

DSH PSYCHOTROPIC MEDICATION

Operational Procedures

APPENDIX – MEDICATION SPECIAL CLINICAL REVIEW

I. PURPOSE:

The purpose of this policy chapter is to outline a process for providing special clinical review for psychotropic medications which may pose problematic issues with respect to diversion and abuse, extraordinary adverse risks to patients, or costs.

II. MEDICATION LIST:

Within each DSH facility, the Medical Staff, via the Pharmacy and Therapeutics Committee (P&T) and/or the Therapeutic Review Committee (TRC) or Medication Review Committee (MRC), will establish a short list of medications which pose problematic issues as cited above.

- A. The formation of this list may be guided by input from the Medical Directors Council via the Medical Director at each facility.
- B. Medications so identified will be subject to special clinical review prior to dispensing or within a reasonable time after dispensing to ensure that safer or less costly alternatives would not be more appropriately prescribed.
- C. This list will be reviewed at least every six months so as to maintain a list of medications of current concern.

III. PROCEDURE:

- A. The P&T Committee or MRC/TRC will designate specific reviewers to provide reviews of all medications on the cited list.
 - 1. At the discretion of the Medical Director and request of the relevant Medical Staff Committee, reviewers may include senior supervising psychiatrists.
 - 2. As directed by the relevant committee, the reviewer will evaluate each case and decide whether the medication in question can be or can continue to be dispensed.
 - 3. If a medication is declined for dispensing, the reviewer will assist the treating physician by recommending alternative treatments.
 - 4. If a medication use request is denied, an appeal process shall be available to the requesting prescriber.

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IV. REPORTING:

The relevant committee will report special clinical reviews to the Medical Staff at least semi-annually and will make such reports or the data from such reports available to the Chief of Staff for reporting to the Medical Directors Council and/or the Governing Body.