

**METABOLIC MONITORING OF CHILDREN AND ADOLESCENTS  
PRESCRIBED ANTIPSYCHOTICS  
- PROVIDER NOTICE -  
Mailed April 2019**

**BACKGROUND:**

Obesity and the metabolic complications that can occur is a national concern. Research has found that children may be more significantly affected by these metabolic changes. Certain medications, such as antipsychotics, have been linked to weight gain and metabolic complications. The National Committee for Quality Assurance (NCQA) developed a Healthcare Effectiveness Data and Information Set (HEDIS) measure to promote metabolic monitoring of children on antipsychotic medications.

At the November 2014 DUR Board Meeting, MS-DUR presented an analysis that showed that during the period July 2013 to June 2014 only 13% of children and adolescents enrolled in Mississippi Medicaid taking antipsychotic medications had claims documenting blood glucose and cholesterol tests had been performed during the observation year. In February 2015 at the recommendation of the DUR Board, MS-DUR initiated an educational intervention addressing metabolic monitoring of children and adolescents prescribed antipsychotic medications. After the educational intervention was completed, the rates for children receiving metabolic monitoring only improved 1.4%.

In 2018 as part of quality improvement educational grant awarded to a current student, MS-DUR reassessed metabolic monitoring of children and adolescents prescribed antipsychotics in Medicaid. Analysis found that only 15% of children and adolescents prescribed antipsychotics in 2017 and 2018 had documentation of a lipid and glucose test performed within the prior year. MS-DUR initiated another provider education that included, not only a provider mailing, but also a telephone academic detailing component.

**MAILING**

Children taking antipsychotics during the last three months of 2018 were identified, classified as meeting criteria for the HEDIS measure, and attributed to the prescriber writing the last antipsychotic prescription. A total of 116 providers were sent educational mailings. These providers were mailed the following materials.

April 20, 2019

**MD\_NAME** **IMPORTANT INFORMATION ABOUT**  
**MD\_ADDRESS** **METABOLIC MONITORING FOR CHILDREN ON ANTIPSYCHOTIC MEDICATIONS**  
**MD\_ADDRESS, MS, MD\_ZIP**

Dear Medicaid Provider:

The Mississippi Division of Medicaid (DOM) is committed to improving the quality of care provided to Mississippi Medicaid beneficiaries. DOM's Drug Utilization Review (DUR) Board has recommended several initiatives addressing quality issues regarding the treatment of children for mental health issues. This letter is being sent as part of the initiative regarding metabolic monitoring for children taking antipsychotic medications. DOM recognizes that primary care physicians and other providers are often tasked with the care of these patients due to limited number of mental health practitioners in the state.

The American Psychiatric Association (APA) and the American Diabetes Association (ADA) recommend for patients receiving antipsychotic medications to be monitored for metabolic risk factors at baseline and routinely during therapy. If a patient has a weight gain of >5% of initial weight, recommendations are that the medication should be changed. According to these guidelines the National Committee for Quality Assurance (NCQA) has developed a Healthcare Effectiveness Data and Information Set (HEDIS) measure that beneficiaries receive a HbA1c or blood glucose test and lipid test at initiation of therapy and at least every year while on antipsychotics.

#### WHY YOU ARE RECEIVING THIS LETTER

In 2015 MS-DUR undertook an educational intervention targeting providers who prescribed antipsychotic medication for beneficiaries with no medical claims documenting metabolic monitoring. After the intervention was completed, the rates for children receiving metabolic monitoring increased by only 1.4%. MS-DUR has chosen to revisit this quality measure in an attempt to improve performance on the quality measure.

Our January 2017 to September 2018 data analysis identified that of DOM's beneficiaries < age 18 years with a claim for antipsychotic medication that only:

- 30% had a documented glucose test, 16.5% had a lipid test, and only 15% had both within the prior year.

Based on our claims analysis, the beneficiary(ies) under your care received a prescription for an antipsychotic medication without documentation of a blood glucose and/or lipid test measurement within the prior year.

#### WHAT WE ASK OF YOU

Beginning at the patient's next scheduled visit, monitor for metabolic adverse effects of antipsychotic medications in accordance with the APA/ADA consensus guideline recommendations. To facilitate appropriate metabolic monitoring of children and adolescents, please see the attached quick and easy reference reminder to order metabolic testing for the beneficiaries' prescribed antipsychotic therapy.

