



Mountain-Pacific Quality Health

DUR PROGRAM NEWS

FALL 2018

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The Drug Utilization Review (DUR) Program, administered by Mountain-Pacific through a contract with the Allied Health Services Bureau of the Montana Department of Public Health and Human Services, is the quality assurance body seeking to assure the quality of pharmaceutical care and to help provide rational, cost-effective medication therapy for Montana's Medicaid recipients.

Montana Medicaid Drug Prior
Authorization Unit
1-800-395-7961

Psychotropic Use Among Medicaid Foster Care Children - A Pharmacy Case Management Focus Topic -

Historical Perspective

In a November 2011 letter to State Medicaid, child welfare, and mental health authority Directors, the United States Department of Public Health and Human Services (HHS) indicated increasing concern about the safe, appropriate and effective use of psychotropic medications among children and youth in foster care. Children in foster care represent 3% of children covered by Medicaid, however based on a study of pharmacy claims in 12 million children/adolescents in 16 states; foster children enrolled in Medicaid were prescribed antipsychotic medications at nearly nine times the rate of other Medicaid recipients. Children who have experienced maltreatment require treatment with a multi-faceted approach, in which psychotropic medication is one component. HHS subsequently requested strengthened oversight of psychotropic medication use to responsibly and effectively meet the needs of these children.

Landmark legislation includes the following:

Fostering Connections to Success and Increasing Adoptions Act of 2008

- required states to strengthen medical oversight and expand access to medical homes for children in the welfare system. The purpose of these requirements is to assure that children in foster care receive quality medical services including appropriate medication even as their placements change. The law's provisions also offer states the opportunity to address some of the pressing issues related to psychotropic prescription oversight for children in foster care.

Child and Family Services Improvement and Innovation Act of 2011 (Public Law 112-34)

- included new language which concerns the social-emotional and mental health of children who have experienced maltreatment. State child and family services plans must now include details on how emotional trauma associated with maltreatment is addressed, as well as a description of how the use of psychotropic medications is monitored.

The Administration for Children and Families (ACF), the Centers for Medicare & Medicaid Services (CMS), and the Substance Abuse and Mental Health Services Administration (SAMHSA) have promoted efforts to support effective management of prescriptions in the Medicaid foster care population, and recommended collaboration of resources to accomplish this task.

Under contract with Montana DPHHS, Mountain-Pacific Quality Health expanded the current clinical pharmacy case management program in 2012 to address the foster care population recommendations of HHS

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Montana Healthcare Pharmacy Programs Link

(Current Montana Medicaid Preferred Drug List, Provider Notices, DUR Board/Meeting Information, Resources)
<http://medicaidprovider.mt.gov/19>

Psychotropic Use Among Medicaid Foster Care Children

- A Pharmacy Case Management Focus Topic - Continued

Development and Implementation of the Montana Program - 2012

The Montana Drug Utilization Review (DUR) program, administered by Mountain-Pacific Quality Health, expanded the current clinical pharmacy case management program to address the foster care population recommendations of HHS. Clinical pharmacy case management staff have shared best-practice guidelines for the use of psychotropic medications among children being served in community-based agencies. This has enabled providers to know more about their Medicaid patient's drug therapy, be educated about current trends and medication costs, and ultimately improve the care that can be provided to the recipient. This program is a modified case management tool that shares information with respective providers about their Medicaid patient's drug therapy and medical management. The Pharmacy Case Management Program utilizes components from all pharmaceutical services provided to Montana Medicaid for drug utilization review services but is more focused on the individual patient. Mountain-Pacific's access to the data and reimbursement tools makes this program possible.

The case management program has benefitted greatly from input and guidance from the various provider organizations, individual providers, practice groups and clinical evidence-based guidance.

