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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
  - The U.S. Government Accountability Office (GAO) reported concerns about behavioral health medications prescribed in children.
    - December 2011 Report: "Department of Health and Human Services guidance could help states improve oversight of psychotropic prescriptions."
    - 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."
    - 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
- January 2013 - March 2014: Discussions with the DHM and DCF psychopharmacology workgroups and advocacy groups, literature review, and development of clinical criteria
- April 2014: Development of TCM and PBHMI webpage materials
- May - July 2014: Development of internal guideline, prior authorization forms, and computer coding.
- August 2014: Development of PBHMI webpage materials
- November 2014: State approval, advocacy group meetings, prescriber mailings, targeted prescriber telephone outreach (age restrictions), staff trainings, implementation of PBHMI age restrictions on November 24, 2014
- January - February 2015: Staff refresher trainings, targeted prescriber telephone outreach (polypharmacy restrictions), implementation of PBHMI polypharmacy interventions in February 2015
- December 2014: TCM Workgroup created, and member case review began (and continues through present)

**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**
- Prescriptions for behavioral health medications for ≤5 members <8 years old
- Prescriptions for members <6 years old
- Total number of prescriptions: 79

**For Polypharmacy Restrictions**
- Prescriptions for behavioral health medications for ≥15 members
- Total number of prescriptions: 123

**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 antidepressant, antipsychotic, antiseizure, benzodiazepine, buspirone, hypnotic, 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 60-day period
- Central stimulant
  - 2 or more for ≥60 days within a 60-day period
- Mood stabilizer
  - 3 or more for ≥60 days within a 60-day period
- Behavioral/health medication
  - 4 or more within a 60-day period

**DISCLOSURES/ACKNOWLEDGMENTS**

REFERENCES

**ABBREVIATIONS**
- TCM = Therapeutic Class Management
- DCF = Department of Children and Families
- DHM = Department of Health and Mental Hygiene
- MA = Massachusetts
- PBHMI = Pediatric Behavioral Health Medication Initiative

**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.

**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 continuation of care.
- 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 included targeted prescriber telephone calls to assist in successful implementation and to facilitate uninterrupted member care.

**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.