

The Pediatric Behavioral Health Medication Initiative

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Background

- Several studies investigated trends in behavioral health medication use in youth.
 - Increase in behavioral health medication polypharmacy regimens
 - Increase in utilization of antipsychotic agents in pediatric patients and in combination with other behavioral health medications
- U.S. Government Accountability Office reported concerns with behavioral health medications prescribed in children.
 - December 2011 Report: Highest rate of utilization in MA compared to other states (FL, MI, OR, TX)
 - December 2012 Report: Behavioral health regimens with ≥ 5 medications more prevalent in foster care children

Response to Pediatric Behavioral Health Medication Concerns

- MassHealth Pharmacy Program developed the PBHMI
 - Department of Children and Families (DCF)
 - Department of Mental Health (DMH)
- Prospective Prior Authorization (PA) requirement
 - Members less than 18 years of age
 - Behavioral health medication combinations (i.e., polypharmacy)
 - Medication classes with limited evidence of safety and efficacy in the pediatric population
- MassHealth PBHMI guideline criteria
 - Evidence-based medicine
 - DMH Expert Workgroup Advisory Board

PBHMI PA Requirements

PA requirements for member <3 years old (effective 11/24/14)

Any pharmacy claim for an alpha₂ agonist or cerebral stimulant

PA requirements for members <6 years old (effective 11/24/14)

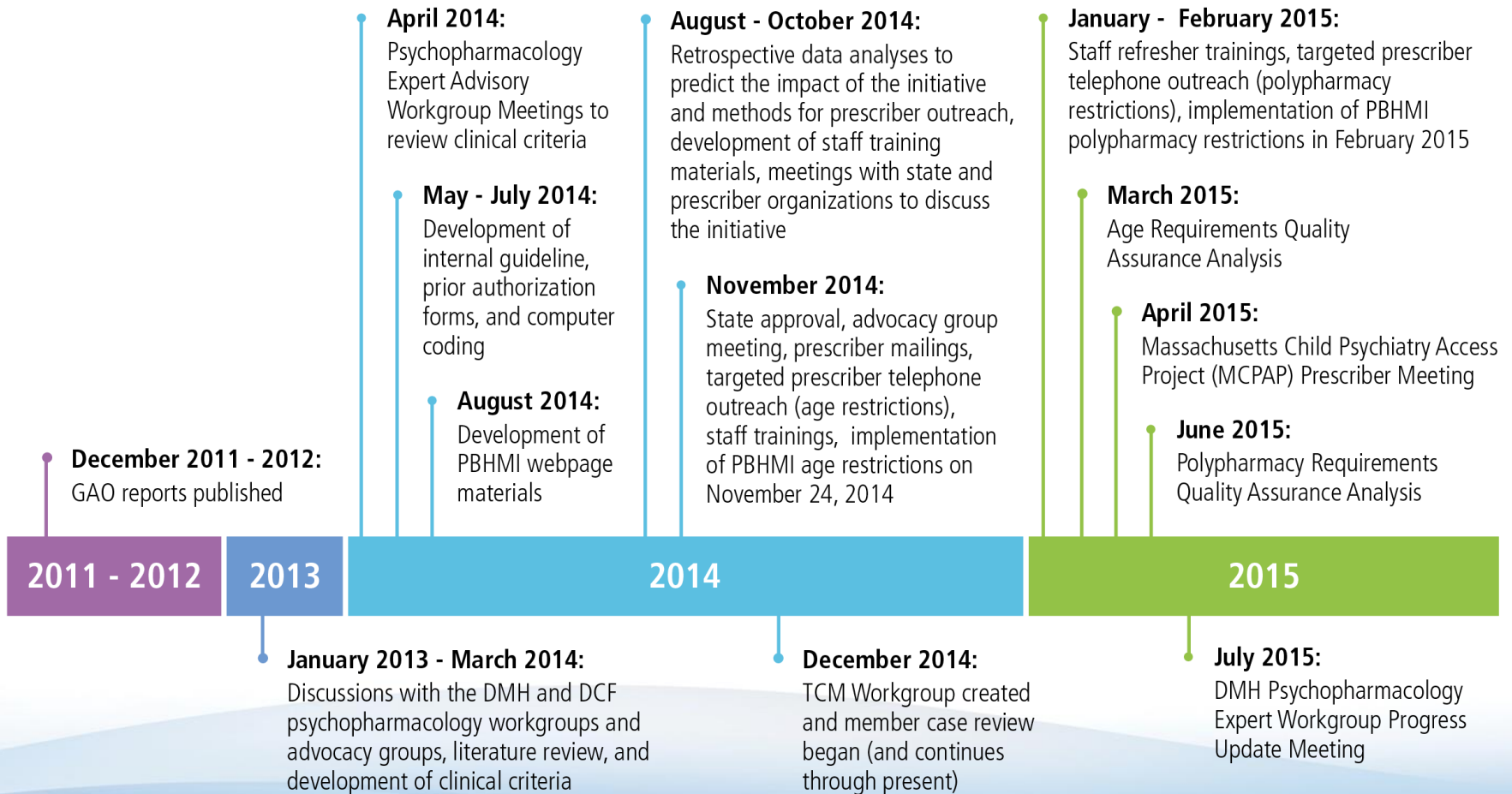
Any pharmacy claim for an antipsychotic, antidepressant, atomoxetine, benzodiazepine, bupropion, hypnotic, or mood stabilizer

