Antidepressants:
Weight, consider posttreatment BMP to rule out hyponatremia in older adults and posttreatment QTc in all patients.

Benzodiazepine:
Consider UTOX if abuse/diversion is a concern. Per FDA: “periodic” blood counts and liver-function tests are recommended for patients on long-term therapy.

Psychostimulants:
BP and HR at baseline, 1 month, then every 6 to 12 months; Signs of aggressive behavior or hostility; Consider UTOX if abuse/diversion is a concern.

Mood Stabilizers:
**Lithium:**
Initiation: Check baseline labs (urine pregnancy, basic metabolic panel (baseline BUN and Cr), CBC (for baseline WBC) TSH, EKG (for patients over 40 y/o).
ONGOING MONITORING: Lithium: 5-7 days after dose change (ideally 12 hours after last dose) and Q6 months when stable. Other labs: Baseline labs as above, Repeat at Q3 months X 2 and Q6 months

**Tegretol:**
*Initiation:* Check baseline labs (urine pregnancy, platelets, reticulocytes, serum iron, CMP—see below for guidelines regarding Asian patients). Week 1: Start 200 mg BID. Week 2-8: Check trough carbamazepine plasma level before the morning dose. If level is subtherapeutic, increase dosage by 200 mg/day. This process is repeated weekly over 8 weeks due to autoinduction of metabolism. Target plasma level: Therapeutic levels: 4-12 mcg/mL (600-1200 mg/day; usual max dosage: 1600 mg/day). Toxic concentration: >15 mcg/mL
*ONGOING MONITORING:* Baseline labs: urine pregnancy, platelets, reticulocytes, serum iron, CMP. Monitoring of blood levels is recommended with the usual adult therapeutic drug levels between 4 and 12 mcg/mL. This medication induces autoinduction of metabolism, which is usually complete 3-5 weeks after initiation of a fixed carbamazepine regimen. Monitoring frequency (blood level & CBC including platelets): Qweekly X 8 weeks, Q2months X 2, and then q6-12months.
**Depakote:**

*Initiation:* Check baseline labs (urine pregnancy, platelet counts, coagulation tests, and liver function tests).

  **Week 1:** Start Depakote ER (extended-release) 750 mg QHS.

  **Week 2:** Check trough Depakote ER plasma level before, but as close to the dosing time as possible. If level is sub therapeutic, add 250-500 mg to QHS dose. Repeat weekly as need to reach therapeutic dosage. Target plasma level: 50 to 125 mcg/mL.

*ONGOING MONITORING:* Platelet counts, coagulation tests, and liver function tests are recommended before initiating therapy and at least q6 months.

**Lamictal:**

*RISK OF STEVENS-JOHNSON SYNDROME*

*Initiation* (FOR PERSONS NOT TAKING DEPAKOTE OR TEGRETOL): Week 1 and 2: 25 mg Qday. Week 3 and 4: 50 mg Qday. Week 5: 100 mg QDay. Week 6: 200 mg QDay. Dosage will need to be adjusted for patients taking carbamazepine, phenytoin, phenobarbital, primidone, or valproate (see FDA guidelines). Estrogen containing oral contraceptives increase metabolism of Lamictal such that target dose may need to be increased. Starter packs are available.

*ONGOING MONITORING:* Typically do not measure drug levels. Restarting therapy after discontinuation: If lamotrigine has been withheld for 3 days, restart according to initial dosing recommendations. Non-urgent discontinuation: Decrease by 50% per week.

**Atypical Antipsychotics:**

*Initiation:* Assess baseline weight, waist circumference, blood pressure, fasting plasma glucose, fasting lipid profile, CBC (for baseline WBC), EKG (to assess QTc) and AIMS test.

*ONGOING Monitoring:* EKG at target dose (at least once to assess QTc). At 4 weeks: Weight. At 8 weeks: Weight. At 12 weeks: Weight, blood pressure, fasting plasma glucose, fasting lipid profile. Quarterly thereafter: Weight. Annually ongoing: Waist circumference, weight, blood pressure, fasting plasma glucose, fasting lipid profile, and AIMS test.