparing the effects of the agents in adolescents. There are no methadone or naltrexone placebo controlled trials in patients under the age of 18. Buprenorphine is indicated for patients 16 years and older. Psychosocial treatment is recommended for all adolescents with OUD. This includes family intervention approaches, vocational support and behavioral interventions to reduce opioid use.

Pregnancy/Lactation: The decision to treat OUD with an opioid agonist should include a discussion of the risks and benefits of treatment. Drug use during pregnancy is associated with increased risk of preeclampsia, miscarriage, premature delivery, fetal growth restriction and fetal death. Treatment with an opioid agonist during pregnancy is not associated with long-term effects on children. Neonatal abstinence syndrome (NAS), where the infant experiences withdrawal if not treated, can occur with opioid agonist treatment during pregnancy. However, the risks of NAS are much less substantial than untreated OUD. Therefore, the ASAM consensus opinion is opioid agonist treatment should be offered if opioid use is likely during pregnancy. In addition, treatment should begin early in pregnancy to avoid the harms of illicit drug use. Women currently taking opioid agonist treatment who become pregnant should be encouraged to continue treatment during pregnancy.

Both methadone and buprenorphine can be used during pregnancy. Methadone has generally been the standard treatment in pregnancy. However, buprenorphine is associated with a shorter duration of NAS and is an appropriate alternative to methadone. When using buprenorphine in pregnancy, the mono-product should be used to decrease exposure to the small amount of naloxone absorbed. When using methadone, a higher dose and/or split dosing may be needed in the second and third trimester.

Women can breastfeed when taking methadone or the buprenorphine mono-product and should be encouraged. Breastfeeding with both agents is associated with decreased NAS.

See Local Resources for local resources for pregnant women.

Liver impairment: The manufacturer of methadone does not provide guidance on dose adjustment in liver impairment. However, because methadone is metabolized by the liver, the half-life may be prolonged in moderate to severe liver impairment and dose reductions may be required.

Buprenorphine and naloxone can be used in mild liver impairment without dose adjustment. However, the half-life of buprenorphine and naloxone are prolonged in moderate and severe liver impairment. If the combination product is used, the prolongation is greater for naloxone than buprenorphine, potentially resulting in naloxone accumulation and precipitated withdrawal. Combination products with naloxone are contraindicated in severe liver impairment and should be used cautiously in moderate liver impairment. Instead, patients should be treated cautiously with mono-buprenorphine products.

Naltrexone can be used in mild to moderate liver impairment without dose adjustment. Naltrexone has not been studied in patients with severe liver impairment. Due to hepatotoxicity in studies with higher than

recommended doses of naltrexone, it is recommended that naltrexone be avoided in severe liver impairment until studies have been completed in this population. One SAMSHA expert panel recommends avoiding naltrexone in patients with liver function tests greater than five times the upper limit of normal.

Kidney impairment: Buprenorphine and methadone doses do not need to be adjusted in kidney impairment or dialysis. Naltrexone doses do not need to be adjusted in mild kidney impairment. Oral naltrexone has not been studied in moderate to severe kidney impairment. Naltrexone long-acting injectable has not been studied in CrCl <50mL/min. Due to hepatotoxicity in studies with higher than recommended doses of naltrexone, it is recommend that naltrexone be avoided in moderate to severe kidney impairment.

OPIOID OVERDOSE TREATMENT AND PREVENTION*:* Death from unintentional opioid overdose is a growing epidemic. Unintentional poisonings have surpassed motor vehicles accidents as the number one cause of unintentional death in the United States. Naloxone is a mu opioid receptor antagonist that reverses the effects of opioids. In California, anyone who is at risk for experiencing or witnessing an opioid overdose can be furnished take-home naloxone for bystander administration.

People with OUD, both not in treatment and in treatment, should be offered a take-home naloxone kit and provided education on reducing their risk of opioid overdose. Non-prescribed and street drugs can be contaminated with opioids. Therefore, anyone that takes these should be offered a take-home naloxone kit. The person's family and friends should be included in the education in order for them to be trained to identify and respond to an opioid overdose. For details on take-home naloxone, see the BHS Overdose Prevention and Naloxone guideline.