If we can be of any assistance, please do not hesitate to contact us.

Sincerely,



Eric Pittman, PharmD  
Clinical Director  
MS-DUR



Terri R. Kirby, RPh, CPM  
Director, Office of Pharmacy  
Mississippi Division of Medicaid



Carlos A. Latorre, MD, FAAFP  
Medical Director  
Mississippi Division of Medicaid

## SECOND GENERATION ANTI-PSYCHOTIC MEDICATION PRESCRIBING AND METABOLIC MONITORING

Second generation antipsychotic (AP) medications are associated with metabolic adverse effects and contain an FDA warning regarding risk of hyperglycemia and diabetes. This medication class has been linked to causing an increase in children's risks for developing serious metabolic health complications and poor cardio-metabolic outcomes in adulthood.<sup>1</sup> Provided below is information regarding commonly prescribed antipsychotic medications and guideline recommendations for monitoring during AP therapy. Performing monitoring will help identify individuals at risk for metabolic side effects and assist in re-assessing therapy options as needed.

**Table 1: Second-Generation Antipsychotic Medications<sup>2</sup> (Ranked most to least weight gain and risk of diabetes):**

clozapine****(Clozaril, FazaClo, Versacloz)
olanzapine****(Zyprexa, Zyprexa Zydis)
paliperidone***(Invega, Invega Sustenna, Invega Trinza)
quetiapine***(Seroquel, Seroquel XR)
risperidone***(Risperdal, Risperdal Consta, Risperdal M-tab, Perseris)
asenapine**(Saphris)
iloperidone**(Fanapt, Fanapt titration pack)
Aripiprazole*(Abilify, Abilify Discmelt, Abilify Maintena, Abilify Mycite)
aripiprazole lauroxil*(Aristada)
brexpiprazole*(Rexulti)
cariprazine*(Vraylar)
lurasidone*(Latuda)
pimavanserin*(Nuplazid)
ziprasidone*(Geodon)

\*\*\*\*Most weight gain; \* least weight gain

**Table 2: Recommended Scheduled Monitoring for Second-Generation Antipsychotics:<sup>3,4,5</sup>**

Parameter	Pediatric Patients**	Adult Patients
Personal and family history (including obesity, diabetes, dyslipidemia, hypertension, coronary artery disease)	Annually	Annually
Blood pressure, pulse; fasting blood glucose*; lipids	12 weeks, then every 6 months	12 weeks and then annually
Lifestyle behaviors (Including exercise, diet, smoking)	Each visit	Not specified
Height, weight, BMI	Each visit	Every 4 weeks for first 12 weeks, then every 3 months
Waist circumference	N/A	Annually
Electrocardiography	N/A	Not specified
Other Parameters (thyroid stimulating hormone, prolactin, & sexual/reproductive dysfunction)	Each visit	Not specified

+Can use A1c instead if more feasible

**If patients have >5% increase in body weight and/or worsening glycemia or dyslipidemia at any time during therapy, switch to an alternative medication with less effects on metabolism<sup>3</sup>**

<sup>1</sup>Dayabandara, Madhubhushnee et al. "Antipsychotic-associated weight gain: management strategies and impact on treatment adherence" *Neuropsychiatric disease and treatment* vol. 13 2231-2241. 22 Aug. 2017, doi:10.2147/NDT.S113099

<sup>2</sup>Lexicomp Online. Copyright © 1978-2017 Lexicomp, Inc. All Rights Reserved.

<sup>3</sup>American Diabetes Association, American Psychiatric Association, American Association of Clinical Endocrinologists, North American Association for the Study of Obesity. Consensus development conference on antipsychotic drugs and obesity and diabetes. *Diabetes Care*. 2004;27:506-601.

<sup>4</sup>Pringsheim T, Paragiotopoulos C, Davidson J, Ho J, CAMESA guideline group. Evidence-based recommendations for monitoring safety of second generation antipsychotics in children and youth. *J Can Acad Child Adolesc Psychiatry*. 2011;20(3):218-33.

<sup>5</sup>Bestwick J, Murphy L. Metabolic monitoring of antipsychotic medications: What psychiatrists need to know. *Psychiatric Times*. 2017: 34(5).