CONDUENT

Texas Medicaid

Management of Psychotropic Drugs in Youth

Educational RetroDUR Mailing	☑Initial Study ❑Follow – up /Restudy

Executive Summary

Purpose:	To assist physicians in the evaluation of psychotropic drug therapy in youth to maximize therapeutic benefits while minimizing risks and adverse outcomes, avoiding unnecessary concomitant therapy, and providing cost-avoidance opportunities.		
Why Issue was Selected:	Use of second-generation antipsychotics (SGA) at doses above recommended maximums are associated with adverse outcomes and associated costs. Individuals who receive multiple psychotropic medications are at an increased risk of drug-drug or drug-disease interactions, duplicate or unnecessary therapy, non-adherence, and hospitalizations. Moreover, the use of multiple SGAs has not been shown to improve efficacy or outcomes. The management of metabolic side effects of SGAs in children & adolescents should include regular monitoring of BMI, blood pressure, blood glucose or hemoglobin A1c and lipid profiles.[1-6]		
Program Specific Information:	**Performance Indicators**	**Exceptions**	
		FFS	**MCO**
	1. High Dose: Oral Second-Generation Antipsychotics (SGA)	3	641
	2. Multiple (3 or more) Oral SGAs	0	3
	3. Polypharmacy: ≥ 4 Psychotropic Medications	34	8,339
	4. Monitoring of SGAs: Glucose or Hemoglobin A1c	121	18,854
	5. Monitoring of SGAs: Lipids	129	18,469
Setting & Population:	All patients <18 years of age receiving targeted drug therapy in the past 60 days.		
Types of Intervention:	Cover letter with dosage chart and modified profiles		
Main Outcome Measures:	The results of this intervention will be measured six months post-intervention. Targeted patient cases will be re-examined to determine whether changes in therapy have been made.		

Anticipated Results:	Physician re-examination and assessment of psychotropic drug use in children and adolescents as a result of this mailing may decrease drug therapy expenditures, reduce unnecessary concomitant drug therapy, and reduce adverse effects.

Performance Indicator #1: High Dose: Oral SGAs

Why has this indicator been selected?	Doses of SGAs above the recommended maximum daily dosage may place patients at increased risk of adverse effects, especially EPS.[1-6]
Candidates (denominator):	All patients <18 years of age receiving SGA therapy for the past 60 days.
Exception criteria (numerator):	Candidates who received an oral SGA at a dose above the recommended daily dose as established by the Texas Health and Human Services Commission in the past 30 days (Table 1).

Performance Indicator #2: Multiple (3 or more) Oral SGAs

Why has this indicator been selected?	Adequate research to support the efficacy of concurrent use of more than one antipsychotic agent has not been published. More complicated regimens may be associated with decreased adherence, increased adverse effects, and increased costs.[1-6]
Candidates (denominator):	All patients < 18 years of age receiving oral SGA therapy in the past 60 days.
Exception criteria (numerator):	Candidates who received three or more oral SGAs for more than 35 of 60 days.

Performance Indicator #3: Polypharmacy: ≥4 Psychotropic Drugs Concurrently

Why has this indicator been selected?	To increase prescriber awareness of patients on polypharmacy regimens and to encourage review of the identified therapy. This may result in discontinuation of drug therapy that is no longer necessary. [1-6]
Candidates (denominator):	Patients < 18 years of age receiving psychotropic medications.
Exception criteria (numerator):	Candidates with >/= 4 psychotropic agents (e.g., antidepressants, antipsychotics, anxiolytics, sedatives, hypnotics, anticonvulsants, antimanics, stimulants, clonidine, and guanfacine) for two consecutive 30 days periods in the last 60 days. Anticonvulsants in patients with a history of epilepsy are excluded. Additionally, this indicator does not include diazepam claims for patients with multiple sclerosis, muscular dystrophies, or cerebral palsy. Claims for anti-anxiety/sedatives are not included where the days' supply is 1 or less and the quantity is 4 or less. This prevents these claims, meant for acute use, that are likely procedural related, from being included.

