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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.  
  - The utilization of antipsychotic agents in pediatric patients and in combination with other behavioral health medications has increased.  
  - 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 psychiatric prescriptions."
  - 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."
  - 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.

**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**

- **December 2011 - 2012:** GAO reports published
- **2011 - 2012:**
  - Discussions with the DHA and OCF
  - Development of internal guidelines
- **2013:**
  - Development of PBHMI webpage materials
- **2014:**
  - Development of PBHMI intervention tools
- **2015:**
  - Staff retraining, staff trainings, development of PBHMI at risk guidelines

**Outreach Methods Prior to Implementation**

- **Targeted Prescriber Telephone Outreach**
  - For Age Restrictions:
    - Prescribers of behavioral health medications for ≥5 members <6 years old
    - Prescribers of members <6 years old
  - Total number of prescribers = 79

- **For Polypharmacy Restrictions:**
  - Prescribers of behavioral health medication polypharmacy for ≥5 members <18 years old
  - Total number of prescribers = 123

**Prior Authorization (PA) Requirements**

- **PA requirements for members ≤6 years old**
  - Any pharmacy claim for an antipsychotic, antidepressant, atomoxetine, benzodiazepine, hypoglycemic, or mood stabilizer

- **PA requirements for members >6 years old**
  - Any pharmacy claim for an antipsychotic, antidepressant, atomoxetine, benzodiazepine, hypoglycemic, or mood stabilizer

- **Type of Polypharmacy**
  - Antipsychotic
    - 2 or more for >60 days within a 90-day period
  - Antidepressant
    - 2 or more for >60 days within a 90-day period
  - Benzodiazepine
    - 2 or more for >60 days within a 90-day period
  - Mood stabilizer
    - 2 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, PA requirements written before 11/24/2014 were grandfathered into the initiative.
- Prescriber outreach is conducted through different avenues and include targeted prescriber telephone calls to assist in successful implementation and to facilitate uninterrupted member care.

**CONCLUSIONS**

- The PBHMI focuses on safe and effective behavioral health medication use in members <18 years old.
- Age restrictions (<6 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 support clinical outcomes.
- A multidisciplinary TCM workshop was created to further evaluate member cases as a method for continuous quality assurance, improvement, and transparency.
- Prescriber documentation was conducted through different avenues and included 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.

**REFERENCES**


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