LOCAL RESOURCES:

Program Name	Overview
Treatment Access Program (TAP) 1380 Howard St, 1st Floor San Francisco, CA 94103 Phone: (415) 503 – 4730 Hours of Operation: Mon – Fri: 8:00AM – 5:00PM *Accepts walk-in. Last client seen at 4:00pm*	The centralized site within SFDPH BHS that provides substance use disorders screening, assessment, level of care recommendations, and placement authorization for residential treatment at healthRIGHT360. Provide referrals to other SUD programs and provider consultation.
OBIC- Office-based Buprenorphine Induction Clinic 1380 Howard St, 2nd Floor San Francisco, CA 94103 Phone: (415) 552 – 6242 Hours of Operation: Mon – Fri: 8:30AM – 5:00PM *Closed on major holidays*	Medication-assisted treatment for opioid use disorder, using buprenorphine (Suboxone). Not a detox program, OBIC initiates and stabilizes patients on buprenorphine then coordinates transfer out for ongoing buprenorphine maintenance with a community provider. Clients eligible for treatment at OBIC must reside in San Francisco and be enrolled in or eligible for San Francisco Medi-Cal. Provider and self-referrals are welcome No private insurance or cash are accepted.
Ward 93 at Zuckerberg San Francisco General (ZSFG) 1001 Potrero Ave. Building 90 Ward 93 San Francisco, CA 94110 Phone: (415) 206-8412 <u>Dosing Hours:</u> M-F: 6:45am-11:00am, 12:30-2:00pm Sa-Su/Holidays: 7:30am-11:30am, 12:30pm-2:00pm	Opioid Treatment Program (OTP) on the ZSFG campus. New patient instructions: first-come, first-served. For initiating treatment, arrive early. After initiation, may transfer to a van at Newcomb & Newhall or Sunnydale at Leland House.
BAART Turk Street Clinic 433 Turk St San Francisco, CA 94102 Phone: (415) 928-7800 <u>Business Hours:</u> M-F: 7:00am-3:00pm Sa-Su: 8:00am-12:00pm <u>Dispensing Hours:</u> M-F: 7:00am-2:30pm Sa-Su: 8:00am-12:00pm Holidays: 9:00am-12:00pm	OTP with additional services including primary care, mental health and the Family Addiction Center for Education and Treatment (FACET) program. FACET is a program for pregnant to 2-year post-partum parents. Patients may pay cash for services. New patient instructions: First-come, first-served. Early arrival recommended.
BAART Market Street Clinic 1111 Market St #1 San Francisco, CA 94103 Phone: (415) 863-3883 <u>Business Hours:</u> M-F: 6:00am-2:00pm Sa-Su: 8:00am-12:00pm <u>Dispensing Hours:</u> M-F: 6:00am-1:30pm	OTP with additional services including primary care and mental health. Patients may pay cash for services. New patient instructions: First-come, first-served. Early arrival recommended.

Sa-Su: 8:00am-12:00pm Holidays: 8:00am-12:00pm	
Westside Methadone Detoxification & Maintenance Programs 1301 Pierce St (at Ellis St) San Francisco, CA 94115 Phone: (415) 563-8200 Business Hours: M-F: 7:00am-3:30pm Dosing Hours: M-F: 7:00am-10:45am & 12:00pm-1:45pm Sa-Su/Holidays: 8:00am-11:00am *Walk-ins accepted, calling beforehand is recommended to ensure MD availability.* *Photo ID required.*	OTP New patient instructions: Walk-ins accepted, calling beforehand is recommended to ensure MD availability. Photo ID required.
Fort Help 915 Bryant St San Francisco, CA 94103 Phone: (415) 777-9953 Hours of Operation:	OTP
Fort Help 1101 Capp Street San Francisco, CA 94110 Phone: (415) 821-1427	OTP with additional services including primary care.
Bayview Hunters Point Foundation 1625 Carroll Ave. San Francisco, CA 94124 Phone: (415) 822-8200 Program Hours: M-F: 6:00am-2:00pm Sa-Su: 7:00am-10:00am Holidays: 6:15am-10:00am Dosing Hours: M-F: 6:15am-11:00am	OTP New patient instructions: Call intake coordinator, to make an appointment.
Veterans Affairs Medical Center Substance Abuse Programs 4150 Clement St, Unit 116-E San Francisco, CA 94121 Phone: (415) 221-4810 ext. 22823 Business Hours: M-F: 7:00am-12:00pm Dosing Hours: M-Sa: 7:00am-12:00pm	OTP for veterans only New patient instructions: Call beforehand to make an appointment.
healthRight 360 Central Intake Office 1563 Mission St San Francisco, CA 94103 Phone: (415) 760-9263 **Hours:** Monday – Friday 8:30am – 1:30pm. Earlier arrival is always best.	Centralized access site for social model detox and residential treatment beds (no medical or medication management available on-site). Clients may self-present Mon-Fri to request detox and/or residential treatment. On weekends, the Daily Reporting Center (on-site) provides access and placement into detox when TAP is closed. This office works very closely

