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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  $\geq 5$  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

## PA requirements for member <3 years old (effective 11/24/14)

Any pharmacy claim for an alpha<sub>2</sub> agonist or cerebral stimulant

## PA requirements for members <6 years old (effective 11/24/14)

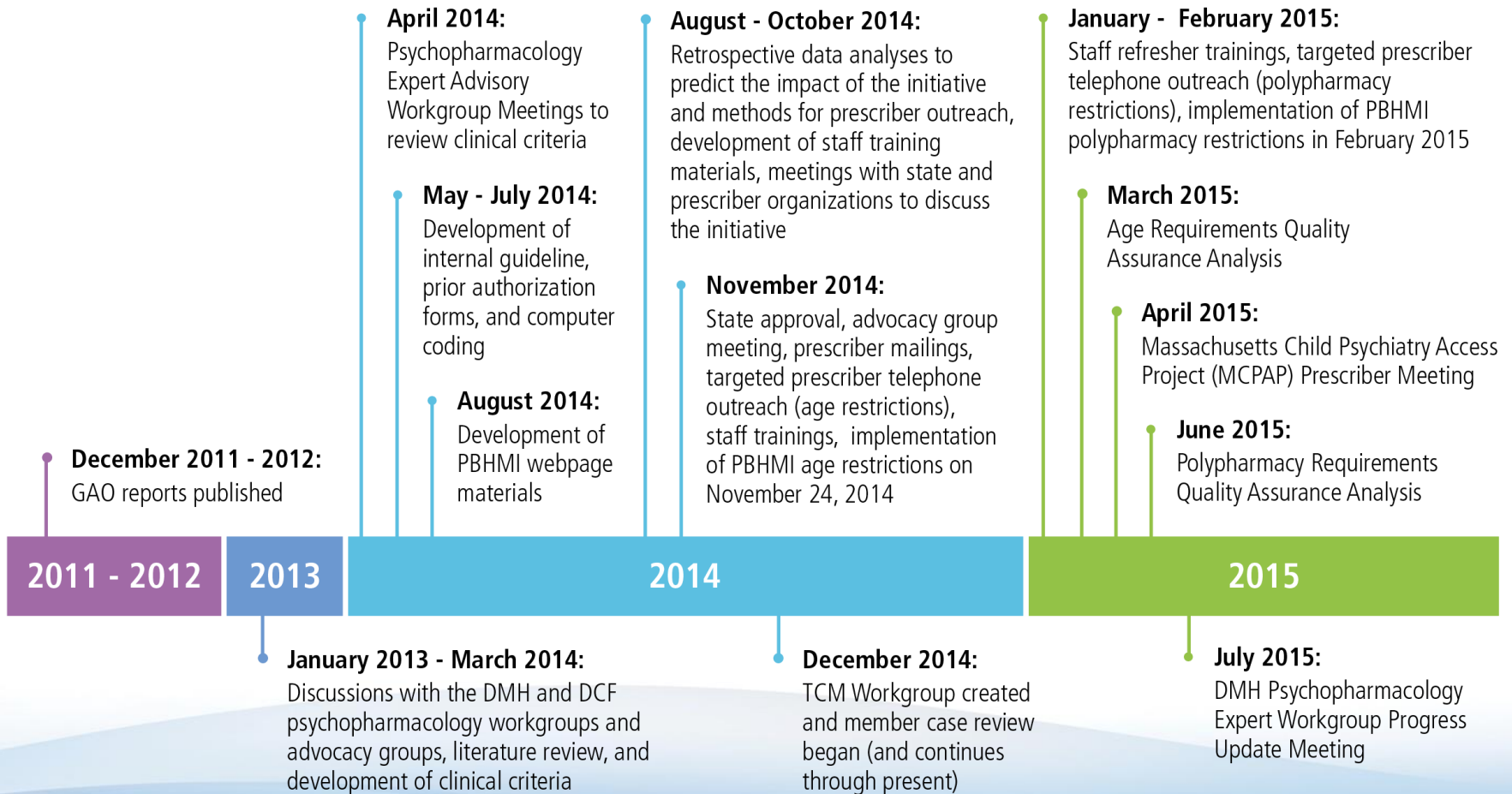
Any pharmacy claim for an antipsychotic, antidepressant, atomoxetine, benzodiazepine, bupropion, hypnotic, or mood stabilizer

