COMING SOON: THE 2018-2019 FLORIDA BEST PRACTICE PSYCHOTHERAPEUTIC MEDICATION GUIDELINES FOR CHILDREN AND ADOLESCENTS

◊ The Expert Panel Meeting to update the 2017-2018 Best Practice Guidelines for Children and Adolescents was held in Tampa, FL on November 2-3, 2018.

◊ The new guidelines provide management and treatment updates for behavioral health conditions and symptoms, including ADHD, Bipolar Disorder, Disruptive Mood Dysregulation Disorder, Severe Aggression, Major Depressive Disorder, PTSD, Schizophrenia, and Obsessive Compulsive Disorder.

◊ The updated Guidelines also focus on deprescribing recommendations. Deprescribing refers to evaluating medication treatment regimens to determine if and when medications that no longer have a clear treatment benefit can be discontinued.

◊ The updated child guidelines will be available in early 2019.

Visit our website medicaidmentalhealth.org to view the presentations or electronic copy of our current guidelines.

Please contact Sabrina Singh at sabrinasingh@usf.edu if you would like to pre-order hardcopies of the guidelines.

PROGRAM WEBINARS

The Program offers webinars on an ongoing basis to ensure providers maintain knowledge of current evidence-based and best-practice treatment recommendations for a variety of behavioral health symptoms and conditions.

Visit the Program’s website to view recent webinars:

◊ Insomnia Pharmacotherapy: Past, Present, and Future — David Neubauer, MD
◊ Psychological Trauma in the Pediatric Population: Diagnosis and Treatment — Eugenio Rothe, MD
◊ Telepsychiatry for Children with Mild Developmental Disabilities Treated in Primary Care — Daniel Castellanos, M.D.; Anna M. Baznik, M.A.; Robert S. Benson, M.D.
◊ The Role of Telepsychiatry in Primary Care — Justyna Wojas, MD
◊ Evaluation and Management of Cardiovascular Disease Risk Factors — Sarah Stumbar, MD

Webinar recordings available at www.medicaidmentalhealth.org.
REPORTING SOCIAL DETERMINANTS OF HEALTH

Healthy People 2020 defines social determinants of health as “the conditions in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”

Social determinants of health include education level, financial stability, healthcare access, social and community networks, and living environment.

Health is determined not just by access to healthcare services, but also by the resources and supports in the community, the quality of the living environment, education, and job opportunities.

Poor health is strongly connected to unmet social needs; by asking about whether or not a recipient has enough food to eat, or the electricity is regularly cut off so the food or the medications in their fridge go bad, providers will be in a better position to address the health needs of these vulnerable SED and SMI populations.

Screening for social determinants for health is the first step towards connecting individuals with available resources to support individuals and work towards better health outcomes.

Social determinants can be coded using Z-codes (specifically, Z55 through Z65) in ICD-10 as follows:

- Z55 – Problems related to education and literacy
- Z56 – Problems related to employment and unemployment
- Z57 – Occupational exposure to risk factors
- Z59 – Problems related to housing and economic circumstances
- Z60 – Problems related to social environment
- Z62 – Problems related to upbringing
- Z63 – Other problems related to primary support group, including family circumstances
- Z64 – Problems related to certain psychosocial circumstances
- Z65 – Problems related to other psychosocial circumstances


Providers are encouraged to screen for and report social determinants of health to inform treatment decisions at the individual level and on a population level, encourage policy initiatives focused on social determinants of health as a means to improve health outcomes.

References:


SELECTED TREATMENT UPDATES

ARISTADA INITIO APPROVED FOR INITIATION OF LONG-ACTING INJECTABLE ANTIPSYCHOTIC ARISTADA (ARIPIPRAZOLE LAUROXIL)

