OSU Oregon State University College of Pharmacy
Drug Use Research & Management Program
OHA Division of Medical Assistance Programs
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DIVISION OF MEDICAL ASSISTANCE PROGRAMS
Policy & Planning Section
John A. Kitzhaber MD, Governor

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Retrospective Drug Use Review for the Use of Psychotropic Medications in Children

Recommendations

- Send providers an annual request for additional clinical data for children receiving any of the following regimens:
    1. Five or more chronic psychotropics in children
    2. Two or more chronic antipsychotics in children
    3. Psychotropics in children under 6 years old
        - Non-stimulants under 6 years old
        - CNS Stimulants under 4 years old
- Profile request to contain:
    1. Indications and target symptoms for all current medications
    2. Request for clinical rationale for regimen
    3. List of psychosocial interventions being used or barriers to using these interventions
    4. Dates of the last assessment of safety and efficacy (e.g. plasma concentrations, liver function, glucose, etc.)
    5. Documentation that risks, benefits, and alternatives have been discussed with the caregiver

Background

The 2003 National Comorbidity Survey Replication – Adolescent Supplement (NCS-A) found 49.5% of the 10,123 adolescents surveyed had a DSM-IV diagnosable mental health disorder.[1] Of adolescents with at least one diagnosable mental health disorder, 42% meet diagnostic criteria for disorders in two or more major diagnostic classes. There is significant clinical trial data investigating single or dual agent therapy for specific disorders. Yet there is a lack of clinical trial data or consensus guidelines to guide the treatment of complex patients with multiple overlapping disorders seen in daily practice. In the second quarter of the 2012-13 fiscal year, 19% of Oregon Medicaid children receiving at least one psychotropic had received at least three concurrently for over 90 days (Table 1). One percent of all of Oregon Medicaid children receiving a psychotropic received five or more psychotropics concurrently for at least 90 days (See Appendix A for complete details on determinations of concurrency and chronicity).

Pediatric Psychotropic Quarterly Report

All OHP

Fiscal Year 2012 - 2013

Metric	First Quarter Oct - Dec			Second Quarter Jan - Mar		
	Numerator	Denominator	%	Numerator	Denominator	%
Children on Antipsychotics without diabetes screen	1,479	3,097	48%	1,431	3,052	47%
Five or more concurrent psychotropics	152	10,588	1%	153	10,939	1%
Three or more concurrent psychotropics	2,033	10,588	19%	2,075	10,939	19%
Two or More Concurrent Antipsychotics	149	10,588	1%	147	10,939	1%
Under 18 years old on any antipsychotic	3,115	10,588	29%	3,069	10,939	28%
Youth five years and younger on psychotropics	266	10,588	3%	283	10,939	3%

Table 1 Pediatric Psychotropic Measures for Federal Fiscal Year 2012-2013

The AHRQ systematic review of antipsychotics in children found mixed strength evidence for the use of antipsychotics in children.[2] There was moderate strength of evidence for the improvement of clinical global impression (CGI) scores with the use of second generation antipsychotics over placebo in patients with ADHD & Disruptive Behavior Disorder, Bipolar Disorder, and Schizophrenia. Moderate strength evidence was also found supporting improvements in behavioral symptoms in children with ADHD & Disruptive Behavior Disorder. Improvements in tics associated with Tourette Syndrome also had moderate strength evidence to be superior to placebo. Outside of these outcomes, the AHRQ report found only low quality or no evidence for the use of antipsychotics in children. The report also noted that many of these studies excluded patients receiving adjunctive therapy or multiple mental health diagnoses. None of these studies evaluated the combination of multiple antipsychotics. For Oregon Medicaid, 28% of children receiving at least one psychotropic are receiving an antipsychotic (Table 1). Of these children, 147 were receiving two antipsychotics concurrently for over 90 days.