Weekends: Saturday and Sunday, clients may present at the Daily Reporting Center at from 9am-1pm to request detox.	with TAP and provides an alternative location for accessing healthRIGHT360 SUD services.
12-Step Programs (NA, AA, Al-Anon, etc) Various dates, time and locations	A fellowship or society of men and women for whom drugs had become a major problem and who meet regularly to help each other stay clean. Narcotics Anonymous (NA): http://sfna.org/ Alcoholics Anonymous (AA): http://www.aasf.org
LifeRing Various dates, times and locations	A network of support groups for people who want to live free of alcohol and other addictive drugs. http://liferingsf.org/
CBHS Pharmacy 1380 Howard St San Francisco, CA 94103 Phone: (415) 255-3659 **Hours:** Monday – Friday 9:00am – 4:30pm	Specializes in substance use and mental health disorders. Provides safe injection kits and naloxone furnishing without a prescription. Provides additional services for buprenorphine patients including daily dosing, urine drug screening, breathalyzers, and directly observed treatment (DOT) for buprenorphine, mental health, and alcohol use disorder maintenance medications.
Needle Access Various dates, time and locations and hours	Injection drug users trade their used equipment for clean equipment. Also provides HIV and Hep C testing, vein care/safer injection education, naloxone distribution, and linkage to drug treatment and medical care. Schedule: http://sfaf.org/client-services/syringe-access/site-schedule.html
Integrated Soft Tissue Injection Service (ISIS) Clinic San Francisco General Hospital, Main Building, 4th Floor, Suite 4C 1001 Potrero Avenue San Francisco, CA 94110 Phone: (415) 206-3719 **Hours:** Mon, Wed-Fri: 8:00am-4:30pm (closed noon-1pm) Sat: 8:00am-11:am	Treats patients with fulminating or emergent soft tissue infections. Serves patients with previously untreated abscesses and cellulitis and offers treatment such as incision and drainage of abscesses and antibiotics prescriptions. ISIS patients are drop-in and seen on a first-come, first-served basis. Patients with chronic wounds and previously treated abscesses are not appropriate for referral to the ISIS clinic.
Kaiser Chemical Dependency Recovery Program (CDRP) 1201 Fillmore St San Francisco, CA 94115 Phone: (415) 833-9400	Offers day treatment, intensive outpatient treatment, co-dependent treatment, adolescent treatment and specialty groups for African-American, gay men and dually diagnosed. Call for appointments.
Women's Health Center 5M (includes high-risk OB)	Obstetrics and gynecology practice that includes prenatal care, including managing high-risk

San Francisco General Hospital, Main Hospital, Ward 5M 1001 Potrero Avenue San Francisco, CA 94110 Phone for Appointments: (415) 206 – 3409	pregnancies. Patients have access to mental health and psychiatric support. Partners closely with Homeless Prenatal Program.
Homeless Prenatal Program 2500 18th St. San Francisco, CA 94110 Phone: (415) 546-6756	Serves homeless and low-income families with children 17 years old or younger. Offers prenatal and parenting support, housing assistance, tax and benefits assistance, substance use services, domestic violence services, mental health services, and a variety of support groups and classes. Partners closely with the Women's Health Center and high-risk OB at SFGH.

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Opioid Treatment Resources: https://store.samhsa.gov/facet/Substances/term/Opioids-or-Opiates?pageNumber=1

Substance use disorder-specific privacy and confidentiality requirements: https://www.ecfr.gov/cgi-bin/text-idx?SID=0f9b2a146b539944f00b5ec90117d296&mc=true&node=pt42.1.2&rgn=div5