◊ Aripiprazole lauroxil (brand name Aristada) is a long-acting injectable (LAI) second-generation antipsychotic medication that was first FDA-approved in 2015 for treatment of schizophrenia.
◊ Aripiprazole lauroxil LAI is dosed once every four to six weeks.
◊ For patients who have never taken aripiprazole, the recommendation is to establish tolerability to aripiprazole with oral aripiprazole for at least 2 weeks prior to initiating aripiprazole lauroxil LAI.
◊ Once aripiprazole lauroxil LAI is started, oral aripiprazole supplementation has traditionally been recommended for 21 consecutive days.
◊ Aristada Initio (generic aripiprazole lauroxil) is a new extended-release formulation of aripiprazole that was FDA approved in 2018 for adults with schizophrenia.
◊ Approval of Aripiprazole Initio allows for same-day initiation of aripiprazole lauroxil LAI (Aristada) as an option for patients with schizophrenia, without the need for oral aripiprazole supplementation for 21 days.
◊ Aristada Initio requires only one dose of oral aripiprazole given in conjunction with the Aristada Initio injection. The first dose of aripiprazole LAI (Aristada) can be given on the same day as Aripiprazole Initio or up to 10 days later.
◊ Aristada Initio can also be used when re-starting aripiprazole lauroxil LAI (Aristada) treatment after missed doses.
◊ For more information on Aristada Initio, visit https://www.aristada.com/FAQ.

Reference:

OPIOID PRESCRIBING AND TREATMENT UPDATES

Reminder: Florida has a new requirement that all opioid prescribers complete a mandatory board-approved CME course in opioid prescribing for the first time by January 30, 2019 and with each subsequent license renewal.

COMPARISON OF LOFEXIDINE AND CLONIDINE FOR TREATMENT OF OPIOID WITHDRAWAL SYMPTOMS

◊ Lofexidine hydrochloride (brand name Lucemyra) is an alpha-2 receptor agonist similar to clonidine that became the first non-opioid treatment approved by the Food and Drug Administration (FDA) in 2018 for treatment of opioid withdrawal symptoms in adults.
◊ Clonidine is an alpha-2 receptor agonist often used off-label for treatment of opioid withdrawal.
◊ Both clonidine and lofexidine have similar mechanisms of action and reduce the sympathetic nervous symptom response, which is heightened during acute opioid withdrawal. Clonidine and lofexidine both work to reduce opioid withdrawal symptoms such as jitteriness.
◊ Efficacy of lofexidine was evaluated in two Phase III randomized, double-blind placebo-controlled trials. The trials found improvements in the Short Opiate Withdrawal Scale of Gossop (SOWS-G) scores on days 1 through 7 for adults treated with lofexidine compared to placebo.
◊ Although clonidine is not FDA-approved for treatment of opioid withdrawal symptoms, a Cochrane review comparing alpha 2-adrenergic agonists found that both clonidine and lofexidine were more effective than placebo in managing withdrawal from heroin or methadone. Lofexidine was found to have fewer effects on blood pressure and a better safety profile compared to clonidine.
◊ Lofexidine is currently not available in generic formulation.
◊ Clonidine costs approximately $1 for a week of medication, while lofexidine costs approximately $1,738 for a week of treatment.

References:
FDA Approves Mobile Application reSET-O for Opioid Use Disorder

◊ reSET-O is a new mobile application that was recently approved for use in patients 18 or older who are currently under the supervision of a clinician.
◊ The mobile application is designed to improve outpatient treatment retention in patients with Opioid use Disorder by offering cognitive behavioral therapy through the mobile application.
◊ The application is approved for use as an adjunct to treatment that includes transmucosal buprenorphine and contingency management.

Reference:

Food and Drug Administration (FDA) Expands Opioid Analgesic Risk Evaluation and Mitigation Strategy (REMS) to Include Immediate-Release Opioid Analgesics

