



## Clinical Pharmacy Services

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# Implementation of a Pediatric Behavioral Health Medication Safety Initiative in a State Medicaid Program

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## BACKGROUND

• **Behavioral health medication utilization in the pediatric population has increased over several years.** Use of these medications and polypharmacy regimens among the Medicaid pediatric population is a major concern. Oversight and monitoring of behavioral health medication prescribing practices is necessary to ensure appropriate care.

• **Several studies investigated trends in behavioral health medication use in youth.**

– An increase in behavioral health medication polypharmacy regimens has been observed in the pediatric population.<sup>1,2</sup>

– The utilization of antipsychotic agents in pediatric patients and in combination with other behavioral health medications has increased.<sup>1,3</sup>

• **The U.S. Government Accountability Office (GAO) reported concerns with behavioral health medications prescribed in children.**

– **December 2011 Report:** “Department of Health and Human Services guidance could help states improve oversight of psychotropic prescriptions.”<sup>4</sup>

– Highest rate of behavioral health medication utilization in MA compared to other states (FL, MI, OR, TX).  
– In MA, 39.1% of foster care children were prescribed behavioral health medications compared to 10.2% of those not in foster care.

– **December 2012 Report:** “Concerns remain about appropriate services for children in Medicaid and Foster Care.”<sup>5</sup>

– Behavioral health regimens with ≥5 medications (20 to 39% in foster care children compared to 5 to 10% in those not in foster care).  
– Antipsychotic utilization in children covered by Medicaid was twice as likely compared to those privately insured.

## OBJECTIVE

To describe the implementation of the Pediatric Behavioral Health Medication Initiative (PBHMI), a safety initiative that oversees the utilization of behavioral health medications for pediatric members in a state Medicaid Program.

## REFERENCES

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<sup>2</sup> Fontanello C, Warner L, Phillips G, Bridge J, Campo J. Trends in psychotropic polypharmacy among youths enrolled in Ohio Medicaid, 2002-2008. *Psychiatr Serv*. 2014 [Epub ahead of print].  
<sup>3</sup> Kreider A, Matone M, Bellonci C, dosReis S, Feudtner C, Huang Y, et al. Antipsychotics with other psychotropic medications in Medicaid-enrolled children. *J Am Acad Child Adolesc Psychiatry*. 2014;53(9):960-970.  
<sup>4</sup> GAO Report to Congressional Requestors. Foster Care Children. HHS Guidance could help states improve oversight or psychotropic prescriptions. December 2011. GAO-12-201.  
<sup>5</sup> GAO Report to Congressional Requestors. Children's Mental Health. Concerns remain about appropriate services for children in Medicaid and foster care. December 2012. GAO-13-15.

## DISCLOSURES/ACKNOWLEDGEMENTS

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## ABBREVIATIONS

DCF=Department of Children and Families, DMH=Department of Mental Health, TCM=Therapeutic Class Management

## METHODS

The PBHMI is a prospective utilization management policy that was developed for specific behavioral health medications and polypharmacy combinations that have limited evidence of safety and efficacy in order to ensure appropriate medication use.

### Initiative Implementation Timeline



### Outreach Methods Prior to Implementation

**Prescriber Letter Mailings (N=14,352)**

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

**Targeted Prescriber Telephone Outreach**

<p><b>For Age Restrictions</b></p> <ul style="list-style-type: none"> <li>Prescribers of behavioral health medications for ≥5 members &lt;6 years old</li> <li>Prescribers for members &lt;3 years old</li> </ul> <p><b>Total number of prescribers = 79</b></p>	<p><b>For Polypharmacy Restrictions</b></p> <ul style="list-style-type: none"> <li>Prescribers of behavioral health medication polypharmacy regimens for ≥15 members &lt;18 years old</li> </ul> <p><b>Total number of prescribers = 123</b></p>
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**MassHealth Drug List Webpage**

- Clinical Document
- Therapeutic class table, criteria, and prior authorization forms
- Frequently Asked Questions

**Electronic Communications**

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

### Prior Authorization (PA) Requirements

PA requirements for members <3 years old	
Any pharmacy claim for an alpha <sub>2</sub> agonist or cerebral stimulant	
PA requirements for members <6 years old	
Any pharmacy claim for an antipsychotic, antidepressant, atomoxetine, benzodiazepine, bupropion, hypnotic, or mood stabilizer	
PA requirements for members <18 years old	
Type of Polypharmacy	Number of Prescriptions and Duration
Antidepressant	2 or more for ≥60 days within a 90 day period
Antipsychotic	2 or more for ≥60 days within a 90 day period
Benzodiazepine	2 or more for ≥60 days within a 90 day period
Cerebral stimulant	2 or more for ≥60 days within a 90 day period
Mood stabilizer	3 or more for ≥60 days within a 90 day period
Behavioral health medication	4 or more within a 60 day period

\* Computer coding technology integrates medical data to assist in drug utilization review.  
\* For all restrictions, refills on prescriptions written before 11/24/2014 were grandfathered into the initiative.  
\* Provisional approvals and emergency supply overrides ensure member care will not be disrupted. Prescriber outreach is conducted on provisional approvals and potential denials.

## Therapeutic Class Management (TCM) Workgroup

- A multidisciplinary TCM workgroup was created consisting of pharmacists, child psychiatrists, and a social worker.
- Retrospective case review is conducted on a daily basis to provide an increased level of clinical expertise and prescriber outreach as appropriate.
- Cases are discussed weekly among workgroup members.
- Member cases reviewed by TCM include:**
  - Recent psychiatric hospitalization
  - History of severe risk of harm to self or others
  - Member age <3 years old
  - Behavioral health regimens with ≥5 medications
  - Members not engaged in psychosocial interventions
- Workgroup responsibilities include:**
  - Clinical discussions regarding treatment plans
  - Prescriber outreach to encourage evidence-based prescribing practices
  - Referral of members to a behavioral health program that assists in integrating care and providing psychosocial interventions
- TCM cases are tracked and monitored to assess the impact of workgroup interventions on treatment plans and integration of care.

## CONCLUSIONS

- The PBHMI focuses on safe and effective behavioral health medication use in members <18 years old.
- Age restrictions (<3 and <6 years old) were successfully implemented on November 24, 2014.
- Polypharmacy restrictions will be implemented in February 2015.
- Prior authorization criteria was designed to reflect evidence-based medicine and expert consensus.
- A multidisciplinary TCM workgroup was created to further evaluate member cases as a method for continuous quality assurance, improvement, and transparency.
- Prescriber outreach was conducted through different avenues and include targeted prescriber telephone calls to assist in successful implementation and to facilitate uninterrupted member care.

## FUTURE PLANS

- The initiative will be evaluated by internal quality assurance programs to determine effects on prescribing trends and member outcomes.
- The development of prescriber education materials relating to behavioral health medication prescribing trends would be valuable to the goal of the initiative.
- Expansion of the initiative for all pediatric members of the Medicaid program (e.g., members in managed care organizations) is underway.