APPENDIX 1: OPIOID USE DISORDER MEDICATION ASSISTED TREATMENT PHARMACOTHERAPY

Medication	Mechanism of Action	Dose & Administration	Contra-indications	Adverse Effects	Comments
Methadone	Full μ opioid agonist which reduces opioid withdrawal symptoms and cravings. The high binding affinity for the μ opioid receptor blocks the effects of other opioids.	*Only available from a Narcotic Treatment Program when treating OUD.* **Oral:** 10-30mg PO daily titrated every 5 days to a maintenance dose of 60 – 120mg daily. A maintenance dose is established when a patient no longer experiences opioid cravings or opioid withdrawal. *Hepatic impairment:* no adjustments providers in package insert *Renal impairment:* CrCl ≥10mL/min: no dose adjustment. CrCL <10mL/min: use 50-75% of normal dose	Contraindications: Paralytic ileus, documented Torsade de pointes (Tdp) on methadone, use of opioids antagonists Caution: decompensated liver disease, severe apnea, severe asthma, severe COPD, sedative-hypnotic or CNS depressant abuse, familial QTc prolongation or QTc prolongation >450 msec, concomitant use of medications that prolong the QTc interval	Sedation, constipation, nausea, vomiting, diaphoresis, QTc prolongation, Tdp, respiratory depression	The use of methadone for the treatment of OUD is restricted to licensed Opioid Treatment Programs (OTP). In addition to reducing withdrawal and cravings, methadone for OUD improves treatment retention, reduces mortality of OUD, reduces criminal behavior associated with opioid use and decreases high risk behaviors associated with opioid use. Methadone has a long half-life resulting in a steady-state serum levels 3-5 days after dose adjustments, therefore doses are titrated slowly to reduce toxicity. OTP's have additional confidentiality requirements under Code of Federal Regulations 42, therefore methadone will not be present on CURES. ***Drug Interactions:*** Multiple drug interactions, primarily metabolized by CYP3A4, followed by CYP2B6 and CYP2C19 and, to a lesser degree by CYP2C9 and CYP2D6. Examples of medications increase methadone serum levels by CYP3A4 inhibition include: azole antifungals, macrolides, fluoroquinolones and some antidepressants Medications to avoid with methadone include efavirenz, ketoconazole, rifampin ***Monitoring:*** Check LFTs prior to initiation and monitor periodically while on treatment EKG monitoring practices are variable in terms of timing and dose. Expert consensus from the

					American Society of Addition Medicine (ASAM) recommends EKG in patients on methadone doses >120mg per day, patients with a history of QTc prolongation and in patients taking medications that prolong the QTc interval
Buprenorphine **Buprenorphine implant**	Partial μ opioid agonist which reduces opioid withdrawal symptoms and cravings. The high binding affinity for the μ opioid receptor blocks the effects of other opioids.	*Patients should be in mild to moderate opioid withdrawal (COWS >10) when initiating buprenorphine to prevent precipitated withdrawal* **Sublingual/buccal:** Induction 2-4mg q2h prn opioid withdrawal symptoms up to 8mg on Day 1. Then increase in 4-8mg increments to a maintenance dose of 12-16mg per day. Max 32mg per day. A maintenance dose is established when a patient no longer experiences opioid cravings or opioid withdrawal. **Implant:** Insert four implants subdermally in the upper arm for 6 months *Renal impairment:* no adjustment *Hepatic impairment:* Buprenorphine: decrease	Use of opioid antagonists	Sedation, constipation, nausea, vomiting, diaphoresis, headache	Buprenorphine was the first opioid agonist treatment available in an office-based setting. Buprenorphine can be prescribed for OUD treatment by a physician, nurse practitioner or physician assistant that has a DATA 2000 waiver, also known as a "DEA X" number. There are no regulations for treatment inclusion or exclusion. DATA 2000 waiver trainings can be found at: https://www.buppractice.com/. Partial μ opioid agonist leads to ceiling effect for respiratory depression and improved safety profile. However, when combined with additional CNS depressants the ceiling effect is mitigated and respiratory depression effects are similar to a full μ opioid agonist. In addition to treating opioid withdrawal and cravings, maintenance treatment with buprenorphine is associated with increased treatment retention compared to detoxification. Buprenorphine binds with high affinity to the mu opioid receptor and can displace full opioid agonists leading to precipitated withdrawal. Therefore, people should be in mild withdrawal with objective symptoms prior to starting buprenorphine. Buprenorphine can be prescribed in a co-formulated product with naloxone as an IV abuse deterrent. Naloxone is not absorbed at clinically relevant amounts sublingually or buccally (see

