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The Pediatric Behavioral Health Medication Initiative

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The Pediatric Behavioral Health Medication Initiative

September 2016

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Background

• Several studies investigated trends in behavioral health medication use in youth.
  - Increase in behavioral health medication polypharmacy regimens
  - Increase in utilization of antipsychotic agents in pediatric patients and in combination with other behavioral health medications

• U.S. Government Accountability Office reported concerns with behavioral health medications prescribed in children.
  - December 2011 Report: Highest rate of utilization in MA compared to other states (FL, MI, OR, TX)
  - December 2012 Report: Behavioral health regimens with ≥5 medications more prevalent in foster care children
Response to Pediatric Behavioral Health Medication Concerns

• MassHealth Pharmacy Program developed the PBHMI
  - Department of Children and Families (DCF)
  - Department of Mental Health (DMH)

• Prospective Prior Authorization (PA) requirement
  - Members less than 18 years of age
  - Behavioral health medication combinations (i.e., polypharmacy)
  - Medication classes with limited evidence of safety and efficacy in the pediatric population

• MassHealth PBHMI guideline criteria
  - Evidence-based medicine
  - DMH Expert Workgroup Advisory Board
**PBHMI PA Requirements**

<table>
<thead>
<tr>
<th>PA requirements for member &lt;3 years old (effective 11/24/14)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any pharmacy claim for an alpha$_2$ agonist or cerebral stimulant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PA requirements for members &lt;6 years old (effective 11/24/14)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any pharmacy claim for an antipsychotic, antidepressant, atomoxetine, benzodiazepine, buspirone, hypnotic, or mood stabilizer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PA requirements for members &lt;18 years old (effective 2/23/15)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of polypharmacy</strong></td>
</tr>
<tr>
<td>Antidepressant</td>
</tr>
<tr>
<td>Antipsychotic</td>
</tr>
<tr>
<td>Benzodiazepine</td>
</tr>
<tr>
<td>Cerebral Stimulant</td>
</tr>
<tr>
<td>Mood Stabilizer</td>
</tr>
<tr>
<td>Behavioral Health Medication</td>
</tr>
</tbody>
</table>

*Lookback period for behavioral health medication polypharmacy was changed from 60 days to 45 days on 6/1/2015.*
PBHMI Timeline

**2011 - 2012:**
- GAO reports published

**2013**
- January 2013 - March 2014: Discussions with the DMH and DCF psychopharmacology workgroups and advocacy groups, literature review, and development of clinical criteria
- December 2014: TCM Workgroup created and member case review began (and continues through present)

**2014**
- April 2014: Psychopharmacology Expert Advisory Workgroup Meetings to review clinical criteria
- May - July 2014: Development of internal guideline, prior authorization forms, and computer coding
- August 2014: Development of PBHMI webpage materials
- August - October 2014: Retrospective data analyses to predict the impact of the initiative and methods for prescriber outreach, development of staff training materials, meetings with state and prescriber organizations to discuss the initiative
- November 2014: State approval, advocacy group meeting, prescriber mailings, targeted prescriber telephone outreach (age restrictions), staff trainings, implementation of PBHMI age restrictions on November 24, 2014

**2015**
- January - February 2015: Staff refresher trainings, targeted prescriber telephone outreach (polypharmacy restrictions), implementation of PBHMI polypharmacy restrictions in February 2015
- March 2015: Age Requirements Quality Assurance Analysis
- April 2015: Massachusetts Child Psychiatry Access Project (MCPAP) Prescriber Meeting
- June 2015: Polypharmacy Requirements Quality Assurance Analysis
- July 2015: DMH Psychopharmacology Expert Workgroup Progress Update Meeting
### Outreach Efforts Prior to Implementation