PA requirements for members <18 years old (effective 2/23/15)

Type of polypharmacy	Number of medications and duration
Antidepressant	2 or more ≥60 days within a 90 day period
Antipsychotic	2 or more ≥60 days within a 90 day period
Benzodiazepine	2 or more ≥60 days within a 90 day period
Cerebral Stimulant	2 or more ≥60 days within a 90 day period
Mood Stabilizer	3 or more ≥60 days within a 90 day period
Behavioral Health Medication	4 or more within a 45 day period*

*Lookback period for behavioral health medication polypharmacy was changed from 60 days to 45 days on 6/1/2015.

PBHMI Timeline



Outreach Efforts Prior to Implementation

Prescriber Letter Mailings (N=14,352)

- Prescribers for members <18 years old
- Massachusetts and border states



Telephonic Prescriber Outreach

Age Restrictions (N=79)

- Prescribers for behavioral health medications for ≥ 5 members <6 years old
- Prescribers for members <3 years old

Polypharmacy Restrictions (N=239)

- Prescribers of behavioral health medication polypharmacy for ≥ 7 members <18 years old



Outreach Efforts Prior to Implementation

Electronic Communication

- MassHealth E-prescriber Letter (N=280 prescribers)
- Pharmacy Facts (N=1,100 pharmacies)



MassHealth Drug List webpage

- Clinical document
- Therapeutic class tables, criteria, prior authorization forms
- Frequently asked questions