Very few psychotropic medications are approved in the use of children under the age of six years. Mixed amphetamine salts and dextroamphetamine have FDA-approval for the treatment of ADHD in children as young as three.[3,4] Only methylphenidate immediate release is currently recommended by the American Academy of Pediatrics (AAP) for children under six.[5] Two second-generation antipsychotics (aripiprazole and risperidone) are FDA approved for use in children under 10 years old.[6,7] Irritability in patients with autistic spectrum disorder is the approved indication for both of these agents in this population. The AHRQ systematic review of antipsychotics found clinical trial data insufficient or of low quality for the use of antipsychotics for controlling autistic symptoms. Likewise, AHRQ found evidence for the use of first generation antipsychotics in children under six for any indication was lacking. The only other psychotropics with FDA approved uses in children have multiple indications, which include physical health conditions (e.g. antihistamines, antiepileptics). In

the second quarter of the 2012-13 fiscal year 3% (n=283) of Oregon Medicaid children receiving at least one psychotropic were under six years of age. This excludes members receiving a psychotropic for which there is a diagnosis history suggesting a physical health indication (e.g. antiepileptic medication and a history of seizures) or for a stimulant in children over three years old.

Oregon legislation recognizes the importance of the management of psychotropics in foster children and requires additional scrutiny of these therapies.[8] An assessment by a qualified mental health professional is required prior to prescribing a psychotropic for foster children under six years of age, receiving any antipsychotic, or prescribed three or more psychotropics, except in emergency situations. Annual medication reviews are also required for these foster children. Currently the Drug Use Research and Management (DURM) group assists the Child Welfare program to identify and evaluate these cases. The Oregon Health Authority and the Department of Human Services have partnered together with the Center for Health Care Strategies (CHCS) on a technical assistance grant to improve the use of psychotropic medications in foster children.[9] Part of this effort includes the development of national standards for quality measures for psychotropics. The National Committee for Quality Assurance (NCQA) recently solicited public comment on proposed quality metrics for the use of psychotropics in children.[10] These measures are similar to the metrics developed as part of the work with CHCS. The three regimens in table 2 have been targeted by the CHCS workgroup as representing the most complex cases and warrant particularly careful monitoring.[8] A comparison of provider specialties and prescribing rates for these regimens in included in the supplemental information which will be provided during the executive session.

Retrospective Drug Use Review (RetroDUR) Proposal

DMAP will solicit safety and efficacy case profiles to monitor the risks and benefits of these therapies. DMAP will send profile requests for all Medicaid children meeting criteria, rather than restricting requests to Fee-For-Service (FFS) patient. Since most psychotropics are “carve out” medications paid for by the FFS program, management and utilization of these medications falls to the FFS program.[11,12]

The goals of this policy are:

- Promote due diligence by clinicians
- Provide continuity of care for patients across clinicians over time
- Gather information on the therapeutic goals of these regimens
- Evaluate pattern of use to guide future interventions
- Increase provider awareness of how their prescribing practices compare to other provider in the Medicaid population

The therapeutic goals of psychopharmacologic therapy, particularly in foster children, are not always effectively communicated between clinicians due to a variety of factors within and outside of the control of clinicians and caregivers. To fill in these knowledge gaps, each profile request will provide:

- Patient identifiers
- Currently prescribed psychotropics

DMAP will provide a claims-based patient profile upon request containing demographics, mental health diagnosis history, prescription history and status on quality metrics (Appendix C). A provider report card will be included in the profile request comparing providers to overall Medicaid rates as well as providers within their specialty.

Each profile will solicit:

- Indication(s) and target symptoms for all current medications
- Rationale for therapy
- Evaluation of alternative strategies
- Assessment of key risk factor
- Verification that caregivers have been notified of risk-to-benefit profiles and alternative therapy options
- Provider impressions of the initiative

The transfer of some types of mental health treatment data has additional protections under HIPAA regulations. The restriction applies to “psychotherapy notes.” HIPPA regulations state:
OCR HIPAA Privacy page 3 states.

> …
> *A covered entity may disclose protected health information to another covered entity for certain health care operation activities of the entity that receives the information if:*

- *Each entity either has or had a relationship with the individual who is the subject of the information, and the protected health information pertains to the relationship; and*
- *The disclosure is for a quality-related health care operations activity*

…

<u>Uses and Disclosures of Psychotherapy Notes.</u> Except when psychotherapy notes are used by the originator to carry out treatment, or by the covered entity for certain other limited health care operations, uses and disclosures of psychotherapy notes for treatment, payment, and health care operations require the individual's authorization. See 45 CFR 164.508(a)(2).

