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

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

Any pharmacy claim for an alpha$_2$ agonist or cerebral stimulant

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

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

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

<table>
<thead>
<tr>
<th>Type of polypharmacy</th>
<th>Number of medications and duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antidepressant</td>
<td>2 or more ≥60 days within a 90 day period</td>
</tr>
<tr>
<td>Antipsychotic</td>
<td>2 or more ≥60 days within a 90 day period</td>
</tr>
<tr>
<td>Benzodiazepine</td>
<td>2 or more ≥60 days within a 90 day period</td>
</tr>
<tr>
<td>Cerebral Stimulant</td>
<td>2 or more ≥60 days within a 90 day period</td>
</tr>
<tr>
<td>Mood Stabilizer</td>
<td>3 or more ≥60 days within a 90 day period</td>
</tr>
<tr>
<td>Behavioral Health Medication</td>
<td>4 or more within a 45 day period*</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

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

- **2011 - 2012**
  - **January 2013 - March 2014:** Discussions with the DMH and DCF psychopharmacology workgroups and advocacy groups, literature review, and development of clinical criteria
  - **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

- **2014**
  - **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

**Prescriber Letter Mailings**  
(N=14,352)  
- Prescribers for members <18 years old  
- Massachusetts and border states

**Age Restrictions**  
(N=79)  
- Prescribers for behavioral health medications for ≥5 members <6 years old  
- Prescribers for members <3 years old

**Polypharmacy Restrictions**  
(N=239)  
- Prescribers of behavioral health medication polypharmacy for ≥7 members <18 years old

**Telephonic Prescriber Outreach**

September 2016  
PBHMI
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

* 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).
**PBHMI PA Volume by Category***

*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 specialty, 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

- PA request reviewed by pharmacist
- Case forwarded to the TCM Workgroup if it meets TCM criteria
- 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
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