Performance Indicator #4: Monitoring of SGAs: Glucose or Hemoglobin A1c

Why has this indicator been selected?	Use of SGAs is associated with potential metabolic adverse effects. When used for extended periods of time patients should be monitored for changes in their blood glucose/hemoglobin A1c and lipid panel.[7,8] Routine chemistries/laboratory monitoring that includes hemoglobin A1c, blood glucose, and lipid panel should be assessed. [1-6]
Candidates (denominator):	All patients < 18 years of age receiving SGA therapy for >/= 45 days in the past 90 days.
Exception criteria (numerator):	Candidates with therapy in the past 30 days for an SGA who do not have a documented blood glucose and/or hemoglobin A1c in the past year.

Performance Indicator #5: Monitoring of SGAs: Lipids

Why has this indicator been selected?	Use of second-generation antipsychotics is associated with potential metabolic adverse effects. When used for extended periods of time patients should be monitored for changes in their blood glucose/hemoglobin A1c and lipid panel.[7,8] Routine chemistries/laboratory monitoring that includes hemoglobin A1c, blood glucose, and lipid panel should be assessed. [1-6]
Candidates (denominator):	All patients < 18 years of age receiving SGA therapy for >/= 45 days in the past 90 days.
Exception criteria (numerator):	Candidates with therapy in the past 30 days for an SGA who do not have a documented lipid panel in the past 2 years.

References

1. American Academy of Child and Adolescent Psychiatry. Practice Parameter for the Use of Atypical Antipsychotic Medications in Children and Adolescents. Available at: https://www.jaacap.org/article/S0890-8567(09)60156-8/fulltext. Accessed July 10, 2020.
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3. Crystal SC, Olfson M, Huang C, et al. Broadened use of atypical antipsychotic drugs: safety, effectiveness, and policy challenges. *Health Affairs*. 2009;28:770-781
4. Correll CU, Manu P, Olshansky V, et al. Cardiometabolic risk of second-generation antipsychotic medications during first-time use in children and adolescents. *JAMA*. 2009;302(16): 1765–1773.
5. Department of Health and Human Services Office of Inspector General. Second-generation antipsychotic drug use among Medicaid-enrolled children: quality-of-care concerns. March 2015. Available at: https://oig.hhs.gov/oei/reports/oei-07-12-00320.pdf. Accessed July 10, 2020.
6. National Committee for Quality Assurance (NCQA). HEDIS 2015, Volume 2 Technical Specifications. Washington, DC: National Committee for Quality Assurance; 2014.
7. Psychotropic Medication Utilization Parameters for Children and Youth in Texas Public Behavioral Health (6th Version), The Parameters Workgroup of the Psychiatric Executive Formulary Committee, Health and Specialty Care Division, Texas Health and Human Services Commission, June 2019. Available at: https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/facilities-regulation/psychiatric/psychotropic-medication-utilization-parameters.pdf. Accessed July 10, 2020.
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Table 1. Second-Generation Antipsychotics Maximum Doses (excludes injectable dosage forms)[7]

Drug (generic)	Drug (brand)	Texas PEFC Literature-Based Maximum Dosage* (mg/day)
aripiprazole	Abilify® Abilify Discmelt®	Age 4-11 years: 15 Age 12 to 17 years: 30
asenapine	Saphris®	Age 10 to 17 years: 20
brexpiprazole	Rexulti®	Age <18 years: Not FDA Approved
cariprazine	Vraylor®	Age <18 years: Not FDA Approved
clozapine	Clozaril®	Age 8-11 years: 300 Age 12 to 17 years: 600 mg
iloperidone	Fanapt®	Age <18 years: Not FDA Approved
lurasidone	Latuda®	Age 10 to 17 years: 80[9]
olanzapine	Zyprexa®, Zyprexa Zydis®	Age 4 to 6 years: 12.5 Age 6 to 17 years: 20
paliperidone	Invega®	Age 12 to 17 years: 12
quetiapine	Seroquel®, Seroquel XR	Age 5 to 9 years: 400 Age 10 to 17: 800
risperidone	Risperdal® Risperdal M-TAB®	Age 4 to 11 years: 3 Age 12 to 17: 6
ziprasidone	Geodon®	Age 10 to 17 years: 160

*Some literature-based maximum dosages published by PEFC are weight-based. For more information, refer to the full publication at: https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/facilities-regulation/psychiatric/psychotropic-medication-utilization-parameters.pdf.