…

47 "Psychotherapy notes" means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the of the individual's medical record. ***Psychotherapy notes excludes*** *medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.*
[Emphasis Added]

Therefore, the information send and the information requested are HIPAA protected, but not considered psychotherapy notes requiring patient's authorization to disclose. Facsimile transmissions are considered a HIPAA compliant medium. The provider message includes the above HIPAA language to ensure providers can be confortable of the legality of these disclosures.

The answers to these clinical questions will provide a picture of provider treatment pattern for different specialty areas. These patterns may identify opportunities for provider education on appropriate use or resource limitations that the OHA may wish to address. It may also identify best practices for the management of complex patients. If prescribing patterns consistently deviate from appropriate care or there is a general lack of response, more intense interventions may be considered.

RetroDUR quarterly reporting will include:

- Number and rate of provider responses
- Provider impressions and satisfaction
- Response to each of the five questions
- The Pediatric Psychotropic Quarterly report (Table 1)

References

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11. *Oregon Administrative Rules Division 121 Pharmaceutical Services*. Available at: http://arcweb.sos.state.or.us/pages/rules/access/numerically.html. Accessed January 11, 2013.

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Appendix A: Technical Specification

Indicator	Youth five years and younger on psychotropics
Description	
Eligible Population	
Inclusion	All enrolled Medicaid members under 18 years old at the time of a paid pharmacy claim for any psychotropic (Table A1) with a service date during the reporting period AND a day supply greater than or equal to 5 days.
Reporting Period	35 days prior to the report date.
Exclusion	Claims for a psychotropic medication which has a physical health indication (Table A3) AND at least one medical claim prior to the report date for the associated physical health condition (Table A4).
Numerator	Members less than six years old as of the pharmacy claim date of service receiving any psychotropic other than a stimulant (Table A5). OR Members less than four years old as of the pharmacy claim date of service receiving a stimulant (Table A5).
Denominator	Eligible Population

Indicator	Five or more concurrent psychotropics
Description	
Eligible Population	
Inclusion	All enrolled Medicaid members under 18 years old at the time of a paid pharmacy claim for any psychotropic (Table A1) with a service date during the reporting period AND a day supply greater than or equal to 5 days.
Reporting Period	35 days prior to the report date.
Exclusion	Claims for a psychotropic medication which has a physical health indication (Table A3) AND at least one medical claim prior to the report date for the associated physical health condition (Table A4).
Concurrency	Maximum Gap in Therapy 32 days Minimum Duration of Therapy 90 days Minimum Overlap 90 days
Numerator	Members with greater than or equal to five concurrent psychotropics
Denominator	Eligible Population

Indicator	Two or More Concurrent Antipsychotics
Description	
Eligible Population	
Inclusion	All enrolled Medicaid members under 18 years old at the time of a paid pharmacy claim for any psychotropic (Table A1) with a service date during the reporting period AND a day supply greater than or equal to 5 days.
Reporting Period	35 days prior to the report date.
Exclusion	None
Concurrency	Maximum Gap in Therapy 32 days Minimum Duration of Therapy 90 days Minimum Overlap 90 days
Numerator	At least two concurrent antipsychotic medications (Table A2)
Denominator	Eligible Population