		dose by 50% in severe impairment. Naloxone: avoid naloxone containing products in severe (and possibly moderate) impairment			Hepatic Impairment for exceptions). If the co-formulated product is injected by an opioid physically dependent person precipitated withdrawal can occur. ***Implant:*** Only indicated for people stable on 8mg of buprenorphine per day. ***Drug Interactions:*** Metabolized by CYP3A4 ***Monitoring:*** Check LFTs prior to initiation and monitor periodically while on treatment
Naltrexone **Naltrexone long acting injection**	μ opioid antagonist which may block the effects of opioids	**Oral:** 25mg/day for 3 days then 50mg/day. Can increase to 100mg after 4 weeks if drinking continues. **Injection:** 380mg IM monthly Recommend patient take with a meal to mitigate nausea Patients must be opioid free for 7-14 days before starting naltrexone, duration of opioid abstinence will depend on half-life of opioids used. Consider naloxone challenge to assess for opioid withdrawal.	Decompensated cirrhosis as manifested by AST/ALT > 5x ULN, INR >1.5, ascites, esophageal varices, hepatorenal syndrome, spontaneous bacterial peritonitis, encephalopathy *Pregnancy: C*	Nausea, headache, anxiety, sedation. Warnings of hepatotoxic effects are derived from studies using dosages up to 300mg/day for obesity and dementia. No reports of hepatotoxicity at recommended daily dose of 50mg.	Naltrexone that has no required certifications to prescribe or requirements for treatment setting. Does not treating opioid cravings. A person must be opioid free 7-10 days prior to initiating naltrexone to avoid precipitated withdrawal. Long acting injection may improve adherence however is cost prohibitive and has limited availability as an outpatient drug benefit through Medi-Cal. ***Monitoring:*** Check LFTs and INR prior to initiation and monitor LFTs periodically while on treatment (annually unless signs or symptoms of hepatitis develop).

APPENDIX 2: CLINICAL OPIATE WITHDRAWAL SCALE (COWS)

For each item, circle the number that best describes the patient's signs or symptom. Rate on just the apparent relationship to opiate withdrawal. For example, if heart rate is increased because the patient was jogging just prior to assessment, the increase pulse rate would not add to the score.

Patient's Name: _____ Date and Time_____/_____/_____:_____

Reason for this assessment:_____

Resting Pulse Rate: _____beats/minute *Measured after patient is sitting or lying for one minute* 0 pulse rate 80 or below 1 pulse rate 81-100 2 pulse rate 101-120 4 pulse rate greater than 120	**GI Upset:** *Over last 1/2hour* 0 no GI symptoms 1 stomach cramps 2 nausea or loose stool 3 vomiting or diarrhea 5 multiple episodes of diarrhea or vomiting
Sweating: *Over past 1/2hour not accounted for by room temperature or patient activity.* 0 no report of chills or flushing 1 subjective report of chills or flushing 2 flushed or observable moistness on face 3 beads of sweat on brow or face 4 sweat streaming off face	**Tremor:** *Observation of outstretched hands* 0 no tremor 1 tremor can be felt, but not observed 2 slight tremor observable 4 gross tremor or muscle twitching
Restlessness: *Observation during assessment* 0 able to sit still 1 reports difficulty sitting still, but is able to do so 3 frequent shifting or extraneous movements of legs/arms 5 unable to sit still for more than a few seconds	**Yawning:** *Observation during assessment* 0 no yawning 1 yawning once or twice during assessment 2 yawning three or more times during assessment 4 yawning several times/minute
Pupil size: 0 pupils pinned or normal size for room light 1 pupils possibly larger than normal for room light 2 pupils moderately dilated 5 pupils so dilated that only the rim of the iris is visible	**Anxiety or Irritability:** 0 none 1 patient reports increasing irritability or anxiousness 2 patient obviously irritable or anxious 4 patient so irritable or anxious that participation in the assessment is difficult
Bone or Joint aches: *If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored* 0 not present 1 mild diffuse discomfort 2 patient reports severe diffuse aching of joints/muscles 4 patient is rubbing joints or muscles and is unable to sit still because of discomfort	**Gooseflesh skin:** 0 skin is smooth 3 piloerrection of skin can be felt or hairs standing up on arms 5 prominent piloerrection
Runny nose or tearing: *Not accounted for by cold – symptoms or allergies* 0 not present 1 nasal stuffiness or unusually moist eyes 2 nose running or tearing 4 nose constantly running or tears streaming down cheeks	Total Score _____ The total score is the sum of all 11 items Initials of person completing assessment: _____

Score: 5-12 = mild; 13-24 = moderate; 25-36 = moderately severe; more than 36 = severe withdrawal

Source: Wesson, D. R., & Ling, W. (2003). The Clinical Opiate Withdrawal Scale (COWS). J Psychoactive Drugs, 35(2), 253–9.

