Community Behavioral Health

Clinical Guidelines for the Prescribing and Monitoring of Antipsychotic Medications for Youth

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1. BACKGROUND

The Children's Hospital of Philadelphia (CHOP) Policy Lab's 2015 study, *Antipsychotic Prescribing to Children in Pennsylvania*, showed that children and adolescents (often referred to as "youth" in this document) enrolled in Medicaid have been disproportionately prescribed antipsychotics compared to children who are commercially insured. Additionally, approximately two-thirds (61%) of youth in child welfare custody who were prescribed antipsychotics did not have clinically indicated behavioral health diagnoses.[1]

In response to CHOP's findings, the Pennsylvania Department of Human Services (PA-DHS) and the Office of Medical Assistance Programs (OMAP) implemented the *Children's Electronic Antipsychotic Dashboard* to enhance the understanding and monitoring of psychotropic medication use within PA's foster care population. These prescribing guidelines were developed in part to expand the state project by ensuring that **all** youth enrolled in Medicaid (not just those in foster care) who are receiving antipsychotic medications are being appropriately monitored and comprehensively treated.

2. PURPOSE OF GUIDELINES

To ensure CBH youth members receive the safest and highest quality psychiatric care available, the following prescribing guidelines have been developed. These guidelines are based on several nationally recognized prescribing guidelines and practice parameters. In particular, the American Academy of Child and Adolescent Psychiatry's *Practice Parameter on the Use of Atypical Antipsychotic Medications in Children and Adolescents* informs the following requirements.[2]

All CBH network providers who treat and care for youth (ages 0–21) are **required** to develop policies and procedures to ensure prescribing adheres to these guidelines.

[1] Malone, M., MHS, Zlotnick, S., MSPH, MSW, Miller, D., JD, Kreider, A., Rubin, D., MD, MSCE, & Noonan, K., JD. (2015). *Psychotropic Medication Use by Pennsylvania Children in Foster Care and Enrolled in Medicaid*. Retrieved from: http://policylab.chop.edu/sites/default/files/Psychotropic_Medication_Use_by_PA_Children_in_Foster_Care_and_Medicaid_S pring_2015.pdf

[2] Findling, R. L., Drury, S. S., & Jensen, P. S. (2012). *Practice parameter for the use of atypical antipsychotic medications in children and adolescents*. Retrieved from: https://www.aacap.org/App_Themes/AACAP/docs/practice_parameters/Atypical_Antipsychotic_Medications_Web.pdf

3. PRESCRIBING AND TREATMENT GUIDELINES

3.1. Evaluation

A psychiatric evaluation providing a comprehensive clinical formulation and subsequent treatment recommendations must be conducted prior to prescribing antipsychotics. This evaluation must clearly document symptoms sufficient to support the documented diagnosis as well as the rationale for medical decision making, including prescribing. A plan to assess treatment response and adverse effects must also be documented.

All youth who are treated with antipsychotic medications (including those whose medication is managed by a physician who is not a psychiatrist) should receive a minimum of one psychiatric evaluation annually. An additional evaluation may be indicated if the youth's psychosocial context changes significantly, and/or symptoms remain the same, or worsen despite treatment.

3.2. Medication Side Effect Monitoring

The lowest effective dose of antipsychotic medication should be used to minimize the risk of side effects. If the medication is clinically effective, but side effects are present, slowly lowering the dose and examining the response is suggested. If the side effects are alleviated, gradually increasing the dose again can be considered. Monitoring should be intensified with initiation and upward dose titrations of antipsychotic medications.

3.2.1. Involuntary Movements

Some of the most concerning short and long-term side effects associated with these agents are movement disorders; thus, careful screening for their appearance is warranted. Providers must document the use (at baseline and every six months) of a standardized rating scale such as the Abnormal Involuntary Movement Scale (AIMS).

3.2.2. Metabolic Adverse Effects

Providers should adhere to the guidelines and monitoring discussed in DBHIDS/CBH Bulletin 07-07: Screening for and Treatment of the Components of Metabolic Syndrome.[3]

3.2.3. Cardiac Adverse Effects

Although limited data specifically addresses the cardiovascular impacts of atypical antipsychotic agents in children, the American Heart Association recommends that routine electrocardiograms (EKGs) may not be needed for all individuals; however, for those with a family history of cardiac abnormalities or sudden death, or a personal history of syncope,

[3] Department of Behavioral Health and Mental Retardation Services (DBHIDS) Bulletin 07-07: Screening for and Treatment of the Components of Metabolic Syndrome, November 1, 2007.

palpitations, or cardiovascular abnormalities, a baseline EKG and subsequent monitoring should be carefully considered.[4]

3.3. Behavioral Health Services

Psychotropic medication should not be used other than as part of a multimodal treatment plan that also includes effective behavioral health therapy and other psychosocial interventions as determined by the psychiatrist and treatment team leader.

3.4. Consent and Assent

Providers should adhere to the requirements of CBH Bulletin 10-03: Use of Psychotropic Medications in Children and Adolescents (FDA-Approved and Off-Label).[5]

4. CBH IMPLEMENTATION REVIEW

CBH encourages providers to maintain robust internal quality management programs to ensure treatment of CBH members adheres to these and other applicable guidelines. In addition to "as needed" reviews of records when quality issues arise, CBH will be tracking and sharing a standard National Committee for Quality Assurance (NCQA) HEDIS measure:

> APM (Metabolic Monitoring for Children and Adolescents on Antipsychotics): The percentage of children and adolescents ages 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing.

In addition, providers must maintain documentation of all evaluations and interventions described in these guidelines, whether delivered by the provider or by an outside practitioner. The DBHIDS Network Improvement and Accountability Collaborative (NIAC) will continue to monitor treatment provided to ensure that care is consistent with the DBHIDS Network Inclusion Criteria (NIC) Standards of Excellence.

[4] Gutgesell H., Atkins D., Barst R., et al. (1999) AHA scientific statement: cardiovascular monitoring of children and adolescents receiving psychotropic drugs. *Journal of the American Academy of Child and Adolescent Psychiatry*. 38:1047-1050.

[5] Community Behavioral Health Bulletin 10-03: Use of Psychotropic Medications in Children and Adolescents (FDA approved and Off-label, January 11, 2010.