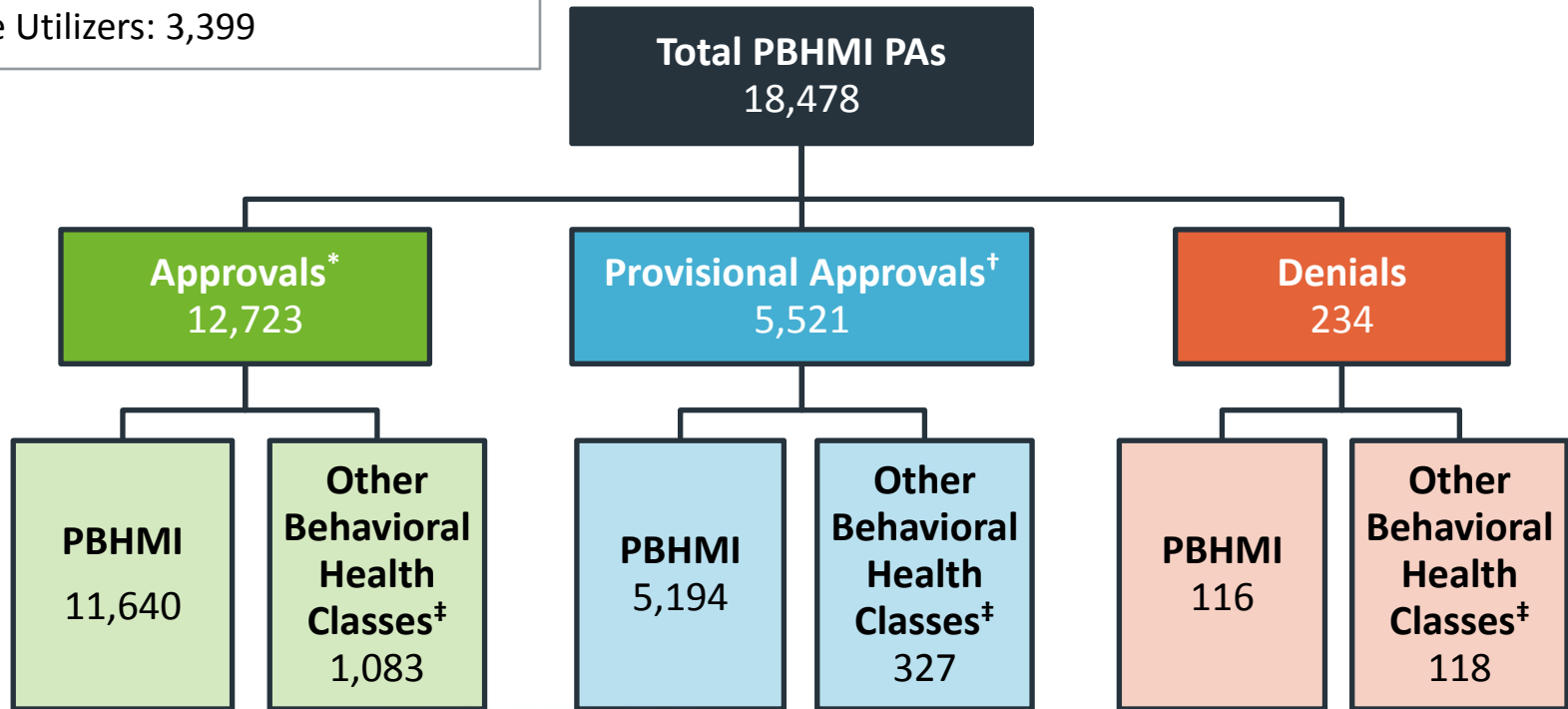
Organizations

- Department of Mental Health (DMH)
- Department of Children and Families (DCF)
- Department of Youth Services (DYS)
- Advocacy groups



