Atypical antipsychotics are used for treating a variety of mental health disorders such as schizophrenia, depression and bipolar disorder among many others. There is increasing concern about use of atypical antipsychotics in children due to side effects and lack of evidence to substantiate their efficacy in children. In response to this, the DHHS sent a letter to state directors of Medicaid, assessing appropriate use. This study examined the level of evidence to substantiate their efficacy in children. One problem with research in this area has been the difficulty of assessing appropriate use of psychiatric medications in children and adolescents along with the use of Health Information Technology and development of guidelines for practices for overseeing psychiatric prescriptions.

BACKGROUND

METHODS

• Atypical antipsychotics are used for treating a variety of mental health disorders such as schizophrenia, depression and bipolar disorder among many others. There is increasing concern about use of atypical antipsychotics in children due to side effects and lack of evidence to substantiate their efficacy in children.
• Recently, the FDA has approved the use of a few atypical antipsychotics or second generation antipsychotics (SGAs) for Psoriasis patients with psoriasis and schizophrenia and bipolar disorder in children and adolescents. However, much of the use of SGAs in children and adolescents is not still supported by evidence.
• There is limited evidence studying the effects of these drugs in children, but most existing studies point towards a range of potentially serious adverse events such as weight gain, hyperactivity, metabolic and endocrine abnormalities, hyperprolactinemia, dyslipidemia in the short term and several other unknown long-term effects.
• In 2011, a Government Accountability Office (GAO) study examined the rates of psychotropic medication use among foster children in several states and recommended to the Department of Health and Human Services (DHHS) that they should provide guidance to states on best practices for overseeing psychiatric prescriptions.
• In response to this, the DHHS sent a letter to state directors of Medicaid.

RESULTS

• Inclusion criteria: Medications were conducted at the prescription level. Prescription claims were included in the study if they met the following criteria:
  • Claim was for an atypical antipsychotic.
  • Beneficiary was under 21 years of age on date prescriptions was filled.
• Data source: A retrospective analysis was conducted using Mississippi Medicaid claims data from the time period January 2008 to December 2011. An integrated service delivery system was linked to Medicaid claims and the patient eligibility file. The patient eligibility file was used to collect demographic data and check for periods of eligibility.

• Outcome variables were:
  • percentage of prescriptions with evidence of medical acceptability.

Table 2: Spending on atypical antipsychotics by year

<table>
<thead>
<tr>
<th>Year</th>
<th>Drug Total</th>
<th>Medically Acceptable Evidence</th>
<th>No Medically Acceptable Evidence</th>
<th>Percentage With Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>$687,825</td>
<td>$626,956</td>
<td>$60,869</td>
<td>90.6%</td>
</tr>
<tr>
<td>2010</td>
<td>$1,046,839</td>
<td>$1,047,719</td>
<td>$9,885</td>
<td>99.9%</td>
</tr>
<tr>
<td>2009</td>
<td>$1,213,831</td>
<td>$1,209,003</td>
<td>$4,828</td>
<td>99.6%</td>
</tr>
<tr>
<td>2008</td>
<td>$1,099,723</td>
<td>$1,093,160</td>
<td>$6,563</td>
<td>99.4%</td>
</tr>
<tr>
<td>2007</td>
<td>$934,972</td>
<td>$929,329</td>
<td>$5,643</td>
<td>99.6%</td>
</tr>
</tbody>
</table>

In conclusion, it appears that some antipsychotic use in this population may not be supported by evidence in the medical claims. Lack of supporting diagnoses in medical claims is a significant limitation when examining the appropriateness of use of antipsychotics among children.

REFERENCES


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