APPENDIX A: QUESTIONS AND ANSWER CHOICES FOR A+KIDS

Question	Answer
Is the parent/guardian in favor of continuing the antipsychotic medication at this time?	yes, no, unknown
How long has the child been on the medication?	new prescription, 0-3 months, 3+ to 6 months, >6 months, Unknown
To the best of the child/parent/guardian and prescriber's knowledge, who was the first prescriber of this antipsychotic medication?	outpatient psychiatrist, psychiatric NP or PA, developmental pediatrician, non-psychiatrist, started in the hospital, Unknown
Does the child see a psychiatrist?	I am a psychiatrist, I am a psychiatric FNP or PA, I am not a psychiatrist but the child sees a psychiatrist, no, unknown
Does the child/family also receive psychotherapy?	Yes, No, Unknown
If yes, check primary therapy type?	N/A, Cognitive Behavioral, Dialectical Behavioral, Intensive In home, Multi-Systems, Parent training, Play therapy, Social skills, Other (enter text here) , unknown
What is the primary psychiatric diagnosis being treated?	Adjustment reaction, agitation/hyperkinesia, anxiety disorders, Aspergers Syndrome, Attention Deficit-Hyperactivity Disorder, Autism, bipolar disorder, conduct disorder, eating disorder, major depressive disorder, mood disorder-NOS, obsessive-compulsive disorder, oppositional defiant disorder, pervasive developmental disorder NOS, psychosis, PTSD, schizoaffective disorder, schizophrenia, severe behavioral problems, tourette 's syndrome. Other (enter text here)
What is the primary symptom being treated?	psychosis, mania, irritability, aggression towards self, property destruction, aggression towards others, tantrums/temper, Other (enter text here)
To the best of the child/parent/guardian and prescriber's knowledge, who was the first prescriber of this antipsychotic medication?	outpatient psychiatrist, psychiatric FNP or PA, developmental pediatrician, non-psychiatrist, started in the hospital, unknown
Does the child/family also receive psychotherapy?	yes, no, unknown
If the child receives psychotherapy, check the primary type:	cognitive behavioral, dialectical behavioral, intensive in home, multi-systems, parent training, play therapy, social skills, other (enter text here), unknown

Appendix B: A+KIDS Implementation Timeline

Date	A+KIDS Project Documentation
Sept. 2010	A+KIDS policy development and outreach begins. Formation of advisory panel with child psychiatry representation from all North Carolina medical schools and North Carolina Psychiatric Association
Dec. 2010	DMA policy reviewed and posted for 45 day waiting period
Jan. 2011	Initiation of website development with advisory panel feedback; DMA policy 45 day waiting period ends
March 2011	A+KIDS www.documentforsafety.org website released for public viewing.[1] Policy dissemination and prescriber education efforts continue.[2-5]
March 14, 2011	A+KIDS prescriber registration function available.
April 5, 2011	**A+KIDS Version 1.0 begins.** - Prescribers registration begins to allow for subsequent antipsychotic registration.
April 8, 2011	North Carolina Division of Medical Assistance releases follow-up notification for "Antipsychotics in North Carolina Children- Keeping it Documented for Safety (A+KIDS)" [6]
April 12, 2011	**A+KIDS Version 2.1 begins.** - Patient registration becomes available to registered prescribers both online or via fax. Registration is voluntary and does not require pharmacy edit.
May 17, 2011	**A+KIDS Version 2.2 begins** - Implementation of A+KIDS pharmacy point of sale edit; pharmacies begin receiving message in response to claim submission if prescriber has not submitted fax or electronic registry documentation.
May 19, 2011	Follow-up phone calls to pharmacies begin to resolve denials and provide education regarding denials. Troubleshooting resolves duplicate claims issues and improves override process.
Aug 21, 2011	**A+KIDS Version 3.0 begins.** - Metabolic and outcomes follow-up questions added at 6 month interval. - Age 13-17 cohort added to registry requirement.

1. www.documentforsafety.org
2. North Carolina Hospital Association Released Educational Article on Policy Implementation: "Off label Antipsychotic Monitoring in Children through Age 17" www.ncha.org
3. North Carolina Academy of Physicians Assistants released educational article in The Pulse: "Registry Launched to Document Antipsychotic Therapy use on Children" http://community.icontact.com/p/ncapa1/newsletters/newsletter/posts/ncapa-the-pulse-march-2011

4. North Carolina Psychiatric Association released E-news article on the A+KIDS program Policy Implementation; “Off Label Monitoring in Children through Age 17” www.ncpsychiatry.org
5. North Carolina Medical Society releases Blog Archive: “NC DMA Issues Alert Concerning NC Medical Eligible Children” www.ncmedsoc.org
6. North Carolina Division of Medical Assistance releases Upcoming Policy Implementation Education in Newsletter; “Policy Implementation: Off Label Antipsychotic Monitoring in Children through Age 17” http://search.nc.gov/DHHS/query.html

APPENDIX C: Rationale and Explanation of Diagnosis and Symptom Ranking Scheme

To account for the challenges posed by multiple registrations for the same child in the database as well as multiple diagnosis or symptom entries for one child (in text boxes on the web-based interface or on faxed forms), the A+KIDS team devised a hierarchical diagnostic ranking scheme. This hierarchy was developed in conjunction with a panel of academic child-psychiatric and developmental/behavioral clinical experts who serve on an advisory board for the A+KIDS registry. The ranking takes into account current FDA-approved indications for antipsychotics, known “off-label” uses, clinical consensus, as well as Center for Medicare/Medicaid Services diagnosis-related-group relative weightings. If a child appeared in the registry multiple times via different prescribers, the information entered for the registration associated with the highest ranking diagnosis was used for medication level analysis. The first appearing registration was used for patient level analysis. If there were multiple diagnoses or symptom entries, then the highest ranking of either were chosen.

Diagnoses were ranked as follows:

Schizophrenia > Psychosis > Autism Spectrum Disorder (ASD) > Pervasive Developmental Disorder > Tourette's Syndrome > Bipolar Disorder > Major Depressive Disorder > Unspecified Mood Disorder > Disruptive Behavior Disorder > Agitation / hyperkinesia* > Attention Deficit hyperactive Disorder > Oppositional Defiant Disorder > Conduct Disorder > Anxiety > Post Traumatic Stress Disorder > Intermittent Explosive Disorder > Developmental Delay > Reactive Attachment Disorder > Other

Symptoms were ranked as follows:

Psychosis > Aggression > Mood Liability > Impulsive/Agitation > Anxiety > Irritability > Other.

*Agitation/hyperkinesia were included as choice options within diagnosis because of historic FDA indications for agitation/hyperkinesias