Based on current psychiatric treatment guidelines and input from the profession, foster care children meeting the following criteria are initial candidates for monthly pharmacy medication review and prescriber interface:

- ≥ 1 antipsychotic medication
- ≥ 2 atypical antipsychotic medications
- ≥ 3 psychotropic Medications
- ≤ 6 years of age on an atypical antipsychotic medication
- > 1 ADHD Treatment
- ≥ 2 prescribers of psychotropic medications
- Absence of the well child check within last year



Other clinical issues to be reviewed may include but are not limited to:

- Utilization of appropriate FDA-approved dosages, and utilization in very young children, such as those under age 6
- Off-label use, especially in younger children, considering the limited evidence that is available about long-term effects of atypical agents
- Medication compliance
- Utilization of lowest effective dose
- Appropriate lab monitoring
- Evaluation of potential drug-drug interactions
- Medication misuse/abuse
- Determining effective strategies to reduce risks associated with the weight gain and metabolic effects associated with atypical antipsychotic use

Clinical pharmacist staff identifies patients who meet criteria, contacts providers of care via a letter with patient-specific clinical information included, and setup telephone conferences with providers to discuss drug therapy issues. A consensus therapy plan is developed, and Medicaid providers are reimbursed for the telephone conference time based on a CPT code and diagnosis code specific to the case management conference.

Program Outcomes

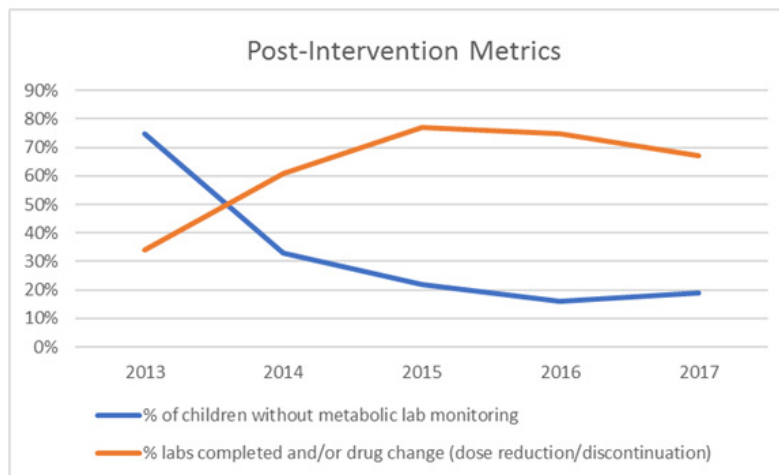
Post-Intervention Metrics (see graphic on following page):

- Significantly increased metabolic syndrome monitoring with the use of atypical antipsychotics to promote quality of care
- Decreased atypical antipsychotic medication use and lowered doses through communication and education with prescribers

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Psychotropic Use Among Medicaid Foster Care Children

- A Pharmacy Case Management Focus Topic - Continued



Note: The success of increased metabolic syndrome monitoring may lead to a decreased long-term risk of obesity, diabetes, heart disease and joint problems.

Additional Successes

- Promoted and developed a collaborative working relationship with Montana child psychiatrists, the Montana Child and Family Services Department, and Montana Medicaid
- Created atypical antipsychotic prior authorization and informed consent requirements for prescribers and parents to improve the oversight of prescribing, as well as medication and lab monitoring education and compliance
- Identified cases of medication misuse/abuse
- Prescriber resource: Clinical pharmacist staff share medication history information including medication specifics, compliance, and missing lab monitoring. Reminder magnet created for office use (**call our office to receive one!**).
- Developed educational resources for providers, CPS workers and foster parents i.e., atypical antipsychotic brochure, prescriber newsletter information and various presentations as requested

References:

Medicaid Medical Directors Learning Network and Rutgers Center for Education and Research on Mental Health Therapeutics. Antipsychotic Medication Use in Medicaid Children and Adolescents: Report and Resource Guide from a 16-state study. MMDLN/Rutgers CERTs Publication#1. July 2010. Distributed by Rutgers CERTs at <http://rci.rutgers.edu/~cseap/MMDLNAPKIDS.html>.

