



Texas Children's[®]
Health Plan

Psychotropic Medication Guide

To create a healthier future for children and women throughout our global community by leading in patient care, education, and research.



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Did you know?



Children enrolled in the Medicaid program are disproportionately prescribed behavioral health medications compared to other children.¹



Children who begin using antipsychotics have a **50% increased risk** of developing Type 2 diabetes compared to similar children without treatment.²



Members receiving medications from multiple prescribers was identified in over **67%** of members taking four or more psychotropic medications, and over **30%** of members receiving multiple stimulants.

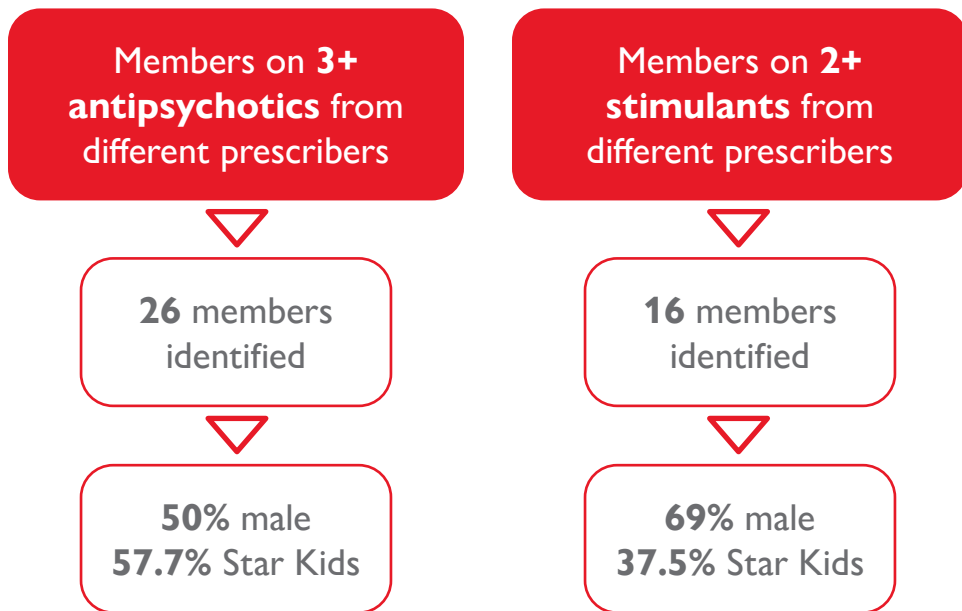


Most prescribers (54%) are **psychiatrists and pediatricians**, followed by neurologists and family practice providers. A sizable number of prescriptions are from nurse practitioners and physician assistants.

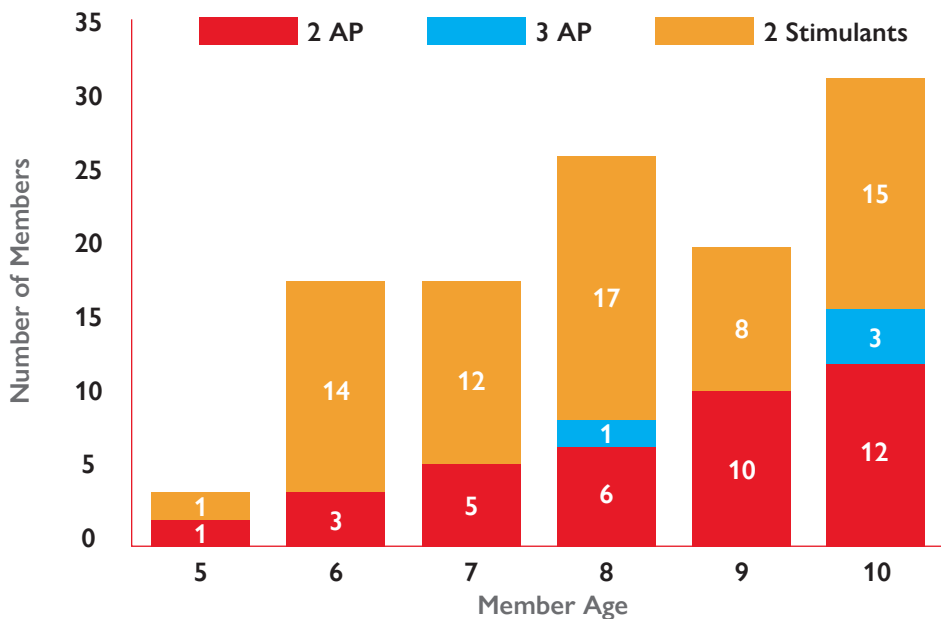
1. Medicaid.gov/Antipsychotic Medication Use in Children, 2021
2. Texas Children's Health Plan data

Outliers

Timeline: January-June 2022



Underage Members (<=10 y.o.) on 2+ Antipsychotics and/or 2+ Stimulants from same prescriber



Risk and Reasons of Polypharmacy

1

Seeing **multiple specialists** such as pediatricians, psychiatrists or others for behavioral health conditions.