PBHMI PA Volume

Time Period: 11/24/14 to 11/30/15
 Unique Utilizers: 3,399



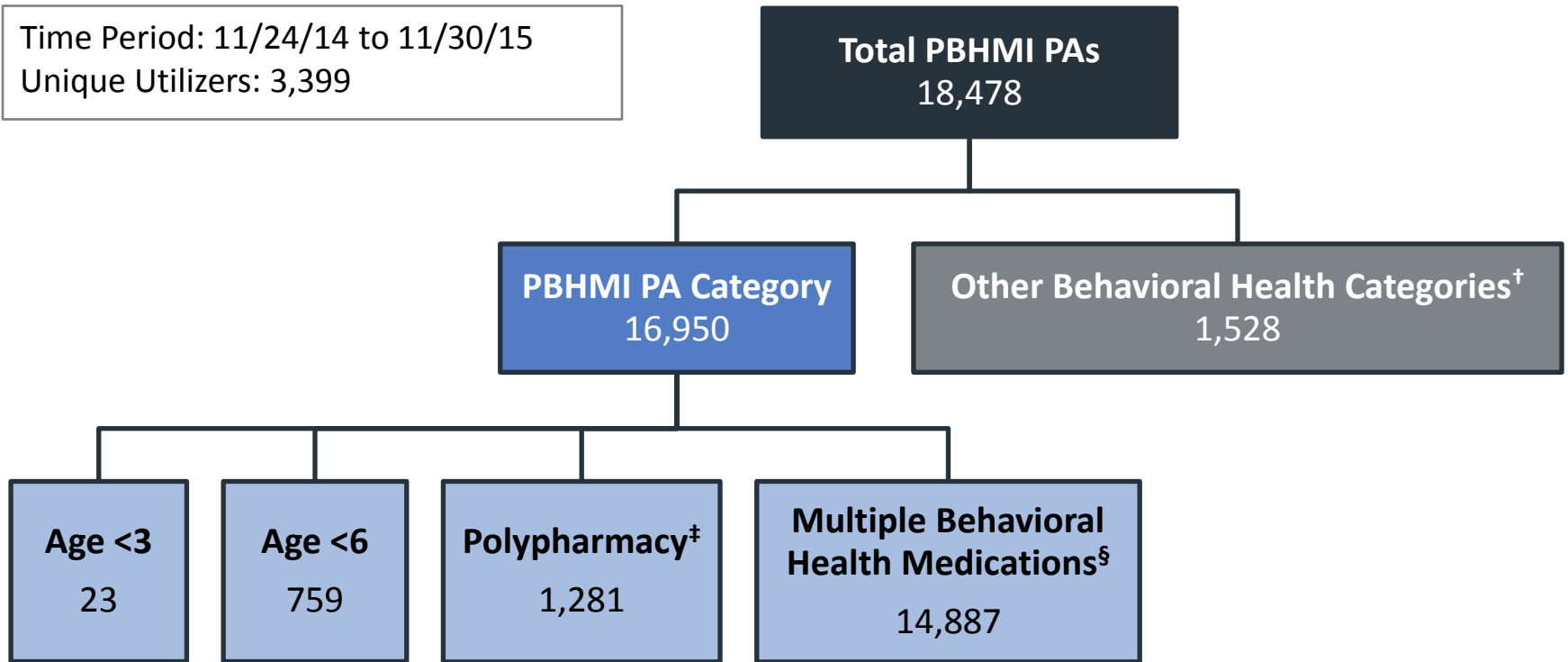
* Initial duration of approval was changed from six months to one year on 3/10/2015.

† Provisional approvals include three month approval durations for recent hospitalization or documented harm to self or others.

‡ Other behavioral health classes include medications that require PA for the agent, formulation, or quantity limits (e.g., ADHD, alpha₂ agonists, antianxiety, anticonvulsants, antidepressants, antipsychotics).

PBHMI PA Volume by Category*

Time Period: 11/24/14 to 11/30/15
Unique Utilizers: 3,399



* PA category/status reason may include multiple reasons (e.g., age, polypharmacy, multiple behavioral health medications).

† Other behavioral health classes include medications that require PA for the agent, formulation, or quantity limits (e.g., ADHD, alpha₂ agonists, antianxiety, anticonvulsants, antidepressants, antipsychotics).

‡ Polypharmacy includes the use of two or more agents in the same behavioral health medication class (e.g., ≥ 2 antipsychotics, ≥ 3 mood stabilizers).

§ Multiple behavioral health medications include regimens with ≥ 4 behavioral health medications.

