Monitoring Antipsychotic Induced Metabolic Syndrome

The goal of this quality management program is to assist you in caring for patients receiving psychotropic drugs by promoting safe drug therapy. Because of significant concerns about the safety risks of second-generation antipsychotics (SGAs), a monitoring plan should be in place before therapy is initiated. The management of metabolic side effects of SGAs should include regular monitoring of BMI, blood pressure, fasting blood glucose or hemoglobin A1c, and fasting lipid profiles.

According to submitted pharmacy and medical claims data, it appears your patient is receiving a second-generation antipsychotic (SGA) and has not had a lipid panel in the past year. SGAs are associated with metabolic adverse effects, including new onset hyperlipidemia and increased cardiovascular risk. While different agents appear to have different levels of risks, current recommendations are to monitor lipid profiles in individuals being treated with SGAs at least annually. Guidelines also recommend changing to an SGA with a lower metabolic risk profile if possible if problems with metabolic adverse events develop.

The American Psychiatric Association (APA) practice guidelines can be found here:
https://psychiatryonline.org/doi/epdf/10.1176/appi.books.9780890424841

The American Academy of Child and Adolescent Psychiatry (AACAP) practice parameters can be found here:
https://www.aacap.org/App_Themes/AACAP/docs/practice_parameters/Atypical_Antipsychotic_Medications_Web.pdf

Intervention Summary

The following table shows a summary of the proposed intervention topics and the number of potential patients that may be targeted by each intervention. The number of potential patients is based on the most recent ICER. The actual number of targeted patients for each intervention will be based on the ICER for the month the intervention is performed.

Outcomes assessment will be completed 180 days after the intervention is performed.

Proposed Intervention Topic	MCO	Pediatric (Age 18 and below)	Adult
1. Include patients (all ages) taking an antipsychotic agent for 60 days in the last 90 days 2. Exclude patients that have a claim for a lipid profile test in the last 365 days	**19,710**	**23**	**50**

References:

1. American Academy of Child and Adolescent Psychiatry. Practice Parameter for the Use of Atypical Antipsychotic Medications in Children and Adolescents. Accessed June 24, 2024.
2. American Psychiatric Association (APA): Practice Guideline for the Treatment of Patients with Schizophrenia. Access June 24, 2024.

TEXAS
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[TODAY]

[adrs1]
[adrs2]
[adrs3]
[adrs4]

DEAR [tadrs1]:

In compliance with the OBRA '90 federal legislation, state Medicaid agencies are mandated to conduct Retrospective Drug Utilization Review Programs (RDUR). We hope that this retrospective DUR may assist you in optimizing your Medicaid patient's drug therapy. One way to achieve this goal is to identify potential drug therapy problems that may place patients at risk, particularly if multiple providers are identified. This RDUR program is informational in nature and allows you to incorporate the information provided into your continuing assessment of the patient's drug therapy requirements.

The goal of the RDUR management program is to assist you in caring for your patients receiving psychotropic drugs by promoting safe drug therapy. Because of significant concerns about the safety risks of second generation antipsychotics (SGAs), a monitoring plan should be in place before therapy is initiated. The management of metabolic side effects of SGAs in children and adolescents should include regular monitoring of BMI, blood pressure, fasting blood glucose or hemoglobin A1c, and fasting lipid profiles.

According to submitted pharmacy and medical claims data, it appears your patient is receiving SGA and has not had a lipid panel in the past year. SGAs are associated with metabolic adverse effects, including new onset hyperlipidemia and increased cardiovascular risk. While different agents appear to have different levels of risks, current recommendations are to monitor lipid profiles in individuals being treated with SGAs at least annually. Guidelines also recommend changing to an SGA with a lower metabolic risk profile if possible if problems with metabolic adverse events develop. If necessary, please coordinate the appropriate monitoring with other providers who care for your patient.

Provider Specific List of Patients on an SGA Who Have Not Had a Lipid Panel in the Past Year:
[namelist: last name, first name] [Recipient DOB]

The success of the DUR program is enhanced by the two way exchange of information. Therefore, at your convenience, we would appreciate learning of your assessment of this information and of any action taken in response to this notice. Although your participation in this program is voluntary, we find your feedback helpful in adjusting our program to address clinically important problems. *Please submit your response using the online provider response portal or complete the enclosed response form and fax it to (833) 470-0598. The online provider response portal can be accessed at https://forms.office.com/r/CXGEADqkRd or by scanning the QR code listed below.*

Administered by Acentra
PO Box 3570
Auburn, AL 36831
(800)225-6998 x3033 Fax (833) 470-0598

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At the bottom of this letter are the specific prescriptions attributed to you by the dispensing pharmacy. In addition, if multiple prescribers are involved in the therapy mentioned above, each will receive this information. Thank you for your professional consideration.

RX #(s): [rx_no_a]

Sincerely,
Medicaid Drug Use Review Board

Case#: [case_no]
Enclosures

References:

1. American Academy of Child and Adolescent Psychiatry. Practice Parameter for the Use of Atypical Antipsychotic Medications in Children and Adolescents. Accessed June 24, 2024. https://www.aacap.org/App_Themes/AACAP/docs/practice_parameters/Atypical_Antipsychotic_Medications_Web.pdf.
2. American Psychiatric Association (APA): Practice Guideline for the Treatment of Patients with Schizophrenia. Access June 24, 2024. https://psychiatryonline.org/doi/epdf/10.1176/appi.books.9780890424841.

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PRESCRIBER RESPONSE

All information used to generate the enclosed letter, including Prescriber identification, was obtained from Pharmacy Claims Data. If there appears to be an error in the information provided, please note the discrepancy. Thank you for your cooperation. *As a reminder, the response can be submitted using the online provider response portal. The online provider response portal can be accessed at https://forms.office.com/r/CXGEADqkRd or by scanning the QR code listed below.*

1. This patient **is** under my care:

_____ I have reviewed the information and will continue without change.
_____ however, I did not prescribe the following medication(s)_____.
_____ and has an appointment to discuss drug therapy.
_____ however, has not seen me recently.
_____ however, I was not aware of other prescribers.
_____ I have reviewed the information and modified drug therapy.
_____ I have not modified drug therapy because benefits outweigh the risks.
_____ I have tried to modify therapy, however the patient refuses to change.
_____ I have tried to modify therapy, however symptoms reoccurred.

2. This patient **is not** under my care:

_____ however, I did prescribe medication while covering for other MD or in the ER.
_____ but has previously been a patient of mine.
_____ because the patient recently expired.
_____ and has never been under my care.

3. I have reviewed the enclosed information and found it:
_____ very useful_____ useful_____ neutral_____ somewhat useful_____ not useful.

4. Please check here if you wish to receive reference information on the identified problem___.(Please provide a fax number if available_____-_____-_____.)

Comments:
_____
_____
_____

[adrs1] Case# [case_no]
Letter Type [letter_type]
[alert_msg]
[criteria]

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