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Psychotropic Generic Name
ALPRAZOLAM
AMITRIP HCL/CHLORDIAZEPOXIDE
AMITRIPTYLINE HCL
AMOBARBITAL SODIUM
AMOXAPINE
AMPHET ASP/AMPHET/D-AMPHET
ARIPIPRAZOLE
ARMODAFINIL
ASENAPINE MALEATE
ATOMOXETINE HCL
BUPROPION HBR
BUPROPION HCL
BUSPIRONE HCL
BUTABARBITAL SODIUM
CARBAMAZEPINE
CHLORAL HYDRATE
CHLORDIAZEPOXIDE HCL
CHLORPROMAZINE HCL
CITALOPRAM HYDROBROMIDE
CLOMIPRAMINE HCL
CLONAZEPAM
CLONIDINE
CLONIDINE HCL
CLORAZEPATE DIPOTASSIUM
CLOZAPINE
DESIPRAMINE HCL
DESVENLAFAXINE SUCCINATE
DEXMETHYLPHENIDATE HCL
DEXTROAMPHETAMINE SULFATE
DIAZEPAM
DIVALPROEX SODIUM
DOXEPIN HCL
DULOXETINE HCL
ESCITALOPRAM OXALATE
ESTAZOLAM
ESZOPICLONE
FLUOXETINE HCL
FLUPHENAZINE DECANOATE
FLUPHENAZINE HCL
FLURAZEPAM HCL
FLUVOXAMINE MALEATE
GABAPENTIN
GUANFACINE HCL
HALAZEPAM

Psychotropic Generic Name
HALOPERIDOL
HALOPERIDOL DECANOATE
HALOPERIDOL LACTATE
HYDROXYZINE HCL
HYDROXYZINE PAMOATE
ILOPERIDONE
IMIPRAMINE HCL
IMIPRAMINE PAMOATE
ISOCARBOXAZID
LAMOTRIGINE
LISDEXAMFETAMINE DIMESYLATE
LITHIUM CARBONATE
LITHIUM CITRATE
LORAZEPAM
LOXAPINE SUCCINATE
LURASIDONE HCL
MAPROTILINE HCL
MEPHOBARBITAL
MEPROBAMATE
METHAMPHETAMINE HCL
METHYLPHENIDATE
METHYLPHENIDATE HCL
MIDAZOLAM HCL
MILNACIPRAN HCL
MIRTAZAPINE
MODAFINIL
MOLINDONE HCL
NEFAZODONE HCL
NORTRIPTYLINE HCL
OLANZAPINE
OLANZAPINE PAMOATE
OLANZAPINE/FLUOXETINE HCL
OXAZEPAM
OXCARBAZEPINE
PALIPERIDONE
PALIPERIDONE PALMITATE
PAROXETINE HCL
PAROXETINE MESYLATE
PEMOLINE
PENTOBARBITAL
PENTOBARBITAL SODIUM
PERPHENAZINE
PERPHENAZINE/AMITRIPTYLINE HCL
PHENELZINE SULFATE

Psychotropic Generic Name
PHENOBARBITAL
PHENOBARBITAL SODIUM
PHENTERMINE HCL
PIMOZIDE
PROCHLORPERAZINE EDISYLATE
PROCHLORPERAZINE MALEATE
PROTRIPTYLINE HCL
QUAZEPAM
QUETIAPINE FUMARATE
RAMELTEON
RISPERIDONE
RISPERIDONE MICROSPHERES
SECOBARBITAL SODIUM
SELEGILINE
SERTRALINE HCL
TEMAZEPAM
THIORIDAZINE HCL
THIOTHIXENE
TOPIRAMATE
TRANYLCYPROMINE SULFATE
TRAZODONE HCL
TRIAZOLAM
TRIFLUOPERAZINE HCL
TRIFLUPROMAZINE HCL
TRIMIPRAMINE MALEATE
VALPROATE SODIUM
VALPROIC ACID
VENLAFAXINE HCL
VILAZODONE HYDROCHLORIDE
ZALEPLON
ZIPRASIDONE HCL
ZIPRASIDONE MESYLATE
ZOLPIDEM TARTRATE