## PA requirements for members <18 years old (effective 2/23/15)

Type of polypharmacy	Number of medications and duration
Antidepressant	2 or more ≥60 days within a 90 day period
Antipsychotic	2 or more ≥60 days within a 90 day period
Benzodiazepine	2 or more ≥60 days within a 90 day period
Cerebral Stimulant	2 or more ≥60 days within a 90 day period
Mood Stabilizer	3 or more ≥60 days within a 90 day period
Behavioral Health Medication	4 or more within a 45 day period*

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

# PBHMI Timeline



# Outreach Efforts Prior to Implementation

## Prescriber Letter Mailings (N=14,352)

- Prescribers for members <18 years old
- Massachusetts and border states



## Telephonic Prescriber Outreach

### Age Restrictions (N=79)

- Prescribers for behavioral health medications for  $\geq 5$  members <6 years old
- Prescribers for members <3 years old

### Polypharmacy Restrictions (N=239)

- Prescribers of behavioral health medication polypharmacy for  $\geq 7$  members <18 years old



# 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

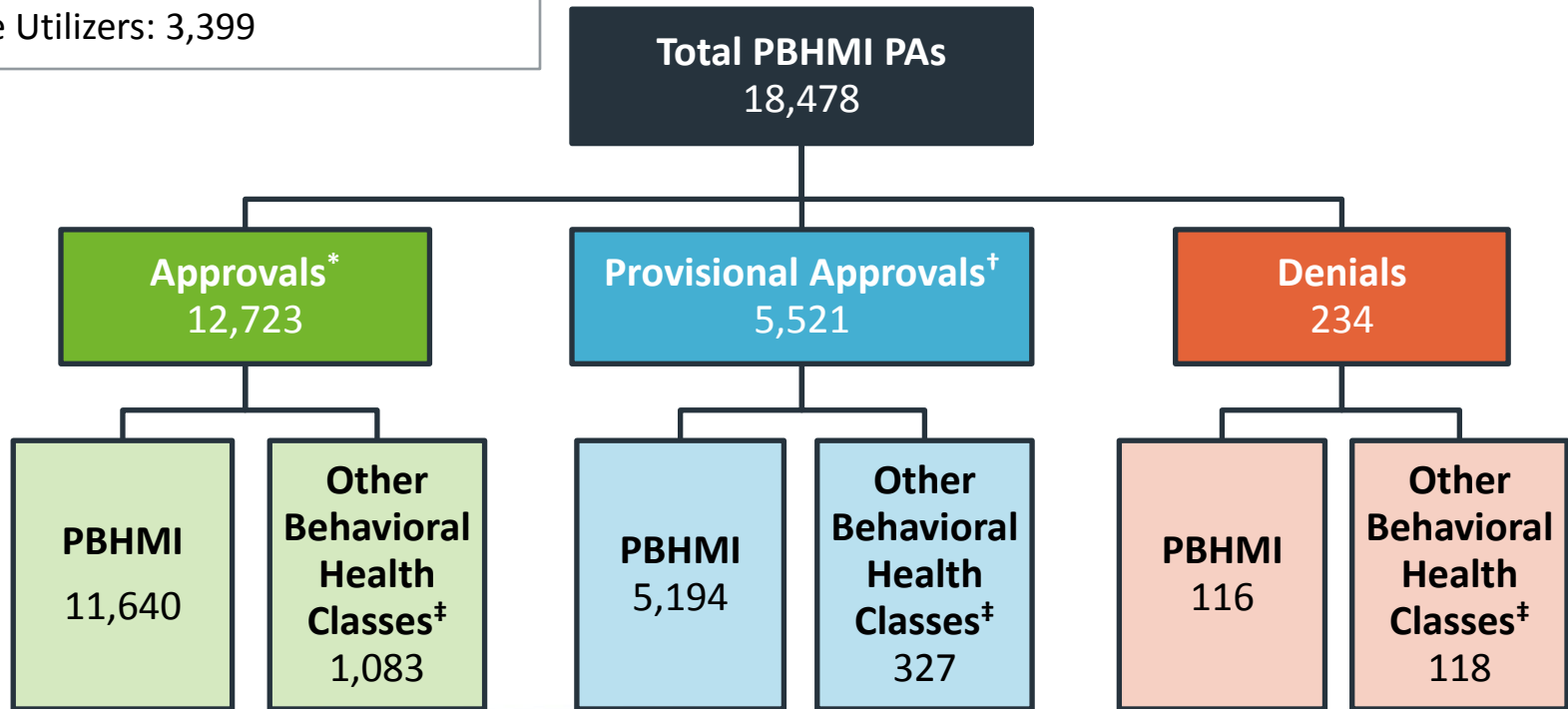
- Department of Mental Health (DMH)
- Department of Children and Families (DCF)
- Department of Youth Services (DYS)
- Advocacy groups





