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

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" throughout this document) enrolled in the Medicaid program 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 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.

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]

[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_Spring_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

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.

Prescribing and Treatment Guidelines

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, change significantly, or worsen despite treatment.

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.

- **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).

- **Metabolic adverse effects**
  Providers should adhere to the guidelines and monitoring discussed in the CBH Bulletin *Screening for and Treatment of the Components of Metabolic Syndrome.*[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 Intellectual Disability Services (DBHIDS), *Bulletin 07-07 Screening for and Treatment of the Components of Metabolic Syndrome*

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

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.

4. Consent and Assent

Providers should adhere to the requirements of the Bulletin *Use of Psychotropic Medications in Children and Adolescents (FDA approved and Off-label).*[5]

CBH Implementation Review

The policies and procedures discussed above will be considered core policy requirements and reviewed as part of the initial and re-credentialing process for CBH network inclusion. Clinical documentation related to the requirements will also be reviewed. Data from CBH monitoring of other prescribing guidelines and claims data will be collected to assess the use of antipsychotic medications by providers, whether these medications are used to treat an FDA-indicated diagnosis, whether monitoring for adverse physical effects is appropriate, and whether youth are receiving the required frequency of psychiatric evaluations. These data will be used to identify opportunities to enhance prescriber quality and adherence to these prescribing guidelines.

[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 Department of Behavioral Health and Intellectual Disability Services (DBHIDS), *Bulletin 10-03 Use of Psychotropic Medications in Children and Adolescents (FDA approved and Off-label*