Table A1 Psychotropic Medications

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Antipsychotics
ARIPIPRAZOLE
ASENAPINE MALEATE
CHLORPROMAZINE HCL
CLOZAPINE
FLUPHENAZINE DECANOATE
FLUPHENAZINE HCL
HALOPERIDOL
HALOPERIDOL DECANOATE
HALOPERIDOL LACTATE
ILOPERIDONE
LOXAPINE SUCCINATE
LURASIDONE HCL
MOLINDONE HCL
OLANZAPINE
OLANZAPINE/FLUOXETINE HCL
PALIPERIDONE
PALIPERIDONE PALMITATE
PERPHENAZINE
PERPHENAZINE/AMITRIPTYLINE HCL
PIMOZIDE
PROCHLORPERAZINE EDISYLATE
PROCHLORPERAZINE MALEATE
QUETIAPINE FUMARATE
RISPERIDONE
RISPERIDONE MICROSPHERES
THIORIDAZINE HCL
THIOTHIXENE
TRIFLUOPERAZINE HCL
ZIPRASIDONE HCL

Table A2 Antipsychotics

Generic Drug Name	Physical Health indication
CARBAMAZEPINE	Convulsive Disorder
CLONAZEPAM	Convulsive Disorder
DIAZEPAM	Convulsive Disorder
DIVALPROEX SODIUM	Convulsive Disorder
GABAPENTIN	Convulsive Disorder
HYDROXYZINE HCL	Allergic Rhinitis
HYDROXYZINE PAMOATE	Allergic Rhinitis
LAMOTRIGINE	Convulsive Disorder
OXCARBAZEPINE	Convulsive Disorder
TOPIRAMATE	Convulsive Disorder
VALPROATE SODIUM	Convulsive Disorder
VALPROIC ACID	Convulsive Disorder

Table A3 Psychotropics with Physical Health Indications

Indication	ICD9	Description
Convulsive Disorder	345	EPILEPSY AND RECURRENT SEIZURES
Convulsive Disorder	3450	GENERALIZED NONCONVULSIVE EPILEPSY
Convulsive Disorder	34500	Generalized nonconvulsive epilepsy, without mention of intractable epilepsy
Convulsive Disorder	34501	Generalized nonconvulsive epilepsy, with intractable epilepsy
Convulsive Disorder	3451	GENERALIZED CONVULSIVE EPILEPSY
Convulsive Disorder	34510	Generalized convulsive epilepsy, without mention of intractable epilepsy
Convulsive Disorder	34511	Generalized convulsive epilepsy, with intractable epilepsy
Convulsive Disorder	3452	Petit mal status
Convulsive Disorder	3453	Grand mal status
Convulsive Disorder	3454	LOCALIZATION-REL EPILEPSY & EPILEPTIC SYN W/CPS
Convulsive Disorder	34540	Localization-related (focal) (partial) epilepsy and epileptic syndromes with complex partial seizures, without mention of intractable epilepsy
Convulsive Disorder	34541	Localization-related (focal) (partial) epilepsy and epileptic syndromes with complex partial seizures, with intractable epilepsy
Convulsive Disorder	3455	LOCALIZATION-REL EPILEPSY & EPILEPTIC SYN W/SPS
Convulsive Disorder	34550	Localization-related (focal) (partial) epilepsy and epileptic syndromes with simple partial seizures, without mention of intractable epilepsy
Convulsive Disorder	34551	Localization-related (focal) (partial) epilepsy and epileptic syndromes with simple partial seizures, with intractable epilepsy
Convulsive Disorder	3456	INFANTILE SPASMS
Convulsive Disorder	34560	Infantile spasms, without mention of intractable epilepsy
Convulsive Disorder	34561	Infantile spasms, with intractable epilepsy
Convulsive Disorder	3457	EPILEPSIA PARTIALIS CONTINUA
Convulsive Disorder	34570	Epilepsia partialis continua, without mention of intractable epilepsy
Convulsive Disorder	34571	Epilepsia partialis continua, with intractable epilepsy
Convulsive Disorder	3458	OTHER FORMS OF EPILEPSY AND RECURRENT SEIZURES
Convulsive Disorder	34580	Other forms of epilepsy and recurrent seizures, without mention of intractable epilepsy
Convulsive Disorder	34581	Other forms of epilepsy and recurrent seizures, with intractable epilepsy
Convulsive Disorder	3459	UNSPECIFIED EPILEPSY
Convulsive Disorder	34590	Epilepsy, unspecified, without mention of intractable epilepsy
Convulsive Disorder	34591	Epilepsy, unspecified, with intractable epilepsy
Allergic Rhinitis	477	ALLERGIC RHINITIS
Allergic Rhinitis	4770	Allergic rhinitis due to pollen
Allergic Rhinitis	4771	Allergic rhinitis due to food
Allergic Rhinitis	4772	Allergic rhinitis due to animal (cat) (dog) hair and dander
Allergic Rhinitis	4778	Allergic rhinitis due to other allergen
Allergic Rhinitis	4779	Allergic rhinitis, cause unspecified