CBHS Pharmacy Buprenorphine FAQ's for CBHS Prescribers

What services does CBHS Pharmacy provide for buprenorphine patients?
We provide special services for buprenorphine patients at CBHS Pharmacy including the following:

Refill requests**:** We fax refill requests to the prescriber approximately 7-days prior to the patient's next pick-up date. This allows for uninterrupted therapy.
Monitoring: Patients check in with a pharmacist every time they pick up buprenorphine. If the patient appears intoxicated with a CNS depressant, patients will be referred to the buprenorphine prescriber for follow up and re-evaluation. Any reported/observed substance use, opioid withdrawal symptoms, side effects or sub-acute changes in patient's condition will be reported to the buprenorphine prescriber. Prescribers can also order onsite urine drug screening and breathalyzers.
Observed dosing: Providers have the option to request observed dosing for patients at CBHS Pharmacy dispensing window.
Frequent dosing: Providers have the option to request dosing schedules more frequent than every 28 days. Including daily with the exception of Holidays or weekends.
Naloxone: Patients can be educated on the risks for opioid overdose and trained to respond to such overdose with naloxone. Pharmacists can furnish naloxone or it can be prescribed by a prescriber.
Smoking Cessation: Patients can receive smoking cessation counseling and medications from the pharmacist.
Clean injection kits: We provide clean injection kits with syringes to our patients at no charge.
Medication and syringe disposal: Patients can dispose of unwanted medications (accept aerosols) and syringes in provided receptacles in the building.

What is CBHS Pharmacy's policy on early or late buprenorphine pick-ups?
Early pick-ups: We do not allow patients to pick-up before their assigned pick-up date without permission by the prescriber. Example: Patient pick-ups a 7 day supply on a Tuesday, making the following Tuesday their next assigned pick-up date. If the patient comes back the next Monday, permission from the prescriber will be required.
Late pick-ups: Patients that are ≥10 days late picking up from their assigned pick-up dates will require permission from the prescriber to dispense buprenorphine. Patients <10 days late picking up will be counseled on adherence and given the prescription as written.

Does CBHS Pharmacy have any policies that may effect the buprenorphine prescription I write?
Dispense in 7 day increments: Because we are not open on weekends and to keep patients assigned pick-up days the same day of the week, CBHS Pharmacy will dispense in increments of 7 day supplies unless otherwise documented by the prescriber. Example: Prescription written for a 30 days supply will be dispense for a 28 days supply.
Buprenorphine/naloxone film: In order to improve patient safety, CBHS Pharmacy has recommendations for which dosage strengths to use based on total daily dose. (See: What buprenorphine products does CBHS stock?)

What are CBHS Pharmacy's hours of operation and location?
We are open Monday through Friday and located at 1380 Howard St. The window is open for pick-ups 9:00am – 4:30pm. Pharmacy staff are available by phone 8:30am – 5:00pm for any questions.

What if my patient is due to pick-up on a holiday and CBHS Pharmacy is closed?
If a patient's scheduled pick-up date falls on a holiday when CBHS Pharmacy is closed, the patient will be allowed to pick-up their buprenorphine one business day before the holiday. CBHS Pharmacy posts signs reminding patients of holidays and this policy.

What is CBHS Pharmacy's vacation supply policy?
Approval from the prescriber is required. Other restrictions may apply and a prior authorization may be required depending on the patient's insurance.

What buprenorphine products does CBHS Pharmacy stock?
CBHS Pharmacy stocks buprenorphine/naloxone sublingual tablets and film (Suboxone) and buprenorphine alone (Subutex) sublingual tablets. Product coverage varies by insurance or third-party payer. For film, CBHS Pharmacy recommends using the following table to determine product dosage strength selections. This is intended to improve patient safety by minimizing dosage strengths dispensed to the patient and the need to cut and dispose of unused product

	Quantity of Films Per Day			
Dose	**2mg Film**	**4mg Film**	**8mg Film**	**12mg Film**
24mg				2
16mg			2	
12mg				1
8mg			1	
4mg		1		
2mg	1			

Maintenance Doses to Avoid

	Quantity of Films Per Day			
Dose	**2mg Film**	**4mg Film**	**8mg Film**	**12mg Film**
40mg[1]			5	
32mg[1]			4	
20mg[2]			1	1
10mg[2]	1		1	
6mg[1]	3			

