

2-26-2015

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

Donna M. Faber

University of Massachusetts Medical School

Michael Angelini

University of Massachusetts Medical School

Payal N. Kotadiya

University of Massachusetts Medical School

See next page for additional authors

Follow this and additional works at: https://escholarship.umassmed.edu/commed_pubs

 Part of the [Health Law and Policy Commons](#), [Health Policy Commons](#), [Health Services Administration Commons](#), [Health Services Research Commons](#), and the [Pharmacy and Pharmaceutical Sciences Commons](#)

Repository Citation

Faber, Donna M.; Angelini, Michael; Kotadiya, Payal N.; Lenz, Kimberly J.; Levy, Amy L.; and Jeffrey, Paul L., "Implementation of a Pediatric Behavioral Health Medication Safety Initiative in a State Medicaid Program" (2015). *Commonwealth Medicine Publications*. 126.

https://escholarship.umassmed.edu/commed_pubs/126

This material is brought to you by eScholarship@UMMS. It has been accepted for inclusion in Commonwealth Medicine Publications by an authorized administrator of eScholarship@UMMS. For more information, please contact Lisa.Palmer@umassmed.edu.

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

Authors

Donna M. Faber, Michael Angelini, Payal N. Kotadiya, Kimberly J. Lenz, Amy L. Levy, and Paul L. Jeffrey

Keywords

behavioral health medications, children

Rights and Permissions

Copyright 2015 University of Massachusetts Medical School



Clinical Pharmacy Services

Commonwealth Medicine

333 South Street, Shrewsbury, MA 01545

508.856.6222 | 800.842.9375

www.commed.umass.med.edu

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

Donna M. Faber, Pharm.D., BCPS
Michael C. Angelini, M.A., Pharm.D., BCPP[†]
Payal N. Kotadiya, Pharm.D., BCPS

Kimberly Lenz, Pharm.D.[‡]
Amy L. Levy, M.H.P., B.S., R.Ph.
Paul L. Jeffrey, Pharm.D.[‡]

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.^{1,2}

– The utilization of antipsychotic agents in pediatric patients and in combination with other behavioral health medications has increased.^{1,3}

• **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.”⁴

– 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.”⁵

– 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

¹ Comer J, Olsson M, Mojtabai R. National trends in child and adolescent psychotropic polypharmacy in office-based practice, 1996-2007. *J Am Acad Child Adolesc Psychiatry*. 49(10):1001-10.
² 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].
³ 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.
⁴ GAO Report to Congressional Requestors. Foster Care Children. HHS Guidance could help states improve oversight or psychotropic prescriptions. December 2011. GAO-12-201.
⁵ 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

The authors have no financial disclosures.
Special thanks to Amy Jasinski, Pharm.D., Neha Kashalikar, Pharm.D., Patricia Leto, Pharm.D., Rose Mauro, M.P.H., CPHI, Justin Peristere, B.S., R.Ph., and Vincent Palumbo, M.B.A., R.Ph. for their contributions to this project.
[†] Associate Professor, Massachusetts College of Pharmacy and Health Sciences University – Boston
[‡] Current employee of the University of Massachusetts Medical School, Office of Clinical Affairs.

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

For Age Restrictions

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

Total number of prescribers = 79

For Polypharmacy Restrictions

- Prescribers of behavioral health medication polypharmacy regimens for ≥15 members <18 years old

Total number of prescribers = 123

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 alpha₂ 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.