# PBHMI PA Volume

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



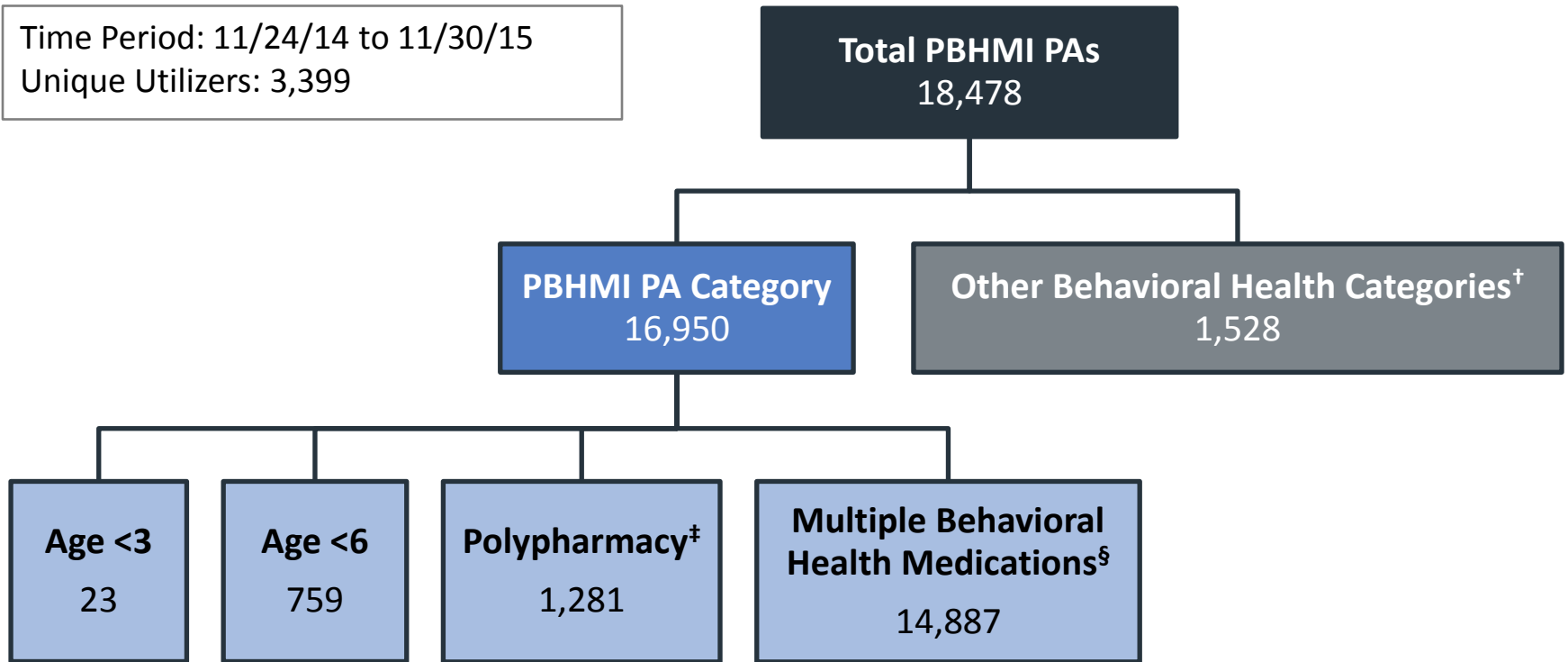
\* Initial duration of approval was changed from six months to one year on 3/10/2015.