Messid	Internal	External
129	# Candidates	
7244	Therapy with Multiple Second Generation Antipsychotics	Potential Therapeutic Duplication - Second Generation Antipsychotics: Based on pharmacy claims it appears your patient has concurrently received multiple second generation antipsychotic (SGA) agents. Although use of this combination may be intentional, the risk of adverse events from unintentional duplication of SGA therapy is significant. Please review the need for this combination of medications and, if you have not already done so, verify that your patient has discontinued the appropriate agent(s).
8775	Child Psych Polypharmacy	Increased Risk of ADE - Multiple Concurrent Psychotropic Medications: According to submitted pharmacy claims data it appears that your patient has received multiple psychotropic medications concurrently. While combinations of psychotropic medications may occasionally be necessary, the simultaneous use of numerous agents in children is not supported by the literature. A drug therapy regimen consisting of multiple agents presents increased risks for drug related problems. These include an increased risk of drug-drug or drug- disease interactions, duplicate or unnecessary therapy, and medication non-adherence. Available guidelines identify polypharmacy as indicating a need for further review. Please review your patient's drug therapy regimen and evaluate the continued need for each psychotropic medication.
102380	Second Generation Antipsychotic Lipid Monitoring	Monitoring of Lipid Levels During Second Generation Antipsychotic Use: According to submitted pharmacy and medical claims data, it appears your patient is receiving a second generation antipsychotic (SGA) and has not had a lipid panel performed in the past two years. The Consensus Statement on Antipsychotic Drugs, Obesity and Diabetes states that lipid levels be evaluated 3 months after initiation of SGA therapy. If lipid valuues are within normal limits at that time, a repeat test should be performed every 5 years, or more frequently if clinical situations suggest more frequent monitoring. Changes in serum lipids (increased total cholesterol, LDL and triglycerides; decreased HDL) which may occur in patients treated with SGAs, may not reach a plateau even after one year of therapy. If necessary, please coordinate the appropriate monitorning with other providers who care for your patient.

102381	Second Generation Antipsychotic Blood Glucose Monitoring	Monitoring of Blood Glucose During Second Generation Antipsychotic Use: According to submitted pharmacy and medical claims data, it appears your patient is receiving a second generation antipsychotic (SGA) and has not had a blood glucose measurement in the past year. SGAs are associated with metabolic adverse effects, including new onset diabetes and disrupting blood glucose control in existing diabetics. While different agents appear to have different levels of risks, current recommendations are to monitor blood glucose levels in individuals being treated with SGAs at least annually. Guidelines also recommend changing to an SGA with a lower metabolic risk profile if possible if problems with metabolic adverse events develop. If necessary, please coordinate the appropriate monitoring with other providers who care for your patient.
113555	High Dose Second-Generation Antipsychotics_TX	According to submitted pharmacy claims data, your patient has received one or more second-generation antipsychotics (SGAs) that may not be FDA approved or the SGA dose exceeds the maximum approved daily dose recommended by the Texas Health and Human Services Commission Parameters Workgroup of the Psychiatric Executive Formulary Committee Guidelines. There is an increased risk for adverse events with the use of high doses. Please review the need for the non-approved or high dose SGA in your patient and modify drug therapy as appropriate.

TEXAS
Health and Human Services

Cecile Erwin Young
Executive Commissioner

<<Date>>

«dea»
«name»
«add1»
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RE: Management of Psychotropic Drugs in Youth

Dear Dr. <<Name>>:

Thank you for providing quality care for Texas Fee-For-Service (FFS) Medicaid patients. The content of this letter has been approved by the Texas Drug Utilization Review (DUR) Board, whose function is to promote safe and cost-effective drug therapy for Medicaid Fee-For-Service (FFS) patients, and provide opportunities for continuous improvement of care. The information in this intervention is based on pharmacy and medical claims data and is for educational purposes.