Important Reminder!

Effective **8/27/2018**, **Montana Medicaid implemented Dosage Restrictions for all Opioids** based on Maximum Morphine Milligram Equivalents (MME).

- This initial implementation phase allows a maximum limit of **180 MME per day** for non-malignant pain. Individual claims or multiple claims which exceed this average daily limit will reject at the pharmacy unless a prior authorization has been granted.
- **With advance provider notice, Montana Medicaid will be lowering the maximum limit over time.**
- The Montana Medicaid provider notice for the MME clinical edit was published on 7/5/2018 and can be accessed at <https://medicaidprovider.mt.gov/Portals/68/docs/providernotices/2018/provnotice192744dosagemorphine07032018.pdf>.

For reference:

180 MME/day = 180 mg hydrocodone = 120 mg oxycodone = 60 mg oxymorphone = 45 mg hydromorphone

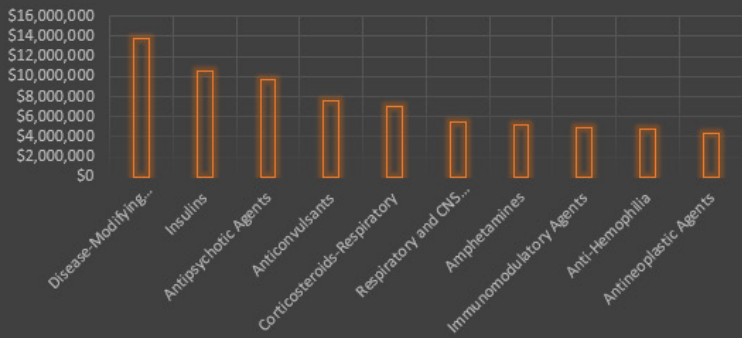
Online MME Calculators Available at:

CDC Opioid Guideline App with MME calculator: <https://www.cdc.gov/drugoverdose/prescribing/app.html>

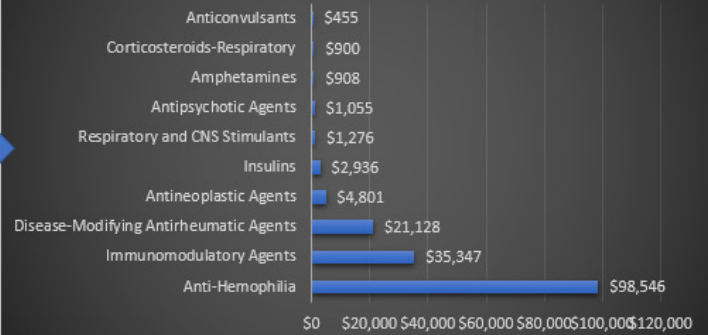
Washington Agency Medical Director's Group: <http://www.agencymeddirectors.wa.gov/opioiddosing.asp>

Montana Medicaid Top Therapeutic Classes YTD 2018

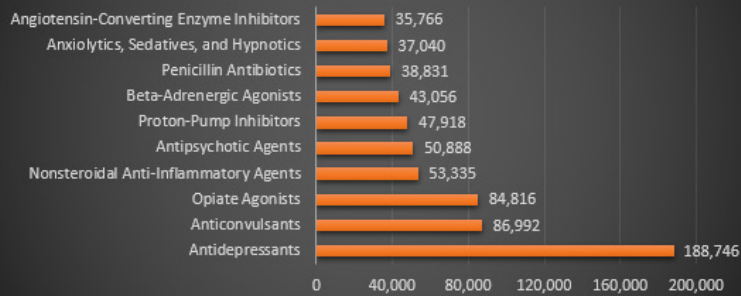
By Total Claims Cost*



*Average Cost Per Patient Detail




By Number of Claims



The MT DUR Program News is also available online: <http://mpqhf.com/corporate/montanans-with-medicaid/pharmacy/>

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