† 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, alpha<sub>2</sub> agonists, antianxiety, anticonvulsants, antidepressants, antipsychotics).

# PBHMI PA Volume by Category\*

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, alpha<sub>2</sub> 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

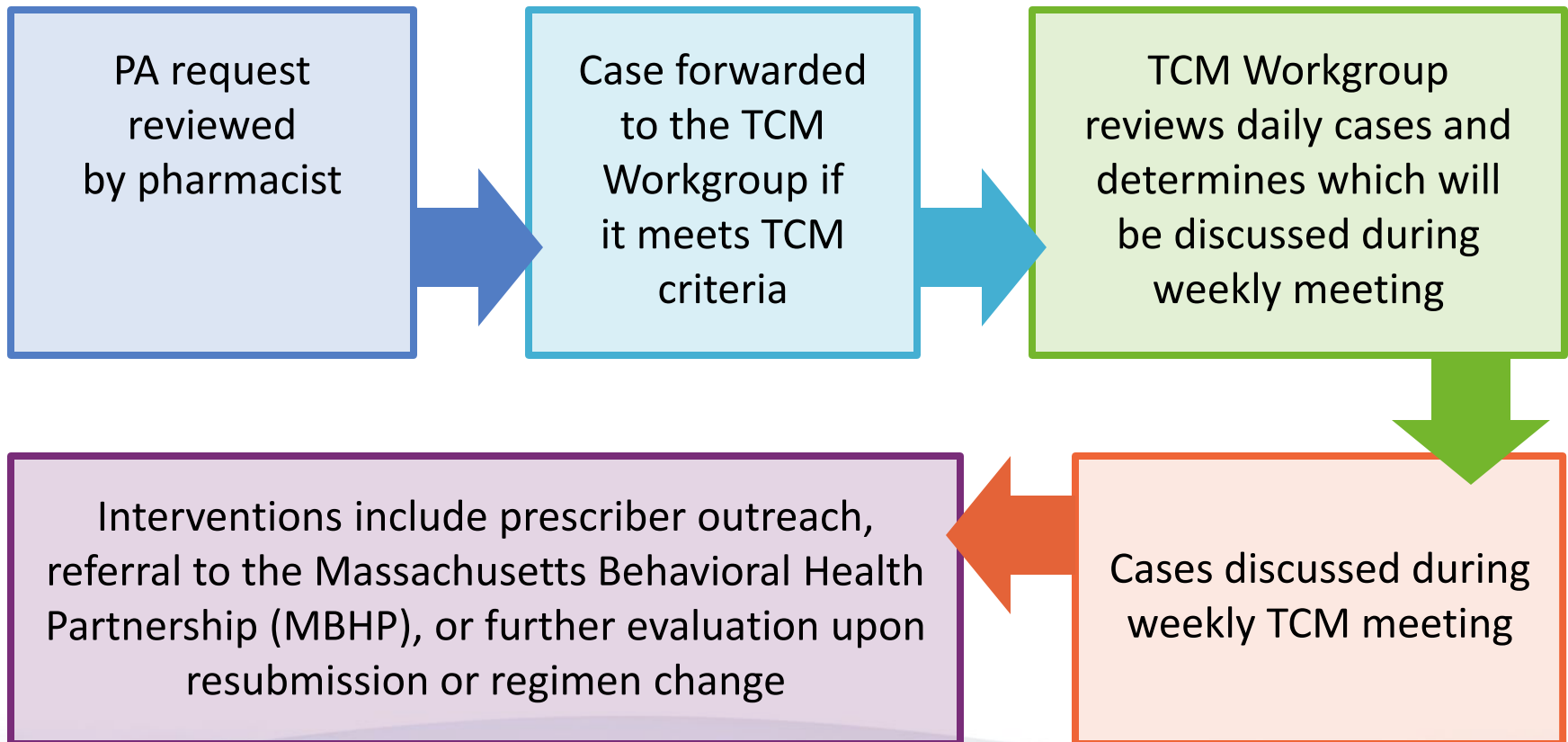
- Responsibilities
  - Clinical discussions regarding treatment plans
  - Prescriber outreach to encourage evidence-based prescribing practices
  - Referral of members to the Massachusetts Behavioral Health Partnership (MBHP)

# 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



# 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?

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