

Metabolic Monitoring Reminders

There is mounting evidence of a link between atypical antipsychotic medications and metabolic syndrome. Due to the potential for antipsychotic medications to induce metabolic syndrome, which is linked to a higher risk of atherosclerotic cardiovascular disease (ASCVD), healthcare providers should regularly monitor weight, fasting blood sugar/A1c, lipid levels, and blood pressure in patients taking these medications.

As we start a new year, it is a great time for good housekeeping reminders. Regular monitoring of metabolic parameters to assess a patient's metabolic health and develop a complete treatment plan. The metabolic parameters include these measurements:

- Personal and family history (diabetes, hypertension, and cardiovascular disease) complete at baseline and monitor annually.
- Blood pressure complete at baseline, monitor 12 weeks and quarterly.
- Weight (Body mass index (BMI)) complete at baseline, monitor at 4 weeks, 8 weeks, 12 weeks and quarterly.
- Waist circumference complete at baseline, monitor at 12 weeks and annually.
- Fasting blood glucose complete at baseline, monitor at 12 weeks and annually.
- Fasting lipids complete at baseline, monitor at 4 weeks for patients taking olanzapine, quetiapine, and clozapine, for all others monitor at 12 weeks and annually.

Arizona Prescription Monitoring Program Reminders

The Arizona Prescription Monitoring Program (PMP) collects data on all controlled substance scheduled II-V prescriptions. Arizona Revised Statute (A.R.S.) § 36-2606 requires each medical practitioner licensed under Title 32 (i.e., MD, DO, DDS, DMD, DPM, HMD, PA, NP, ND, and OD) and who possesses a DEA license to review the preceding 12 months of a patient's PMP record before prescribing an opioid analgesic or benzodiazepine-controlled substance listed in schedule II, III or IV. Exceptions to reviewing a patient record are described in A.R.S. § 36-2606. The information assists healthcare providers in making better-informed care decisions when treating patients. The PMP also helps prevent the diversion and misuse of controlled substances at the provider, pharmacy, and patient level. Prescribers must register at: <https://arizona.pmpaware.net/login>

Movement Monitoring During Treatment With Long-Term Antipsychotic Drugs and Metoclopramide

Movement disorders related to the use of antipsychotic medications can emerge at any point throughout treatment with antipsychotics. Antipsychotics used to treat mental health conditions like schizophrenia and bipolar disorders can cause fear, social isolation and distress which can result in violence, aggression, and exacerbation of psychosis. As these movements are readily noticeable to others and can further stigmatize individuals with psychiatric conditions, it is crucial to conduct a thorough evaluation of such symptoms in all patients receiving antipsychotic medications to ensure a balance of potential risks and benefits, utilizing rating scales to accurately assess their presence and severity.

Tardive dyskinesia (TD) is a medication-induced chronic, involuntary movement disorder that develops as a side effect from long term use of medications that block dopamine receptor, primarily including first- and second-generation antipsychotic drugs, metoclopramide and prochlorperazine. Tardive dyskinesia primarily presents with involuntary movements of the face and tongue, but can also affect other areas like the arms, legs, and trunk, with less frequent cases showing prominent muscle spasms localized to a specific body part, like the neck. This condition can be irreversible and significantly impact a person's mental well-being and overall quality of life. Recognizing TD symptoms is important as early discontinuation of the offending drug offers the best chance of recovery. Patients on a first-generation antipsychotic drug require monitoring for movement disorder and a tool that is recommended for documenting at the examination is the Abnormal Involuntary Movement Scale (AIMS).

See form:



Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration
National Institute of Mental Health

KEY: 0 = None 1 = Minimal, may be extreme normal 2 = Mild 3 = Moderate 4 = Severe	NAME: _____ DATE: _____ Prescribing practitioner: _____
MOVEMENT RATINGS: Rate highest severity observed. Rate movements that occur upon activation one less than those observed spontaneously. Circle movement as well as code number that applies.	
RATER Date	
Facial and oral movements	1. Muscles of facial expression eg, movements of forehead, eyebrows, periorbital area, cheeks, including frowning, blinking, smiling, grimacing 0 1 2 3 4
	2. Lips and perioral area eg, puckering, pouting, smacking 0 1 2 3 4
	3. Jaw eg, biting, clenching, chewing, mouth opening, lateral movement 0 1 2 3 4
	4. Tongue Rate only increases in movement both in and out of mouth. NOT inability to sustain movement. Darting in and out of mouth. 0 1 2 3 4
Extremity movements	5. Upper (arms, wrists, hands, fingers) Include choreic movements (ie, rapid, objectively purposeless, irregular, spontaneous) athetoid movements (ie, slow, irregular, complex, serpentine). DO NOT INCLUDE TREMOR (ie, repetitive, regular, rhythmic). 0 1 2 3 4
	6. Lower (legs, knees, ankles, toes) eg, lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot 0 1 2 3 4
Trunk movements	7. Neck, shoulders, hips eg, rocking, twisting, squirming, pelvic gyrations 0 1 2 3 4
Global judgments	8. Severity of abnormal movements overall 0 1 2 3 4
	9. Incapacitation due to abnormal movements 0 1 2 3 4
	10. Patient's awareness of abnormal movements Rate only patient's report - No awareness 0 - Aware, no distress 1 - Aware, mild distress 2 - Aware, moderate distress 3 - Aware, severe distress 4 0 1 2 3 4
Dental status	11. Current problems with teeth and/or dentures? No Yes
	12. Are dentures usually worn? No Yes
	13. Edentia? No Yes
	14. Do movements disappear in sleep? No Yes

References:

1. https://www.uptodate.com/contents/second-generation-and-other-antipsychotic-medications-pharmacology-administration-and-side-effects?search=antipsychotic%20metabolic%20monitoring&source=search_result&selectedTitle=1%7E150&usage_type=default&display_rank=1
2. <https://pharmacypmp.az.gov/>
3. https://www.uptodate.com/contents/tardive-dyskinesia-prevention-treatment-and-prognosis?search=Purpose%20of%20abnormal%20Involuntary%20Movement%20Scal§ionRank=2&usage_type=default&anchor=H708459590&source=machineLearning&selectedTitle=1%7E150&display_rank=1#H708459590

PREFERRED DRUG LIST UPDATES CAN BE FOUND HERE:

	
ACC-RBHA, DD, ALTCS and DCS CHP	Behavioral Health (Non-Title 19/21)

**** Drugs that are not on the formulary will require a PA (prior authorization) request to be submitted****

Reminder for quicker determinations of a Prior Authorization use the ePA link for Our Providers: Please click [here to initiate an electronic prior authorization \(ePA\)](#) request.

This newsletter is brought to you by the Mercy Care Pharmacy Team. For questions, please email Fanny A Musto (MustoF@mercycares.org), Denise Volkov (VolkovD@mercycares.org) or Trennette Gilbert (gilbert@mercycares.org)