2

Patients may be **experiencing side effects** and unaware it's due to multiple stimulants or antipsychotics.

3

Providers may not realize **duplicate psychotropic medications**, especially if they have different electronic health record (EHR) platforms.

4

Unwilling to share behavioral health conditions or medications with healthcare providers.

5

The patient is discharged from hospital with >1 medication and medication **reconciliation wasn't performed**.

6

Patients are in the process of **switching and tapering psychotropic medications** and may end up receiving duplicate therapy from multiple prescribers.

Best Practices Recommendations



Monotherapy regimens for a given disorder or specific target symptoms should usually be tried before polypharmacy regimens.



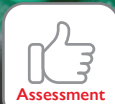
Use as few psychotropic medications as clinically appropriate.



It is recommended that **only one medication** should be changed at a time.



The use of “PRN” or “As Needed” prescriptions **is discouraged.**



Before adding additional psychotropic medications to a regimen, the child **should be assessed** for:

- Adequate medication adherence.
- Appropriateness of medication daily dosage.
- Accuracy of the diagnosis.
- Comorbid disorders occurrence.

Best Practices Recommendations

- Notify **patient/legal authorized representative** and **case manager** (if assigned) about medications and monitoring of **adverse events**.
- If member is receiving behavioral health medications from **multiple doctors**, notify other **specialists** about complete drug list including strength and frequency (consider making a “**List of Meds**” printout the member can take to their other providers).
- Assess child’s adequate **medication adherence**, appropriateness of **medication dose**, accuracy of **diagnosis**, occurrence of **comorbid disorders** and the influence of **psychosocial stressors**.
- Utilize **Texas Children’s Health Plan’s resources**, including but not limited to:
 - Medication consults from pharmacists.
 - Medication counseling from pharmacy personnel.
 - Medication reconciliation.
 - Comprehensive medication review.

Behavioral Health Outliers

per Texas Health and Human Services

Absence of a thorough assessment for the DSM-5 diagnosis in the child's medical records.

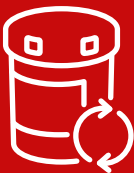
Antipsychotic medication(s) prescribed continuously without appropriate monitoring of glucose and lipids at least every 6 months.



Four or more psychotropic medications prescribed concomitantly.

Prescribing of:

- 2 or more concomitant stimulants.*
- 2 or more concomitant alpha agonists.*
- 2 or more concomitant antidepressants.
- 2 or more concomitant antipsychotics.
- 3 or more concomitant mood stabilizers.



The prescribed psychotropic medication is not consistent with appropriate care for the patient's diagnosed mental disorder or with documented target symptoms usually associated with a therapeutic response to the medication prescribed.

*The prescription of a long-acting and an immediate-release stimulant or alpha agonist of the same chemical entity does not constitute concomitant prescribing.
Note: When switching psychotropic medications, overlaps and cross taper should occur in a timely fashion, generally within 4 weeks.

Behavioral Health Outliers

per Texas Health and Human Services

Psychotropic polypharmacy for a given mental disorder is prescribed before utilizing psychotropic monotherapy.



Psychotropic medications dose exceeds usual recommended doses.

Psychotropic medications are prescribed for children of very young age, including children receiving the following medications with an age of:

- Stimulants: Less than 3 years of age.
- Alpha Agonists: Less than 4 years of age.
- Antidepressants: Less than 4 years of age.
- Mood Stabilizers: Less than 4 years of age.
- Antipsychotics: Less than 5 years of age.



Prescribing by a primary care provider who has not documented previous specialty training for a diagnosis other than the following (unless recommended by a psychiatrist consultant):

- Attention Deficit Hyperactive Disorder (ADHD).
- Uncomplicated anxiety disorders.
- Uncomplicated depression.

Behavioral Health Initiative Interventions

Perform retrospective drug utilization review and refer appropriate members to care coordination and/or Office of Inspector General who meet criteria for intervention and/or lock-in, respectively.

Perform claims data analysis and perform outreach and/or referral to care coordination for at-risk members who could benefit from larger 90-day medication supplies and/or proactive refill reminders.

Utilize pharmacy personnel as care extenders to provide medication consulting and education services to at-risk individuals.

Outreach to outliers' prescribers:

- Provider letters
- Member letters/Phone outreach
- Psychotropic medication guide
- Meetings with physician champions
- Epic alerts

Glossary of terms

Adverse events: An unexpected medical problem that happens during treatment with a drug.

