NORTHERN NEVADA ADULT MENTAL HEALTH
POLICY AND PROCEDURE

SUBJECT: ZYPREXA RELPREVV

NUMBER: NN-MM-36

ORIGINAL DATE: 12/15/11

REVIEW/REVISE DATE:

APPROVAL: Allan Mandell, Interim Agency Director

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I. PURPOSE :

The purpose of this policy is to establish specific procedures which must be followed to participate in the Patient Care Program of Zyprexa Relprevv.

II. POLICY:

It is the policy of NNAMHS to ensure the safety of all consumers who participate in the Zyprexa Relprevv Patient Care Program by training staff in the protocols for use, safe administration, and monitoring for Post-injection Delirium Sedation Syndrome.

III. REFERENCES :

Zyprexa Relprevv Patient Care Program
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IV. PROCEDURES

New Patient:

1. **Referral Source**

   Attending Psychiatrists from Dini-Townsend Hospital
   Attending Psychiatrists/APN's from NNAMHS Medication Clinics
   Service Coordinators
   Consumers who, in consultation with their Attending Psychiatrists/APN, elect to be treated with Zyprexa Relprevv.

2. **Determination by Attending Psychiatrist/APN**

   The Attending Prescriber will determine if consumer will benefit from ZYPREXA RELPREVV or not.

3. **Tolerability to Oral Olanzapine**

   Establish tolerability to oral Olanzapine prior to initiating treatment.

4. **Case Discussion with Medication Clinic**

   Briefly discuss consumer's case with Medication OP Clinic Supervisor and Clinic Psychiatrist/APN to ensure continuity of care.
   Complete New Patient Check List (Attached)

5. **Observation Instructions**

   The Observation Instructions will be discussed by In-patient Prescriber or out-patient clinic nurse with the consumer and Service Coordinator or Caregiver (if consumer does not have a Service Coordinator).
   Consumer and Service Coordinator/Caregiver must be willing and able to comply with the requirements for safe use.

6. **Insurance Information**

   Clinic will refer consumer to Pharmacy Benefits Coordinator, Tel. No 8-2061.

NOTE: It is preferable if consumer has insurance or will be receiving benefits within 1 month (for Zyprexa Relprevv 300mg IM q2wks) or within 2 months for Zyprexa Relprevv 400mg IM 4wks.

For consumers without insurance a Patient Assistance Program (PAP) application will be submitted to the drug manufacturer.

7. **Prior Authorization & Medication Consultation**

Consumers who have Full Medicaid don't require prior authorization.
All consumers, whether they have insurance or not, need a NNAMHS Medication Consultation.

Medication Consultation Criteria include:

(a) 2 or more documented lapses following adequate doses of oral antipsychotics, or 2 or more readmissions in past 3 months;
(b) Non-adherence to oral antipsychotics;
(c) Demonstrated tolerability to oral Olanzapine or IR Injectable;

8. **Consumer Registration**

All consumers who, in consultation with their Attending Psychiatrists/APN, elect to be treated with Zyprexa Relprevv must be enrolled in the ZYPREXA RELPREVV Patient Care Program prior to receiving their first injections.

Fax completed Patient Registration Form to ZYPREXA RELPREVV Patient Care Program (Tel No. 1-877-772-9390 Fax No. 1-877-772-9391)

NOTE: Consumer PIN will be faxed to the hospital/med clinic within 24hrs.

Provide consumer with the Patient Registration Form Copy and ZYPREXA RELPREVV Medication Guide.

9. Vouchers

Consumer is given two (2) vouchers per 12 month period covering two (2) doses. After which, refills are processed through the consumer's insurance. Consumers without insurance can receive medication through PAP or NNAMHS Pharmacy.
Ask Attending Prescriber to write two (2) prescriptions:

If consumer is prescribed Zyprexa Relprevv 405mg IM q4wks:
First Rx: with one (1) refill
Second Rx: with five (5) refills

If consumer is prescribed Zyprexa Relprevv 300mg IM q2wks **#2:**
First Rx: with zero (0) refill
Second Rx: with five (5) refills-good for six months

Notify Pharmacy Benefit Coordinator, Tel. No. 8-2061 of the new consumer/order.

Deliver both Rx's together with the two (2) vouchers to NNAMHS Pharmacy

NOTE: Don't forget to write the PIN on each Rx.

10. Medication Availability & Injection Appointment Schedule

Zyprexa Relprevv injections are ordered by Safeway Pharmacy on Vista Blvd from their supplier (insured consumers), it may take several days before the medication is available. The Pharmacy Benefit Coordinator will be able to give us an approximate date when the medication will be available.

Schedule consumer's injection appointment once you receive the medication.

On Injection Day:

1. Make sure that the consumer's Service Coordinator or Designee or Caregiver is available before giving the injection. Must have one to be enrolled
2. Confirm there will be someone to accompany the patient after the 3-hour monitoring period. If this cannot be confirmed, do not give the injection. Outpatient only.
3. It is not required, but it is good practice to get consumer's BP before the injection and after the 3-hr observation period.

NOTE: There are consumers whose baseline BP is already low making these consumers at risk for fall.

4. Immediate contact with Physician Inpatient or Medication Outpatient Clinic Nurse, for any suspected signs and symptoms of PDSS.
5. Fax completed Patient Injection Form to Zyprexa Relprevv Patient Care Program (Tel No. 1-877-772-9390 Fax No. 1-877-772-9391) Original to be placed in the Chart
6. Consumer must be accompanied by Service Coordinator or Designee or Caregiver from the clinic to destination after the 3-hour observation period.

For each ZYPREXA RELPREVV Injection:
During the 3-hour observation:

The consumer must be observed by a NNAMHS Staff (trained in PDSS) for at least 3 hours for symptoms consistent with an Olanzapine overdose at the registered healthcare facility, with ready access to emergency response services.
The consumer must be located where he/she can be seen and/or heard.
The time could be used to conduct other activities, such as psycho-social and/or psycho-educational programs.

After the 3-hour observation:

Confirm that the consumer is alert, oriented, and absent of any signs or symptoms of PDSS prior to being released.

If PDSS is suspected, close medical supervision and monitoring should be instituted in a facility capable of resuscitation.

Advise outpatient consumer and caregiver:

For the remainder of the day of each injection, consumer should not drive or operate heavy machinery, should be advised to be vigilant for symptoms of PDSS and should be able to obtain medical assistance if needed.

All consumers must be accompanied to their destination upon leaving the facility.

ZYPREXA RELPREVV New Patient Check List

PATIENT NAME:

DOB: MRN: PIN:

Referred by: Contact No.:

Service Coordinator: Contact No.:

Caregiver: Contact No.:

_____ Determination by Attending Psychiatrist
Diagnosis:
Dose:

_____ Tolerability to Olanzapine

_____ Case Discussion with OPMC
Willingness of patient and SC/caregiver to comply with requirements for safe use

_____ 3-hour Observation Instructions
Received/Signed by:

_____ Insurance Information
Medicaid Medicare None PAP

_____ Prior Authorization Needed**:** Yes No

_____ Medication Consult (NNAMHS) Approved Denied

_____ Patient Registration
PIN
Medication Guide

_____ Vouchers & Rx

_____ Medication Availability
_____ Injection Appointment Schedule

Checklist/07.11/pj