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Medi-Cal Drug Utilization Review (DUR) Educational Article – Concomitant Anticholinergic and Antipsychotic use

This is an advisory notification to Molina Healthcare of California (MHC) network providers regarding Concomitant Anticholinergic and Antipsychotic use.

Anticholinergic medications, including benztropine and trihexyphenidyl, are often prescribed to prevent or treat antipsychotic-induced Extrapyramidal Symptoms (EPS); however, the need for continued therapy with anticholinergics is not often reassessed and many patients continue to use these medications. The consensus among the medical community is that prophylaxis of EPS with anticholinergics is generally not indicated in patients receiving antipsychotics, in particular among patients who are prescribed second-generation antipsychotics. Long-term use of anticholinergic medications is associated with cognitive impairment and worsening of tardive dyskinesia, especially among persons 65 years of age or older. Among the 268,245 Medi-Cal beneficiaries with a paid claim for any antipsychotic medication during the measurement year, a total of 29,807 (11%) beneficiaries had concomitant use of anticholinergic medication during this period. Among this population, a total of 15,487 (6%) beneficiaries also had at least six paid claims for an anticholinergic medication during this same time period, suggesting long-term use of concomitant anticholinergic and antipsychotic medications. Concomitant use of anticholinergic medications was higher among the 23,191 Medi-Cal beneficiaries with at least one paid claim for a first-generation antipsychotic medication (n = 9,767; 42%), in comparison to the 260,655 Medi-Cal beneficiaries with paid claims exclusively for second-generation antipsychotic medications (n = 27,137; 10%). Continued use of anticholinergic medications should be re-evaluated in patients with controlled symptoms every three months.

Recommendations for Current Treatment Guidelines for Prophylactic Use of Anticholinergic Medications:

Current treatment guidelines describe the following factors that should be considered in decisions regarding the prophylactic use of anticholinergic medications in acute-phase treatment.

- Propensity of the antipsychotic medication to cause EPS.
- Patient preferences.
- Patient's prior history of EPS.
- Other risk factors for EPS (especially dystonia).
- Risk factors for and potential consequences of anticholinergic side effects.

Clinical Recommendations for health care professionals:

Decisions regarding the prophylactic use of anticholinergic medications to prevent EPS should be determined on a case-by-case basis, in consideration of both patient-specific and medication-specific factors.

- In general, for patients taking second-generation antipsychotics with lower propensity for EPS, prophylactic anticholinergic medications are not recommended.
- When using an anticholinergic medication to treat acute dystonia, it is important to use the lowest dose that is able to treat the dystonia and to continue the anticholinergic medication for the shortest time needed to prevent dystonia from recurring.
- For patients who have parkinsonism associated with antipsychotic therapy, it is preferable to either lower the dosage of the antipsychotic medication or switch to another antipsychotic medication before treating with a concomitant anticholinergic medication.
- Continued use of anticholinergic medications in patients with controlled symptoms should be re-evaluated every three months.

QUESTIONS

If you have any questions regarding the notification, please contact your Molina Provider Services Representative at (855) 322-4075. Please refer to the extensions on page one.