[1] Maintenance doses requiring ≥3 strips should be avoided to reduce risk of diversion and minimize costs. Exception: TID dosing for pain
[2] Doses requiring 2 strengths should be avoided due to potential errors by prescriber, errors by pharmacy and unlikely to be covered by insurance

Does CBHS Pharmacy provide buprenorphine only tablets?
We do stock buprenorphine only sublingual tablets and may be prescribed to any patient. We recommend buprenorphine only tablets be considered in the following patient groups:
Low risk for diversion: Patients with a low suspicion of diversion and history of stability. The buprenorphine pharmacist, Michelle Geier, PharmD can assess your patient's refill history to aide in this decision by calling (415) 503 – 4755.
Pregnancy: We recommend the buprenorphine only product for all pregnant women

I recently received my DATA 2000 waiver; does CBHS Pharmacy provide a pharmacy orientation for providers?
Yes, we would be happy to meet with you, introduce you to our staff and orient you to our buprenorphine pharmacy services that we provide at CBHS Pharmacy. In addition, we can help you prepare for DEA audits.

What are the record keeping requirements for prescribing buprenorphine?
The DEA has additional record keeping requirements for controlled substances prescribed for office-based opioid therapy, such as buprenorphine, beyond the usual for Schedule III substances .The following are the record keeping requirements:
Buprenorphine Inventory Log: Prescribers must keep an inventory of buprenorphine dispensed (21 CFR Section 1304.03[b]). This log is *required* even if the prescriber does not stock buprenorphine products. Because no CBHS clinic stocks buprenorphine products, this is generally a log with a zero balance.
Buprenorphine Prescribed/Dispensed Log: Prescribers must keep a log of controlled substances prescribed for maintenance or detoxification. This can be accomplished by creating a log (patient name, name of drug, strength, quantity and date of issuance) or keeping copies of each prescription. See 21 CFR Section 1304.03[c].

Does Infoscriber meet the requirements of a Buprenorphine Prescribed/Dispensed Log?
Yes, Infoscriber meets the requirements of a Buprenorphine Prescribed/Dispensed Log required by the DEA. However, you will still need to to have a Buprenorphine Inventory Log. Use the following steps to access the information required for a Buprenorphine Prescribed/Dispensed Log in the case of a DEA audit:

1. On the Infoscriber "Prescriber Desktop" under "Reports" click "List of Patients with Active Orders by Prescriber"
2. In the drop down list, select yourself as the prescriber and "Prescribed Patients"
3. Use Ctrl+F to search the document. Enter "Suboxone" into the "Find" field. Click the "Next" button to scroll through patients. Write down the patients names, this is your list of active buprenorphine patients.
4. If you are also prescribing a buprenorphine generic product, repeat Step 3 with the word "buprenorphine" in the "Find" field.
5. Close this report and return to the Infoscriber "Prescriber Desktop"
6. Under "Reports" click "Individual Medication Profile"
7. Using your list of active buprenorphine patients you made in Step 3, type in the first patient's name
8. From this report you can determine information required for the Buprenorphine Prescribed/Dispensed Log: drug name, strength, days supply (click the drug name), and date of issuance
9. You may need to click "Display Entire History" at the bottom right corner of the screen to see older history
10. Repeat Steps 6 – 9 with each your active buprenorphine patients.

What is the preferred method to prescribe buprenorphine through Infoscriber?
eRx is our preferred method, but we also accept eFax.

Who can I contact if I have further questions regarding buprenorphine at CBHS Pharmacy?

Michelle Geier, Pharm.D.
Psychiatric and Substance Use Disorders Clinical Pharmacist
Phone: (415) 503 – 4755
E-mail: michelle.geier@sfdph.org

San Francisco Health Network Behavioral Health Services
Medication Use Improvement Committee
1380 Howard St. 5th Floor
San Francisco, CA 94103

Mark Farrell
Mayor

Recommendations for Take-Home Naloxone

Background

Drug overdose has surpassed motor vehicle accidents as the leading cause of unintentional death in the United States with opioids being the leading agents involved. In response to this opioid epidemic, the United States Department of Health and Human Services is focusing on five priorities, including promoting the use of overdose-reversing medications.

Naloxone is a mu opioid antagonist that reverses the effects of opioids. In the absence of opioids, it has no effect. When used for an opioid overdose, side effects can include opioid withdrawal symptoms, also known as precipitated withdrawal. These side effects are uncomfortable, but are not life threatening.