Recent Updates

- In August 2016 MassHealth implemented changes to PBHMI antipsychotic polypharmacy restrictions and antipsychotic age restrictions
 - Clinical Criteria Updates
 - Evaluation of complete treatment plan, comprehensive behavioral health plan, prescriber speciality, stage of therapy and clinical rationale for extended therapy (as applicable)
 - PBHMI TCM Workgroup Intervention

Therapeutic Class Management (TCM) Workgroup

- Multidisciplinary team
 - Child Adolescent Psychiatrists
 - Steven Feldman, MD
 - Joel Goldstein, MD
 - Clinical pharmacists
 - Michael Angelini, M.A., PharmD, BCPP
 - Neha Kashalikar, PharmD
 - Kimberly Lenz, PharmD
 - Patricia Leto, PharmD
 - Mylissa Price, MPH, RPh
 - Mark Tesell, PharmD, BCPS
 - Social worker
 - Lee-Anne Jacobs, LICSW

Therapeutic Class Management (TCM) Workgroup

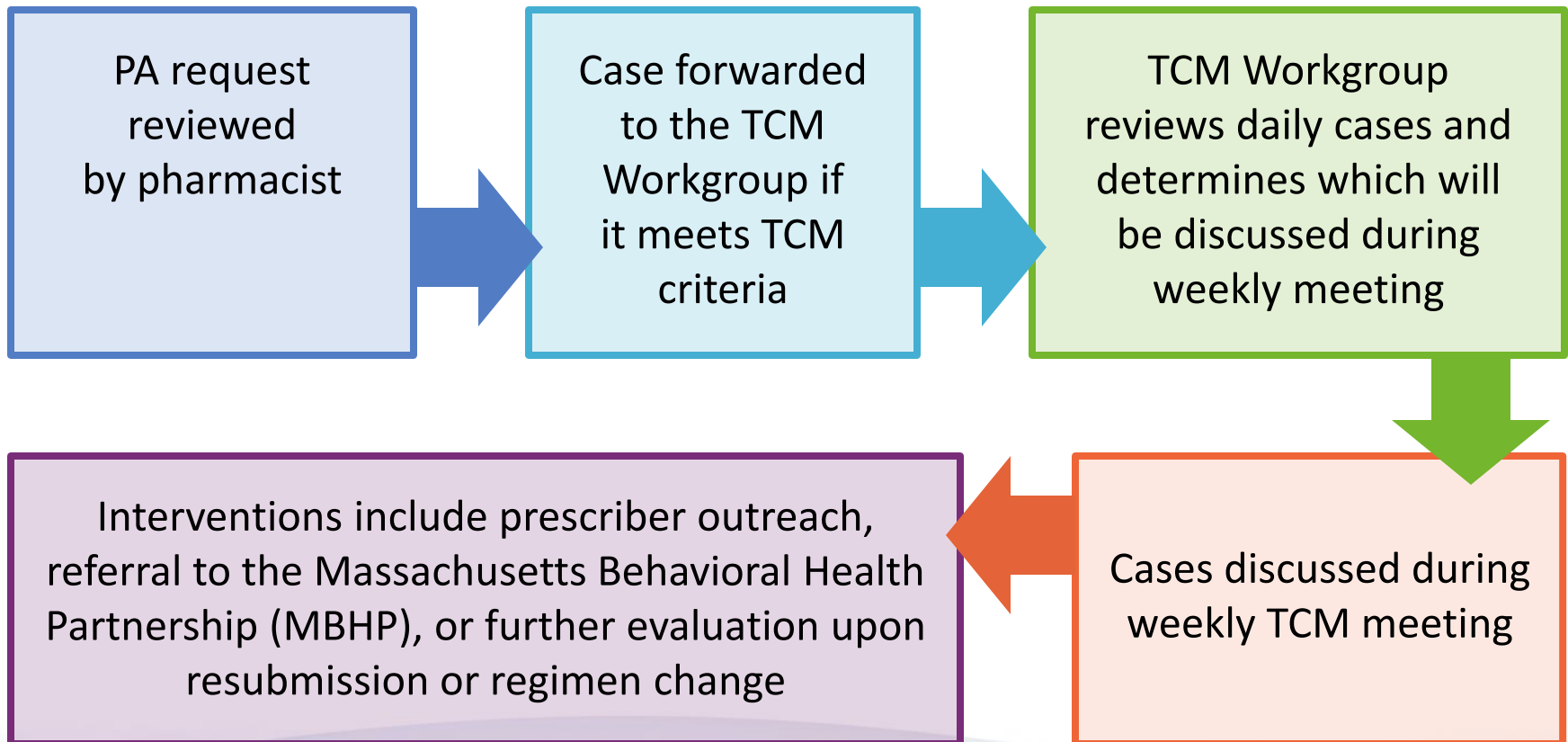
- Responsibilities
 - Clinical discussions regarding treatment plans
 - Prescriber outreach to encourage evidence-based prescribing practices
 - Referral of members to the Massachusetts Behavioral Health Partnership (MBHP)