◊ The Risk Evaluation and Mitigation Strategy (REMS) program is a drug safety program managed by the United States Food and Drug Administration (FDA) for medications such as opioids with serious safety concerns. A major goal of the REMS program is to ensure that the benefits of medications outweigh the risks associated with treatment.
◊ Goals of the Opioid Analgesic REMS program include education of both prescribers and other health professionals such as nurses and pharmacists. The goal is to ensure that health professionals can make informed treatment decisions about prescribing opioids and are better able to educate patients about the risks of opioid analogesics.
◊ The Opioid Analgesic REMS program was first approved in 2012 for long-acting opioid analgesic medications.
◊ In September 2018, the Food and Drug Administration expanded the Opioid Analgesic REMS to include immediate-release opioid analgesics used in the outpatient setting.
◊ As part of the expanded Opioid REMS program, Opioid REMS-compliant training with accredited continuing education credits will be available for the first time beginning in March 2019. The training program is called the FDA Opioid Analgesic REMS Education Blueprint for Health Care Providers Involved in the Treatment and Monitoring of Patients with Pain. The new FDA REMS-compliant training focuses on concepts of pain management, pain assessment, therapeutic options for pain management, use of opioids to treat pain, safe opioid prescribing, patient counseling, when specialty referrals are appropriate, and identification of opioid use disorders. Although training is not mandatory, it is highly encouraged.
◊ For current information about the Opioid REMS program, visit the REMS@FDA website. The FDA can also be contacted by phone at (855) 543-3784 or (301) 796-3400, or by email at druginfo@fda.hhs.gov for more information.
◊ To report adverse effects associated with the use of opioid analgesics, contact the FDA MedWatch program by phone at 1800-FDA-1088 (1-800-332-1088) or online at www.fda.gov/medwatch/report.htm.

Reference:
The Program analyzes state Medicaid data to provide data-driven recommendations for areas of intervention to improve the health and well-being of Florida Medicaid adult and child recipients with serious mental illness (SMI) and severe emotional disturbances (SED). Program activities include, but are not limited to:

- Tracking long-term outcomes in children under age 6 prescribed antipsychotics
- Biannual analyses of prescribing patterns and outcomes in recipients with SMI and SED
- Expert panel meetings to develop and update Florida Medicaid Best Practice Guidelines
- Dissemination of best practice guidelines through web-based platforms and printed materials
- Collaboration with partners at the local and state level to improve access to care through telepsychiatry, and
- Webinars to inform Florida providers of the latest evidence and best practice recommendations for management of behavioral health conditions.

### Registry

- The Registry monitors children under age 6 prescribed antipsychotics (APs), antidepressants, stimulants, or atomoxetine; children ages 6-17 prescribed high dose antipsychotics; and children at any age with antipsychotic medication polypharmacy.
- A major goal of the Registry is to track long-term outcomes in children who were first prescribed antipsychotic medications under age 6 and have had continuous use of antipsychotic medications.
- There was a substantial decline in the percent of children in the under 6 continuously prescribed AP cohort who accessed the emergency room for behavioral health services, from 42.6% between 2009 to 2017, to a projected percentage of 15% in 2018.
- However, in regards to physical health diagnoses, the number of children with obesity and overweight diagnoses increased with longer exposure to AP medications.
- Off-label prescribing continues to be a common practice despite limited evidence to support its use. This practice requires continued monitoring with Second Medical Review (SMR) to ensure appropriateness of prescribing practices, especially in young children.

### Pediatric Telepsychiatry Services Throughout Florida: Telepsychiatry Updates

The Program continues to work with primary care providers at three rural practice sites to offer telepsychiatry services in collaboration with child psychiatrists at Johns Hopkins All Children’s Hospital. In November, eleven telepsychiatry consultations were conducted. Providers found the telepsychiatry notes especially helpful for the management of complex cases.
Upcoming Program Events and Initiatives

- Expert Panel meeting to update the Florida Best Practice Psychotherapeutic Medication Recommendations for Autism Spectrum Disorder and Intellectual Developmental Disorder
- Expert Panel meeting to update the Recommendations for Women of Reproductive Age with Serious Mental Illness and Comorbid Substance Use Disorders
- Rural Health Resource Guide: A comprehensive guide for clinicians and recipients in rural communities detailing available health and support service resources, including hospital and group practices, food and transportation assistance, and housing support.
- Data analysis and reporting of neonatal outcomes in children born to mothers with Opioid Use Disorders
- Peer-to-peer reviews: The Program selects Medicaid providers for peer review to facilitate a discussion about best practices and improve prescribing to Medicaid recipients throughout Florida.

Looking Forward to 2019

In 2019 the Program will focus its efforts on:

- Identifying the behavioral and physical health care related social needs, especially for those recipients residing in rural counties
- Connecting those recipients with current and existing community organizations and state resources
- Creating new programs to provide healthcare services where they do not exist and/or are difficult to access

To help alleviate the shortages of behavioral and physical health providers, the Program will enter into formal and informal collaborative relationships with a wide range of public and private agencies across Florida in order to strategize how best to integrate the delivery of behavioral, physical, and social services to all Medicaid recipients. By engaging a broad spectrum of collaborators, the Program hopes to improve the health outcomes of all Florida Medicaid recipients.