<table>
<thead>
<tr>
<th>Prescriber Letter Mailings (N=14,352)</th>
<th>Telephonic Prescriber Outreach</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Prescribers for members &lt;18 years old</td>
<td>Age Restrictions (N=79)</td>
</tr>
<tr>
<td>• Massachusetts and border states</td>
<td>• Prescribers for behavioral health medications for ≥5 members &lt;6 years old</td>
</tr>
<tr>
<td></td>
<td>• Prescribers for members &lt;3 years old</td>
</tr>
<tr>
<td></td>
<td>Polypharmacy Restrictions (N=239)</td>
</tr>
<tr>
<td></td>
<td>• Prescribers of behavioral health medication polypharmacy for ≥7 members &lt;18 years old</td>
</tr>
</tbody>
</table>
Outreach Efforts Prior to Implementation

**Electronic Communication**
- MassHealth E-prescriber Letter (N=280 prescribers)
- Pharmacy Facts (N=1,100 pharmacies)

**MassHealth Drug List webpage**
- Clinical document
- Therapeutic class tables, criteria, prior authorization forms
- Frequently asked questions

**Organizations**
- Department of Mental Health (DMH)
- Department of Children and Families (DCF)
- Department of Youth Services (DYS)
- Advocacy groups

September 2016
**PBHMI PA Volume**

Time Period: 11/24/14 to 11/30/15
Unique Utilizers: 3,399

**Total PBHMI PAs**
18,478

- **Approvals***
  12,723
  - PBHMI
    11,640
  - Other Behavioral Health Classes‡
    1,083

- **Provisional Approvals†**
  5,521
  - PBHMI
    5,194
  - Other Behavioral Health Classes‡
    327

- **Denials**
  234
  - PBHMI
    116
  - Other Behavioral Health Classes‡
    118

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* Initial duration of approval was changed from six months to one year on 3/10/2015.
† Provisional approvals include three month approval durations for recent hospitalization or documented harm to self or others.
‡ Other behavioral health classes include medications that require PA for the agent, formulation, or quantity limits (e.g., ADHD, alpha₂ agonists, antianxiety, anticonvulsants, antidepressants, antipsychotics).
Total PBHMI PAs
18,478

PBHMI PA Category
16,950

Other Behavioral Health Categories†
1,528

Age <3
23

Age <6
759

Polypharmacy‡
1,281

Multiple Behavioral Health Medications§
14,887

Time Period: 11/24/14 to 11/30/15
Unique Utilizers: 3,399

* PA category/status reason may include multiple reasons (e.g., age, polypharmacy, multiple behavioral health medications).
† Other behavioral health classes include medications that require PA for the agent, formulation, or quantity limits (e.g., ADHD, alpha₂ agonists, antianxiety, anticonvulsants, antidepressants, antipsychotics).
‡ Polypharmacy includes the use of two or more agents in the same behavioral health medication class (e.g., ≥2 antipsychotics, ≥3 mood stabilizers).
§ Multiple behavioral health medications include regimens with ≥4 behavioral health medications.
Recent Updates

• In August 2016 MassHealth implemented changes to PBHMI antipsychotic polypharmacy restrictions and antipsychotic age restrictions
  - Clinical Criteria Updates
    ▪ Evaluation of complete treatment plan, comprehensive behavioral health plan, prescriber speciality, stage of therapy and clinical rationale for extended therapy (as applicable)
  - PBHMI TCM Workgroup Intervention
Therapeutic Class Management (TCM) Workgroup

- Multidisciplinary team
  - Child Adolescent Psychiatrists
    - Steven Feldman, MD
    - Joel Goldstein, MD
  - Clinical pharmacists
    - Michael Angelini, M.A., PharmD, BCPP
    - Neha Kashalikar, PharmD
    - Kimberly Lenz, PharmD
    - Patricia Leto, PharmD
    - Mylissa Price, MPH, RPh
    - Mark Tesell, PharmD, BCPS
  - Social worker
    - Lee-Anne Jacobs, LICSW
Therapeutic Class Management (TCM) Workgroup