Target Population

Take-home naloxone should be available to all individuals who use opioids or are at risk for witnessing an opioid overdose. This is supported by California Civil Code §1714.22. Availability is particularly important in BHS because people with mental illness and/or history of substance use are at increased risk for accidental overdose. In addition, due to recent contamination of illicit stimulants and pills in San Francisco, take-home naloxone should be available to all individuals who use illicit drugs.

Methods for Clients to Obtain Take-home Naloxone

1. Prescribed by provider
2. Community pharmacy
    a. California law allows for trained pharmacists to furnish naloxone without a prescription
    b. CBHS Pharmacy will furnish naloxone to BHS and non-BHS clients.
        1380 Howard St, 1st Floor Pharmacy
        Monday-Friday, 9:00am-4:30pm
3. Distribution programs
    a. Available at all Needle Exchange sites
    b. Schedule available at: http://sfaf.org/client-services/syringe-access/site-schedule.html

Take-home Naloxone Products

Factors that should be considered when selecting a naloxone product include:

1. Client/caregiver preference
2. Ability to administer product
3. Insurance coverage/cost
    a. Insurance coverage table available on the BHS public website at: https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/

Table 1. Intranasal Naloxone Products

	Naloxone 4mg/0.4ml Intranasal Spray	**Naloxone 2mg/2ml luer-lock prefilled syringe**
Dosing	Spray entire contents of device into one nostril upon signs of opioid overdose. Call 911. May repeat x1	Spray ½ syringe (1ml) into each nostril upon signs of opioid overdose. Call 911. May repeat x1.
Quantity	1 twin pack	2 syringes
Required supplies	None	2 mucosal atomizing devices (MADs)
Comments	Does not require assembly or additional supplies	Requires assembly and MADs which are not covered by insurance

Table 2. Intramuscular Naloxone Products

	Naloxone 0.4mg/1ml vial	**Naloxone 2mg/0.4ml auto-injector**
Dosing	Inject 1ml intramuscularly upon signs of opioid overdose. Call 911. May repeat x1.	Use 1 auto-injector upon signs of opioid overdose. Call 911. May repeat x1.
Quantity	2 vials	1 twin pack
Required supplies	2 syringes: 3ml with 25G 1in needle	None
Comments	Requires comfort with injections	Device has a speaker that instructs proper administration

Client Education

Education should include the client's caregiver, friend or family who may be administering the naloxone when possible. Education should include:

1. Identification of an opioid overdose: not responsive when shaken, breathing slow, stopped or labored, blue/gray lips and fingernails, pale/clammy skin
2. Call 911
3. Proper administration of naloxone. If not responsive in 3 minutes, give second dose
4. Follow the instructions from the 911 dispatcher, this may include rescue breathing and/or chest compressions
5. Remaining with the person until help arrives

Education materials on how to respond to an opioid overdose with take-home naloxone are available in multiple languages at: http://www.pharmacy.ca.gov/licensees/naloxone_info.shtml under "Fact Sheets"

LOSS OF ACCESS TO AVATAR – BACKUP PLAN

FINAL January 12, 2012

Do you have Electricity?

NO → Follow clinic procedure for loss of electricity

YES ↓

Are your computers working?

NO → Choose options C and D

YES ↓

Do you have access to the internet?

NO → Choose a solution:
A and B and F, or
A and C and F, or
A and F.

YES ↓

Do you use a token to access DPH server/AVATAR, and not within firewall with direct access to server?

YES (USE TOKEN) → Do you have VPN?

- YES → Use VPN
- NO → Choose a solution:
  A and C and E, or
  A and E

NO (DIRECT SERVER ACCESS) → Is AVATAR working?

- YES → Use AVATAR
- NO → Is AVATAR down at clinic site, system wide, or is it only Infoscriber that is not working?
  - **Infoscriber Not Working** → Choose option F
  - **Down System Wide** → Choose options A and E
  - **Down at Clinic Only** → Choose a solution:
    A and B and E, or
    A and C and E

OPTIONS KEY:

A) Chart on Computer; Copy and paste into AVATAR when available.
B) Contact IT to get HotSpot and laptops.
C) Set up system with another CBHS clinic that has access (eg. BHAC); call by telephone for specific clinical information and chart on computer. After 3 hours, clinic will need to send staff to access AVATAR and communicate by phone.
D) Document on paper charting.
E) Access Infoscriber via internet.
F) Use paper prescriptions, call in prescriptions, or fax prescription to pharmacy. Chart into infoscriber when available. For additional assistance, contact CBHS Pharmacy at (415) 255-3659.