For printed copies of the guidelines, contact Sabrina Singh, MPH at sabrinasingh@usf.edu
Guidelines can also be downloaded electronically from the Program website at medicaidmentalhealth.org.
2019 Behavioral Health Awareness Dates to Remember

- **January**: Mental Wellness Month
- **February**: February 25 – March 3, 2019: National Eating Disorders Awareness Week
- **April**: Alcohol Awareness Month
- **May**: Mental Health Awareness Month
- **September**: September 7 – September 12, 2019: National Suicide Prevention Week
- **October**: October 6 – October 12, 2019: Mental Illness Awareness Week;
  October 10, 2019 – World Mental Health Day

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For more information about the Florida Medicaid Drug Therapy Management Program for Behavioral Health, visit our website at [medicaidmentalhealth.org](http://medicaidmentalhealth.org)

Newsletter compiled by Vanita Sahasranaman, MD (vanitas@usf.edu)  
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Florida Pediatric Psychiatry Hotline
1-866-487-9507

No registration required.
The Florida Pediatric Psychiatry Hotline provides timely telephonic
psychiatric and clinical guidance to primary care clinicians treating
children with behavioral health conditions. The hotline enables primary
care clinicians to get assistance for any child under their care and is highly
rated by those using the service.

The Florida Pediatric Psychiatry Hotline is operated by the University
of South Florida Division of Child and Adolescent Psychiatry and the
Rothman Center for Neuropsychiatry in St. Petersburg, Florida. Tanya
Murphy, MD., Maurice A. and Thelma P. Rothman Chair of Developmental
Pediatrics and Professor in the Departments of Pediatrics and Psychiatry,
and a team of certified child psychiatrists from the University of South
Florida oversee the hotline and provide many of the consultations.

The goals of the Pediatric Psychiatry Hotline are to:
- Provide consultation about psychotherapeutic medications for
  children with behavioral health conditions.
- Facilitate a referral to a child psychiatrist or psychiatric ARNP when possible.
- Promote a collaborative relationship between primary care clinicians and child psychiatrists.

About the service:
- The hotline is free and related to consultation about medication management.
- Calls will be answered on non-holiday weekdays between 8:30 am and 4:30 pm.
- Most calls will be scheduled with a child psychiatrist within 1 to 4 hours.
- Telephone consultations are limited to 20 minutes per call.
- Only information relevant to medication management will be discussed. No patient names or other unique
  identifying information needs to be provided.

The Florida Pediatric Psychiatry Hotline is funded by the Florida Medicaid Drug Therapy Management Program for Behavioral Health through a contract with the Florida Agency for Healthcare Administration.
Florida Medicaid Drug Therapy Management Program for Behavioral Health

Working with Medicaid health plans and providers to:

- Improve behavioral health prescribing practices
- Improve patient adherence to medication
- Reduce clinical risks and medication side effects
- Improve behavioral and physical health outcomes

The following treatment guidelines are available on our website at medicaidmentalhealth.org.

- Monitoring Physical Health and Side-Effects of Psychotherapeutic Medications in Adults and Children: An Integrated Approach
- Best Practice Psychotherapeutic Medication Guidelines for Adults
- Autism Spectrum Disorder & Intellectual Developmental Disorder: Best Practice Psychotherapeutic Medication Recommendations for Target Symptoms in Children and Adolescents
- Best Practice Recommendations for Women of Reproductive Age with Severe Mental Illness and Comorbid Substance Use Disorders
- Best Practice Psychotherapeutic Medication Guidelines for Children and Adolescents

The Florida Pediatric Psychiatry Hotline is a free service that provides consultation about medication management.

**Florida Pediatric Psychiatry Hotline**

1-866-487-9507

If you would like hard copies of any of our guidelines mailed to you, please contact Sabrina Singh at sabrinasingh@usf.edu.

USF
College of Behavioral & Community Sciences

Florida Medicaid Drug Therapy Management Program for Behavioral Health

For more information, visit us at medicaidmentalhealth.org