This letter was selected to improve outcomes for children and adolescent patients receiving second generation antipsychotics (SGAs). Minimizing use of SGAs at doses above recommended maximums may decrease adverse outcomes and associated costs. Individuals who receive multiple psychotropic medications are at an increased risk of drug-drug or drug-disease interactions, duplicate or unnecessary therapy, non-adherence, and hospitalizations. Moreover, the use of multiple SGAs has not been shown to improve efficacy or outcomes. The need for continued therapy should be reviewed on a regular basis. Also, improvements in communication between providers and better coordination of care may lessen potential problems.[1-6]

Because of concerns about the safety risks of SGAs in children, a monitoring plan should be in place before therapy is initiated. The management of metabolic side effects of SGAs in children & adolescents should include regular monitoring of BMI, blood pressure, blood glucose or hemoglobin A1c and lipid profiles.[1-6]

Total Texas Medicaid Fee-For-Service Specific Data

Monitoring of Second Generation Antipsychotics in Youth	Number of Patients with Opportunities*
• High Dose: Second Generation Antipsychotics (SGA)	3
• Multiple (3 or more) Oral SGAs or Polypharmacy (4 or more Psychotropic Medications)	34
• Monitoring of SGAs: Glucose or Hemoglobin A1c and Lipid Panel	250

*Based on data through 7/31/2020

The enclosed patient profiles reflect one or more of the above issues and are provided as a medical record reminder for when your patients return for their next appointments.

We acknowledge that there may be clinical variables influencing an individual patient's management that are not apparent in claims data. However, we believe the issues identified may assist you in caring for your patient(s). It is possible that your license number may have been inadvertently assigned to the claim as an error at the pharmacy during the billing process. **Also, some prescribed medications as well as some recommended laboratory monitoring or physical examinations may not appear on the patient's profile because they may have been privately purchased or were not billable to Medicaid Services.** We thank you for reviewing this information and caring for Texas Medicaid patients, and we welcome the opportunity to discuss any comments or concerns you may have about our quality management program. Please feel free to call our office at 1-866-923-7208 with questions or concerns. If your mailing address is incorrect, it must be updated through the Texas Medical Board online at **http://www.tmb.state.tx.us/page/change-address.**

Sincerely,

Medicaid Drug Use Review Board
Vendor Drug Program H-630

Management of Second Generation Antipsychotics in Youth Summary
• **Identify potentially unnecessary utilization of high dose SGA drug regimens (Table 1)**. Doses above recommended daily maximums have not been proven to be more effective. In addition, reduction of dosage may reduce the incidence of adverse drug events and may improve compliance.[1-6]
• **Eliminate multiple SGAs simultaneously**. Use of multiple antipsychotics has not been shown to improve efficacy or outcomes.[1-6]
• **Regularly evaluate multiple psychotropic drug regimens**. The need for continued psychotropic drug therapy should be assessed at every medical visit. Furthermore, improvements in communication between providers and better coordination of care may lessen potential problems.[1-6]
• **Encourage appropriate monitoring of SGA therapy.** Use of SGAs is associated with potential metabolic adverse effects. When used for extended periods of time patients should be monitored for changes in their blood glucose or hemoglobin A1c and lipid panel.[1-6]

References

1. American Academy of Child and Adolescent Psychiatry. Practice Parameter for the Use of Atypical Antipsychotic Medications in Children and Adolescents. Available at: https://www.jaacap.org/article/S0890-8567(09)60156-8/fulltext. Accessed July 10, 2020.
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*Some literature based maximum dosages published by PEFC are weight-based. For more information, refer to the full publication at: https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/facilities-regulation/psychiatric/psychotropic-medication-utilization-parameters.pdf

Based on submitted pharmacy and medical claims data through July 30, 2020, the following individual has been identified with the issue(s) listed below for your consideration. We understand that pertinent information required to evaluate this patient's therapy is limited and may require individualized treatment.

Prescriber Name	«Prov_Physician_Name»
Patient Name	«Recip_Last_Name», «Recip_First_Name»
Patient ID	«Recip_ID»