Table A4 Physical Health Indications for Psychotropics

Generic Drug Name
AMPHET ASP/AMPHET/D-AMPHET
ARMODAFINIL
DEXMETHYLPHENIDATE HCL
DEXTROAMPHETAMINE SULFATE
LISDEXAMFETAMINE DIMESYLATE
METHAMPHETAMINE HCL
METHYLPHENIDATE‡
METHYLPHENIDATE HCL‡
MODAFINIL

Table A5 Stimulants

‡Methylphenidate and Methylphenidate HCL are considered the same agent

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Appendix B: Provider Message

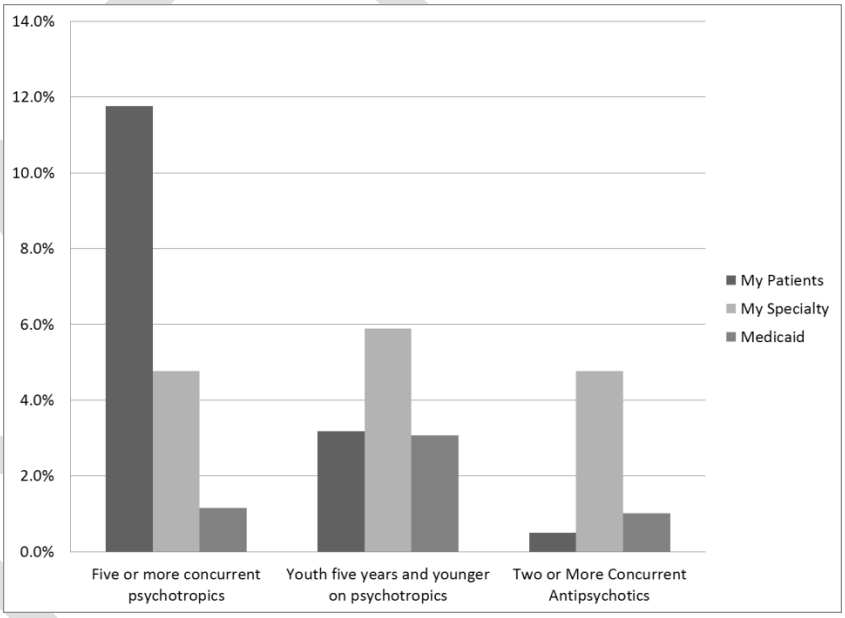
Date: mm/dd/yyyy

Attention: Provider X
Fax: 541-123-4567

Re: Patients Subject to Psychotropic Case Reviews

The Division of Medical Assistance Programs (DMAP) is requesting additional clinical data for patients meeting one or more of the following criteria:

- Five or more chronic psychotropics in children
- Two or more chronic antipsychotics in children
- Psychotropics in children under 6 years old (except stimulants in children 3-5)



The chart on the right shows your prescribing patterns for Medicaid patients. Prescribing patterns for your specialty and rates across all providers are included for your reference

The intention of this program is not to prohibit these regimens. The goal is to promote continuity and quality of care through centralized monitoring and support. The therapeutic goals of psychopharmacologic therapy, especially in foster children, are not always effectively communicated between clinicians due to a variety of factors within and outside of the control of clinicians and caregivers.

Following is a list of patients with a recent prescription written by you subject to this policy. complete these forms and fax to DMAP at 503-947-2596.

If you have any questions or comments regarding this policy or would like a claims-based profile for any of these patients, please call 503-945-6513 or fax 503-947-2596.

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Patient Name	Doe, John	Date of Birth	MM/DD/YYYY	Member ID	XYZ1234

Please answer the questions below and fax to DMAP at 503-947-2596.