Alpha Agonists: A class of medications used to treat Attention Deficit Hyperactive Disorder ADHD, high blood pressure or insomnia.

Antidepressants: A medication used to treat people with mood disorders including depression and anxiety.

Antipsychotics: A medication used to manage psychosis (including delusions, hallucinations, paranoia or disordered thought).

Anxiety: Intense, excessive and persistent worry and fear about everyday situations.

At-Risk Individual: individual who is at increased risk for medication side effects and hospitalizations.

Attention Deficit Hyperactive Disorder (ADHD): One of the most common mental disorders affecting children. Symptoms of ADHD include inattention (not being able to keep focus), hyperactivity (excess movement that is not fitting to the setting) and impulsivity (hasty acts that occur in the moment without thought).

Behavioral Health Condition: Mental health illness that affects the way you think or behave.

Care Coordination: Organization of patient care activities between two or more providers involved in a patient's care.

Case Manager: Healthcare professional who coordinates care for a person.

Claims Data Analysis: Review of medications and diagnoses.

Clinically appropriate: Used for any type of medical service needed to treat a patient.

Comorbid Disorders: Diseases that occur at the same time.

Comprehensive Medication Review: Complete review of all medications.

Concomitantly: At the same time.

Glossary of terms

Depression: Mental illness that causes persistent feeling of sadness and loss of interest.

Diagnosis: Health problem.

Disproportionately: In a way that is too large or too small in comparison with something else.

DSM-5 Diagnosis: A manual used for assessment and diagnosis of mental disorders.

Duplicate Therapy: When a doctor prescribes more than one medication for the same indication.

Electronic Health Record (EHR): Electronic version of a patient's chart.

Epic Alerts: Alerts on the electronic patient's chart.

Family Practice Provider: A doctor who provides care for people of all ages.

Frequency: How often a patient takes a medication.

Glucose: Blood sugar.

Health Care Provider/Prescriber: A doctor.

Interventions: Actions taken to improve a situation.

Legal Authorized Representative: A person authorized under law to make a decision for someone else.

Lipid: Fat.

Lock-in: Restricting a member to a single pharmacy and/or doctor.

Medication Adherence: The extent to which patients take their medications as prescribed by their doctor.

Medication Consult: Seeking information or advice about medication.

Medication Reconciliation: Process of creating the most accurate list possible of all medications a patient is taking.

Member Letters: Letters addressed to members of Texas Children's Health Plan.

Glossary of terms

Monotherapy Regimen: A regimen that consists of one medication used to treat a condition.

Mood Stabilizers: A medication used to help regulate mood swings.

Neurologist: A doctor who diagnoses and treat problems with the brain and nervous system.

Nurse Practitioner: Registered nurses with additional education.

Office of Inspector General: Government office that has been created to fight waste, fraud and abuse among health and human services programs.

Outlier: A person different from all other members of a particular group.

Patient's Discharge: When a patient leaves the hospital after treatment.

Pediatrician: A doctor who focuses on the health of infants, children, adolescents and young adults.

Phone Outreach: Phone call.

Physician Assistant: A health care provider that examines, diagnoses, and treats patients under the supervision of a doctor.

Physician Champion: A doctor who takes leadership for a project.

Polypharmacy Regimen: A regimen that consists of at least two medications used to treat a condition.

Primary Care Provider: A doctor who sees people that have common medical problems.

PRN: "Pro Re Nata," term that is used for medications that should be taken as needed.

Proactive Refill Reminder: Reminder to refill medications before a patient runs out.

Provider Letters: Letters addressed to doctors.

Psychiatrist: A doctor who specializes in treating mental health issues.

Glossary of terms

Psychosocial Stressors: A person, a situation or a place that is causing you stress.

Psychotropic Medication: A medication that affects behavior, mood, thoughts or perception.

Retrospective Drug Utilization Review: Review of past medication utilization.

Sizable: Large.

Specialist: A doctor who focuses on a specific group of patients.

Stimulants: A medication that stimulates the brain.

Strength: Dose of medication.

Switching Medications: To change medications.

Tapering Medication: Gradually decreasing the total daily dose of a medication typically with the goal of stopping the medication.

Therapeutic Response: Favorable response to treatment.

Type-2 Diabetes: A chronic disease that affects the way the body processes blood sugar.

Underage: Patients who are less than 10 years old.



Behavioral Health Resources

American Academy of Child & Adolescent Psychiatry
www.aacap.org

American Psychiatric Association
www.psychiatry.org

Centers for Disease Control and Prevention
www.cdc.gov

Texas Health and Human Services – Behavioral Health Services
www.hhs.texas.gov



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