

Educate Before You Medicate

Supporting safe, evidence-based care for children and adolescents

The National Committee for Quality Assurance (NCQA) HEDIS measure Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP) promotes safer pediatric care by ensuring that psychosocial interventions are used before antipsychotic medications whenever clinically appropriate.

What counts as first-line psychosocial care?

- Individual psychotherapy
- Group psychotherapy
- Medical hypnotherapy
- Trauma therapy
- Parent-child psychotherapy
- Family therapy
- Other evidence-based psychosocial interventions

Why “Educate Before You Medicate” matters

- Reduces unnecessary exposure to high-risk medications
- Decreases potential adverse impacts, including weight gain and diabetes
- Supports safer, developmentally appropriate treatment
- Aligns with national guidelines

Best practices

- Behavioral interventions and psychological therapies are the recommended first-line treatment options for children and adolescents diagnosed with nonpsychotic conditions such as attention-deficit/hyperactivity disorder (ADHD) and disruptive behaviors.¹
- Periodically review the ongoing need to continue treatment with antipsychotic medications.



- Monitor children and adolescents prescribed antipsychotics closely, as they are more at risk for serious health concerns, including weight gain, high cholesterol and high glucose levels.²

Need help getting the necessary support for your patients?

If you have questions or need assistance, you can contact your Provider Account Executive or call Provider Services at 1-888-738-0004.

Thank you for your continued support and commitment to the care of our members.

Disclaimer: Physicians and other health care providers are solely responsible for the treatment decisions for their patients and should not use the information in this communication to substitute independent clinical judgment.

¹Hans Steiner, MD, et al., “Practice Parameter for the Assessment and Treatment of Children and Adolescents With Oppositional Defiant Disorder,” *J Am Acad Child Adolesc Psychiatry*, Vol. 46, No. 1, January 2007, https://www.aacap.org/App_Themes/AACAP/docs/practice_parameters/odd_practice_parameter.pdf, accessed April 2, 2026.

²Robert L. Findling, MD, et al., “Practice Parameter for the Use of Atypical Antipsychotic Medication in Children and Adolescents,” American Academy of Child and Adolescent Psychiatry, 2011, https://www.aacap.org/App_Themes/AACAP/docs/practice_parameters/Atypical_antipsychotic_Medications_Web.pdf, accessed April 2, 2026.

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