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.1
  – The utilization of antipsychotic agents in pediatric patients and in combination with other behavioral health medications has increased.1,2

• The U.S. Government Accountability Office (GAO) reported concerns with behavioral health medications prescribed in children:
  – Highest rate of behavioral health medication utilization in MA compared to other states (FL, MI, OR, TX).4
  – In MA, 39.1% of foster care children were prescribed behavioral health medications compared to 10.2% of those not in foster care.5
  – December 2012 Report: “Concerns remain about appropriate services for children in Medicaid and Foster Care.”6
  – 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.7

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

<table>
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<tr>
<th>2011 - 2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
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<tbody>
<tr>
<td>December 2011 - 2012: GAO reports published</td>
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<td>January 2013 - March 2014: Discussions with the DHM and DCF psychopharmacology workgroups and advocacy groups, literature review, and development of clinical criteria</td>
<td>April 2014: Psychopharmacology Expert Advisory Workgroup Meetings to review clinical criteria</td>
<td>August 2014: Development of PBHMI webpage materials</td>
<td>December 2014: TCM Workgroup created and member case review began (and continues through present)</td>
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Outreach Methods Prior to Implementation

Prescriber Letter Mailing (N=14,352):
  • Prescriptions for all members <18 years old
  • Massachusetts and border states only

Targeted Prescriber Telephone Outreach

For Age Restrictions:
  – Prescriptions of behavioral health medications for ≤5 members <8 years old
  – Prescriptions for members <8 years old

For Polypharmacy Restrictions:
  – Prescriptions of behavioral health medications for ≤5 members <18 years old

Prior Authorization (PA) Requirements

PA requirements for members ≤5 years old:
  • Any pharmacy claim for an alpha, opioid or central stimulant

PA requirements for members ≤6 years old:
  • Any pharmacy claim for an antipsychotic, antidepressant, attention-deficit/hyperactivity, hypnotic, or mood stabilizer

Type of Polypharmacy

PA requirements for members <18 years old:

- Antidepressant: 2 or more for ≤60 days within a 90-day period
- Antipsychotic: 2 or more for ≤60 days within a 60-day period
- Benzodiazepine: 2 or more for ≤60 days within a 60-day period
- Mood stabilizer: 3 or more for ≤60 days within a 60-day period
- Psychotropic: 4 or more within a 60-day period

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 support clinical decisions.

• A multidisciplinary TCM workgroup was created to further evaluate member cases as a method for continuous quality assurance, improvement, and transparency.

• The Prescriber Outreach Program is provided through different avenues and is targeted 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.

Therapeutic Class Management (TCM) Workgroup

- A multidisciplinary TCM workgroup was created consisting of pharmacists, child psychiatrists, and a social worker.

- Retrospective care review is conducted on a daily basis to provide an increased level of clinical expertise and prescriptive 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

REFERENCES

DISCLOSURES/ACKNOWLEDGEMENTS

Abbreviations

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

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