- Responsibilities
  - Clinical discussions regarding treatment plans
  - Prescriber outreach to encourage evidence-based prescribing practices
  - Referral of members to the Massachusetts Behavioral Health Partnership (MBHP)
Cases Escalated for TCM Workgroup Intervention

- Member cases evaluated
  - Regimens with $\geq 6$ behavioral health medications
  - Recent psychiatric hospitalization
  - Members <3 years of age
  - Antipsychotic age <6 years of age*
  - Antipsychotic polypharmacy*

* Cases forwarded for PBHMI TCM Workgroup review as of 08/29/2016
**TCM Workgroup Workflow for Case Evaluation**

1. **PA request reviewed by pharmacist**
2. **Case forwarded to the TCM Workgroup if it meets TCM criteria**
3. **TCM Workgroup reviews daily cases and determines which will be discussed during weekly meeting**

Interventions include prescriber outreach, referral to the Massachusetts Behavioral Health Partnership (MBHP), or further evaluation upon resubmission or regimen change.

Cases discussed during weekly TCM meeting.

*September 2016*
Sample TCM Case

• 15 y/o female with PTSD, bipolar disorder, anxiety, MDD, RLS, and self-injury

• Medication regimen:
  – quetiapine 800 mg HS
  – risperidone 0.5 mg BID
  – lithium 600 mg BID
  – haloperidol 5 mg every 4 hours as needed
  – fluoxetine 30 mg QD
  – gabapentin 900 mg QD & 600 mg as needed
  – topiramate 25 mg QHS

Abbreviations: BID=twice daily, HS=at bedtime, MDD=Major Depressive Disorder, PTSD=Post-traumatic Stress Disorder, QAM=every morning, QD=daily, QHS=every night at bedtime, RLS=Restless Leg Syndrome, y/o=year old
TCM Case Follow-up

• Prescriber outreach conducted to discuss opportunities for regimen simplification.

• Subsequent medication regimen:
  – ziprasidone 80 mg BID
  – haloperidol 5 mg every 4 hours as needed
  – sertraline 100 mg QD
  – gabapentin 900 mg QD & 600 mg as needed
  – trazodone 50 mg QHS

Abbreviations: BID=twice daily, QD=daily, QHS=every night at bedtime
PBHMI Resources

• MassHealth Drug List Webpage
  - Clinical Document
  - Therapeutic Class Tables and Criteria
  - Prior Authorization Forms
  - Frequently Asked Questions

• DUR Clinical Call Center (800-745-7318)
  - Prescribers and pharmacies only
  - Status of prior authorizations, claim adjudication, overrides, and emergency supplies
Successes

• Cross-agency collaboration
  – Vetting of approval criteria and PA process through psychiatry experts in the field
  – Stakeholder meetings prior to and throughout implementation (e.g., DCF, DMH, Executive Office of Health and Human Services)

• Development of a multidisciplinary team
  – Clinical expert consensus on criteria and complex cases
  – Weekly operations meeting to discuss criteria updates, computer coding, PA volume, and prescriber/pharmacy feedback
  – Weekly TCM workgroup meetings to evaluate concerning cases with prescriber outreach to discuss treatment plan and options
Challenges

- Coordinating care in a complex system
  - Multiple prescribers with different specialties
    - Communication
  - Post discharge follow-up
    - Medication reconciliation
    - Frequent relapses
  - Alternative sites of care
    - Residential treatment facilities
    - Partial hospitalization programs (outpatient based)
  - Behavioral health services ≠ coordinated care
    - Many services offered or received but may not be integrated
Summary

- PBHMI will continue to expand and identify areas for improvement.
- Prescriber outreach and additional resources are available to assist in not disrupting member care.
- The TCM workgroup will continue to evaluate clinically complex cases and encourage safe prescribing practices.
- PBHMI prior authorization requests will continue to be monitored on through quality assurance analyses.
- PBHMI will continually be evaluated and criteria will be adjusted as needed based on current evidence-based medicine.
Questions?
References