

PSYCHOTROPIC MEDICATIONS ASSOCIATED WITH TARDIVE DYSKINESIA*

The New Mexico Department of Health, Developmental Disabilities Supports Division (DDSD), in conjunction with the University of New Mexico Continuum Of Care Project, provides the following advice for DD Waiver interdisciplinary teams.

Medications from the list below are associated with tardive dyskinesia. Teams are advised to contact the prescribing physician or practitioner to determine the following:

- Is screening for tardive dyskinesia indicated for the individual?
- If so, what method of screening is preferred or ordered? This may be a standardized tool** or a clinical examination conducted by the practitioner.
- Who should conduct the screening?
- How frequently should the screening be performed?
- Are monitoring laboratory tests needed?

The prescribing physician or practitioner’s orders should be noted, implemented, retained in the permanent medical file and conveyed to the IDT members.

ANTIPSYCHOTICS –includes miscellaneous and thiorazine derivatives groups

Abilify (aripiprazole)	Prolixen or Permitil (fluphenazine)
Clorzaril (clozapine)	Risperdal (risperidone)
Compazine (prochlorperazine)	Serentil (mesoridazine)
Geodone (ziprasidone)	Seroquel (quetiapine)
Haldol (haloperidol)	Stelazine (trifluoperazine)
Loxitane (loxapine)	Thorazine (chlorpromazine)
Mellaril (thioridazine)	Trilafon (perphenazine)
Moban (molindone)	Zeldox (ziprasidone)
Navane (thiothixene)	Zyprexa (olanzapine)

OTHERS

Reglan (metoclopramide)
Sibelium (flunarizine)

Watch for combination medications that have another drug listed first and contain one of the medications on this list.

**Standardized tools include, but are not limited to, the Abnormal Involuntary Movement Scale (AIMS) and the Dyskinesia Identification System (DISCUS).

<http://www.atlantapsychiatry.com/forms/AIMS.pdf>

http://cpnp.org/_docs/ed/movement-disorders/scale/discus.pdf