If you have any questions or comments regarding this policy, please call 503-945-6513 or fax 503-947-2596. Additional pages may be used if more space is required. *Please refer to the fax cover sheet for HIPAA requirements & restrictions.*

1. The indication(s) and target symptoms for all psychotropics current prescribed to this patient by any provider

Most Recent Prescriber	Last Fill Date	Drug & Strength	Daily Dose	Indication(s) & Target Symptoms
Nurse X	MM/DD/YY	Drug A - α mg	X units daily	
Nurse X	MM/DD/YY	Drug B - β mg	X units daily	
Nurse X	MM/DD/YY	Drug C - χ mg	X units daily	
Doctor Zhivago	MM/DD/YY	Drug D - δ mg	X units daily	
Nurse X	MM/DD/YY	Drug E - ε mg	X units daily	

2. Please answer each of these questions which apply to this patient
   a. Explain why 5 or more psychotropics are required for this patient

   b. Explain why two concurrent antipsychotics are being used

   c. Explain why psychotropics are being used in a child under five years old

3. Please indicate the psychosocial intervention strategies being used for this patient. If none are being used, please explain why.

4. As applicable to the currently prescribed medications, please indicate the last evaluation for metabolic and cardiovascular risk (laboratory monitoring and physical assessment) and therapeutic/toxic plasma concentrations.

5. Who is the provider primarily tasked with care coordination? What barriers, if any, make care coordination challenging?

6. Does the child, parents and/or caregivers understand the risks, benefits and alternatives to this strategy?

Please check all that apply:

- ☐ This information was useful
- ☐ This information will change my future practice
- ☐ Other_____
- ☐ Not my patient/ no longer my patient
- ☐ Patient Deceased
- ☐ Neither clinician or patient associated with this office

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Appendix C: Claims-Based Patient Profile

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Patient

Member ID:	FAKE-AA1571DH
Patient:	, FAKE-AA1571DH
DOB:	9/15/1997
Age:	15
City:	Some Place
Zip:	99999

Screening Results as of :7/30/2013

Description
Under 18 years old on any antipsychotic

Mental Health Diagnosis History

Group	First Dx	Last Dx	ICD9	Diagnosis
Other				
	08/24/06	08/24/06	31532	Mixed receptive-expressive language disorder
	08/24/06	08/24/06	3154	Developmental coordination disorder
	03/17/06	03/17/06	3155	Mixed development disorder
	11/15/07	09/04/12	3158	Other specified delays in development
	02/26/05	12/11/06	3181	Severe intellectual disabilities
	09/21/04	09/21/04	3182	Profound intellectual disabilities
	06/30/04	06/30/04	78079	Other malaise and fatigue
	09/15/06	11/01/06	78095	Excessive crying of child, adolescent, or adult
Autism				
	04/07/09	11/27/12	29901	Autistic disorder, residual state
Developmental Disorders				
	10/25/08	09/07/09	319	Unspecified intellectual disabilities

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Drug Use Research & Management Program

OHA Division of Medical Assistance Programs
500 Summer Street NE, E35; Salem, OR 97301-107
Phone 503-947-5220 | Fax 503-947-1119

DIVISION OF MEDICAL ASSISTANCE PROGRAMS
Policy & Planning Section
John A. Kitzhaber, MD, Governor

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Mental Health Prescription History

Status	First Fill	Last Fill	Medication	Route	Dose	Per Day	Last Prescriber	Specialty	Telephone
Current	11/16/07	07/05/13	AMITRIPTYLINE HCL	PO	10 mg	3	Dr. MT	Physician-pediatrics	555-555-5555
Current	09/07/11	07/05/13	RISPERIDONE	PO	1 mg/mL	1	Dr. MT	Physician-pediatrics	555-555-5555
Past	02/09/07	03/06/09	DIAZEPAM	PO	2 mg	6.6667	Dr. 15	#Type!	555-555-5555
Past	04/17/07	10/15/07	TOPIRAMATE	PO	25 mg	1	Dr. MT	Physician-pediatrics	555-555-5555