Cases Escalated for TCM Workgroup Intervention

- Member cases evaluated
 - Regimens with ≥ 6 behavioral health medications
 - Recent psychiatric hospitalization
 - Members < 3 years of age
 - Antipsychotic age < 6 years of age*
 - Antipsychotic polypharmacy*

* Cases forwarded for PBHMI TCM Workgroup review as of 08/29/2016

TCM Workgroup Workflow for Case Evaluation



Sample TCM Case

- 15 y/o female with PTSD, bipolar disorder, anxiety, MDD, RLS, and self-injury
- Medication regimen:
 - quetiapine 800 mg HS
 - risperidone 0.5 mg BID
 - lithium 600 mg BID
 - haloperidol 5 mg every 4 hours as needed
 - fluoxetine 30 mg QD
 - gabapentin 900 mg QD & 600 mg as needed
 - topiramate 25 mg QHS

Abbreviations: BID=twice daily, HS= at bedtime, MDD=Major Depressive Disorder, PTSD=Post-traumatic Stress Disorder, QAM=every morning, QD=daily, QHS=every night at bedtime, RLS=Restless Leg Syndrome, y/o=year old

TCM Case Follow-up

- Prescriber outreach conducted to discuss opportunities for regimen simplification.
- Subsequent medication regimen:
 - ziprasidone 80 mg BID
 - haloperidol 5 mg every 4 hours as needed
 - sertraline 100 mg QD
 - gabapentin 900 mg QD & 600 mg as needed
 - trazodone 50 mg QHS

Abbreviations: BID=twice daily, QD=daily, QHS=every night at bedtime

PBHMI Resources

- MassHealth Drug List Webpage
 - Clinical Document
 - Therapeutic Class Tables and Criteria
 - Prior Authorization Forms
 - Frequently Asked Questions
- DUR Clinical Call Center (800-745-7318)
 - Prescribers and pharmacies only
 - Status of prior authorizations, claim adjudication, overrides, and emergency supplies

Successes

- Cross-agency collaboration
 - Vetting of approval criteria and PA process through psychiatry experts in the field
 - Stakeholder meetings prior to and throughout implementation (e.g., DCF, DMH, Executive Office of Health and Human Services)
- Development of a multidisciplinary team
 - Clinical expert consensus on criteria and complex cases
 - Weekly operations meeting to discuss criteria updates, computer coding, PA volume, and prescriber/pharmacy feedback
 - Weekly TCM workgroup meetings to evaluate concerning cases with prescriber outreach to discuss treatment plan and options

Challenges

- Coordinating care in a complex system
 - Multiple prescribers with different specialties
 - Communication
 - Post discharge follow-up
 - Medication reconciliation
 - Frequent relapses
 - Alternative sites of care
 - Residential treatment facilities
 - Partial hospitalization programs (outpatient based)
 - Behavioral health services ≠ coordinated care
 - Many services offered or received but may not be integrated

Summary

- PBHMI will continue to expand and identify areas for improvement.
- Prescriber outreach and additional resources are available to assist in not disrupting member care.
- The TCM workgroup will continue to evaluate clinically complex cases and encourage safe prescribing practices.
- PBHMI prior authorization requests will continue to be monitored on through quality assurance analyses.
- PBHMI will continually be evaluated and criteria will be adjusted as needed based on current evidence-based medicine.

Questions?

References

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