

Monitoring Parameters for Behavioral Health Medications

To support the safe and effective use of behavioral health medications, this newsletter provides quick-reference tables summarizing key baseline and ongoing monitoring recommendations for commonly prescribed psychotropic agents. These tables are not intended to be exhaustive, but rather to highlight essential monitoring elements that align with established HEDIS quality measures related to antipsychotic medication management, specifically Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA) and Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM).

Monitoring Parameters – First Generation Antipsychotics								
	Baseline	Week 4	Week 8	Week 12	Quarterly	6 months	Annually	As Clinically Indicated
Personal Family History	✓						✓	
Medication Review	✓						✓	
Fasting Plasma Glucose and A1c	✓			✓			✓	
Fasting Lipid Profile	✓			✓			✓	✓
Blood Pressure/Pulse	✓			✓			✓	✓
Waist circumference	✓						✓	
Weight/BMI	✓			✓			✓	
Tardive Dyskinesia**	✓			✓		✓	✓	✓
EPS	✓							✓
Sexual function	✓							✓
Pregnancy status	✓							✓
Prolactin Level	✓							✓
Cardiac Monitoring (EKG: chlorpromazine Haloperidol, thioridazine)	✓							✓
Ocular Evaluations chlorpromazine	✓							✓

Monitoring Parameters – Second Generation Antipsychotics								
	Baseline	Week 4	Week 8	Week 12	Quarterly	6 months	Annually	As Clinically Indicated
Personal Family History	✓						✓	
Medication Review	✓						✓	
Fasting Plasma Glucose and A1c	✓			✓			✓	✓
Fasting Lipid Profile	✓	*		✓			✓	
Blood Pressure/Pulse	✓			✓			✓	✓
Waist circumference	✓						✓	
Weight/BMI	✓	✓	✓	✓	✓			
Tardive Dyskinesia**	✓			✓		✓	✓	✓
EPS	✓							✓
Sexual function	✓							✓
Pregnancy status	✓							✓
Prolactin Level (risperidone and paliperidone; or if symptomatic)								✓
Cardiac Monitoring (EKG: ziprasidone, quetiapine, risperidone, olanzapine)	✓							✓
Ocular Evaluations (quetiapine)	✓							✓
Global AIMS (Abnormal Involuntary Movement Scale)	✓						✓	

*For patients taking olanzapine, quetiapine, clozapine

** after week 12 done at month 6 and then at 6-month intervals and as clinically indicated

Monitoring Parameters - Antidepressants				
	Baseline	During dose titration	Annually	As Clinically Indicated
Blood pressure/pulse	✓	✓	✓	✓
Weight/Height/waist circumference	✓		✓	
Pregnancy status	✓			✓
Suicidal ideation or behavior	✓	✓		✓
Liver function tests (bupropion, Cymbalta, fluvoxamine, MAOIs, nefazodone, mirtazapine, TCAs, venlafaxine)	✓			✓
Cardiac Monitoring (EKG: TCAs, escitalopram, citalopram)	✓			✓
Renal function (bupropion, MAOIs, mirtazapine, venlafaxine)	✓		✓	
Seizure risk (bupropion, maprotiline)	✓		✓	
Plasma levels (TCAs)				✓
Sexual dysfunction	✓			✓
Medication Review	✓		✓	

Monitoring Parameters – Mood stabilizers							
	Baseline	1 Week	3 Months	6 Months	At Dosage Change	Annually	As Clinically Indicated
General physical assessment (BP, pulse, height, weight)	✓					✓	
Pregnancy status	✓						✓
Suicidal behavior and ideation	✓						✓

Therapeutic Drug Levels – Mood Stabilizers and Anticonvulsants							
Lithium	0.6-1.2 mEq/L						
Carbamazepine	4-12 mcg/mL (Steady state: 2-5 days)						
Valproic acid, total	50-125 mcg/mL (Steady state: 2-4 days)						
Valproic acid, free	5-15 mcg/ml						
Lithium							
	Baseline	1 Week	3 Months	6 Months	At Dosage Change	Annually	As Clinically Indicated
Plasma level	✓			✓	✓ (5-7 days after dose increase)	✓	✓
CBC	✓					✓	✓
Pregnancy status	✓						✓
TSH	✓			✓	✓	✓	✓
BUN/CrCl	✓		✓	✓	✓	✓	✓
EKG (if age 40+ or high risk)	✓						✓
Urinalysis	✓						
Calcium	✓					✓	
Valproic Acid							
	Baseline	1 Week	3 Months	6 Months	At Dosage Change	Annually	As Clinically Indicated
Plasma level	✓				✓	✓	✓
CBC with platelets	✓				✓	✓	✓
Pregnancy status	✓						✓
Liver function tests*	✓				✓	✓	
*Elevated ammonia levels may occur with chronic use of valproic acid. Providers should consider measuring ammonia levels if unexplained lethargy, vomiting, or changes in mental status, and with concomitant topiramate use							

Carbamazepine							
	Baseline	1 Week	Every 2 weeks	3 months	At Dosage Change	Annually	As Clinically Indicated
Plasma level		✓			✓	✓	✓
Liver and renal function tests	✓					✓	✓
CBC	✓				✓	✓	✓
Ophthalmic exam	✓					✓	✓
Lamotrigine							
	Baseline	1 Week	3 Months	6 Months	At Dosage Change	Annually	As Clinically Indicated
BUN/CrCl	✓						✓
Liver function tests	✓						✓
Rash assessment and education	✓						✓

The information provided is intended solely as a general reference tool to support clinical decision-making. It does not represent a comprehensive or exhaustive list of monitoring recommendations. Providers should continue to exercise their clinical judgment, consult current clinical guidelines, and consider individual patient needs when determining appropriate monitoring and treatment plans.

References:

1. <https://www.clinicalkey.com/pharmacology/>
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5. https://www.uptodate.com/contents/search?search=metabolic%20monitoring%20antipsychotics&sp=0&searchType=PLAIN_TEXT&source=USER_INPUT&searchControl=TOP_PULLDOWN&autoComplete=true Accessed March 1, 2026
6. Walkup J et al, *Practice parameter on the Use of Psychotropic Medication in Children and Adolescents*. American Academy of Child and Adolescent Psychiatry. J Am Acad Child Adolesc Psychiatry, 2009. 48:9: p. 961-973.
7. <https://www.ncqa.org/hedis/measures/adherence-to-antipsychotic-medications-for-individuals-with-schizophrenia/>
8. <https://www.ncqa.org/hedis/reports-and-research/national-collaborative-for-innovation-in-quality-measurement/hedis-measures-for-the-safe-judicious-use-of-antipsychotic-medications-in-children-and-adolescents/>