

Minimum Laboratory Monitoring for Psychotropic Medications

ANTIPSYCHOTIC MEDICATIONS			
GENERIC	BRAND	GENERIC	BRAND
Aripiprazole	Abilify, Abilify Maintena, Aristada	Olanzapine	Zyprexa, Zyprexa Zydis
Asenapine	Saphris	Paliperidone	Invega, Invega Sustenna, Invega Trinza
Brexipiprazole	Rexulti	Perphenazine	Trilafon
Cariprazine	Vraylar	Pimozide	Orap
Chlorpromazine	Thorazine	Quetiapine	Seroquel, Seroquel XR
Clozapine	Clozaril, Fazaclo	Risperidone	Risperdal, Risperdal Consta, Risperdal M Tabs
Fluphenazine, Fluphenazine D	Prolixin, Prolixin D	Thioridazine	Mellaril
Haloperidol, Haloperidol D	Haldol, Haldol D	Thiothixene	Navane
Iloperidone	Fanapt	Trifluoperazine	Stelazine
Loxapine	Loxitane	Ziprasidone	Geodon
Lurasidone	Latuda		

PSYCHOTROPIC MEDICATION MONITORING RECOMMENDATION QUICK GUIDE for PRESCRIBERS AND TRAINEES		
MEDICATION	MONITORING WHEN STARTING MEDICATION	MONITORING DURING MAINTENANCE TREATMENT
Atypical antipsychotics	Metabolic Syndrome labs ** (Lipids, fasting glucose, hemoglobin A1c, CBC, CMP), weight*, vital signs*, AIMS*, ECG if there are cardiac risk factors or taking ziprasidone.	Monthly for the first 3 months: weight; 3 months after starting: metabolic syndrome lab** (lipids, fasting glucose, hemoglobin A1C, CMP), vital signs* ; every 12 months: metabolic syndrome labs** (lipids, fasting glucose, hemoglobin A1C, CMP), vital signs*, weight*, ECG, AIMS*
Typical antipsychotics	Metabolic Syndrome Labs ** (Lipids, fasting glucose, hemoglobin A1c, CMP), weight*, vital signs*, AIMS*, ECG if risk factors or taking thioridazine	Metabolic syndrome labs *** (Lipids, fasting glucose, hemoglobin A1C, CMP), weight*, vital signs*, ECG if indicated, AIMS*
* On initiation of any antipsychotic medication and at least every six months thereafter, or more frequently as clinically indicated.		
** On initiation of any medication affecting this parameter and at least annually thereafter or more frequently as clinically indicated.		
ABDOMINAL GIRTH (≥18 years old) For individuals at least 18 years old, on initiation of any medication and at least every six months thereafter, or more frequently as clinically indicated		

CLOZAPINE MONITORING	
MONITORING	FREQUENCY OF MONITORING
White Blood Cell Count (WBC) w/ Absolute Neutrophil Count (ANC)	Weekly for 1 st 6 months (if values within normal limits), then every 2 wks. for 6 months, then monthly (if values within normal limits)
Comprehensive Metabolic Panel (CMP)	At least annually
Fasting Lipid Panel	At least annually



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MEDICATION	MONITORING WHEN STARTING MEDICATION	MONITORING DURING MAINTENANCE TREATMENT
Lithium	BMP (including electrolytes, BUN, and creatinine), calcium, TSH, CBC with differential , Upreg, weight, ECG (if cardiac risk factors or patient is over age 40 years)	After starting and dose changes: lithium level ; 6 months after starting: BMP, calcium, TSH, lithium level , weight, every 6 months after that: BMP, lithium level ; every 12 months after that: BMP, calcium, TSH, lithium level , CBC, weights, ECG
Valproate	BBC, LFT , Upreg, fasting glucose, lipids, weight, vital signs	After starting and dose changes: valproate level ; every 3 months for 1 year: CBC, LFT, INR , weight; every 12 months: valproate level, CBC, LFT, INR , weight
Carbamazepine	CBC, CMP, creatinine , Upreg, fasting, glucose, lipids, weight, vital signs	After starting and dose changes: carbamazepine level ; first 3 months: CBC, LFT, BMP monthly; every 12 months: carbamazepine level, CBC, CMP
Lamotrigine	CBC, CMP, fasting glucose, lipids, Upreg, weight, vital signs, baseline skin condition	Monitor for skin changes
Topiramate	Bicarbonate, renal function, Upreg	Bicarbonate, renal function
SSRI's	Any SSRI: sodium if aged > 65 years or clinically indicated. Citalopram: magnesium, potassium , ECG if dose > 40 mg or if aged >59 years and dose > 20 mg or using in combination with other QTc-prolonging agents.	Any SSRI: sodium if indicated Citalopram: magnesium, potassium, ECG if change in cardiac risk
TCA's (Tricyclic)	Vital signs, ECG if cardiac risk factors or aged > 40 years	Drug level monitoring if indicated for specific agent, ECG, if indicated
Bupropion	Vital signs	Vital signs if indicated
SNRI	Sodium if patient is over aged > 65 years, vital signs	At 3 months: vital signs; every 12 months: vital signs
Nefazodone	LFT	LFT if indicated
Disulfiram	LFT , Upreg, ECG if risk factor	Monthly for 3-6 months: LFT , then LFT if indicated
Naltrexone	LFT , Upreg, CrCl (Vivitrol)	In first 6 months: LFT , then LFT if indicated
Stimulants	Urine toxicology, vital signs , ECG, height and weight	Urine toxicology , ECG if indicated, vital signs
Thyroid augmentation	TSH, free T3, free T4	3 months after starting: TSH, free T3, Free T4 ; every 6-12 months: TSH, free T3, Free T4
Benzodiazepines buspirone (BuSpar®), sedating antihistamines, diphenhydramine (Benadryl®) hydroxyzine (Vistaril®, Atarax®) • non-benzodiazepines eszopiclone (Lunesta®) zolpidem (Ambien®)	Assess for signs of respiratory depression (benzodiazepines, nonbenzodiazepines) Consider: CMP, Liver function and urine toxicology.	Assess for signs of CNS depression (benzodiazepines) Assess for signs of respiratory depression (benzodiazepines, non-benzodiazepines) Consider: CMP, liver function, urine toxicology.

***BOLD** type recommendations have the strongest support in published guidelines; other recommendations are made less frequently but are considered useful for prescribers.

Abbreviations: AIMS = Abnormal Involuntary Movement Scale, MBP = basic metabolic panel, BUN = blood urea nitrogen, CBC = Complete blood count, CrCl = estimated creatinine clearance, ECG = electrocardiogram, INR = international normalized ratio, LFT = liver function test, SNRI = serotonin–norepinephrine reuptake inhibitor, SSRI = selective serotonin reuptake inhibitor, TCA = tricyclic antidepressant, TSH = thyroid-stimulating hormone, UDAS = urine drugs of abuse screen, Upreg = urine pregnancy test.