The Use of Psychotropic Medications in Children

In 2013, the DUR Board will closely examine the use of psychotropic medications in children because of the national attention to this issue. Psychotropic medications include: anti-anxiety drugs; antidepressants; antipsychotics; barbiturates; sedative-hypnotics; stimulants; and drugs used for the treatment of ADHD, alcohol addiction, narcotic addiction and bipolar disorder. The United States Government Accountability Office (GAO) studied the use of psychotropic medications in foster children in five states. The GAO study found that in 2008, foster children in Florida, Massachusetts, Michigan, Oregon, and Texas were prescribed psychotropic medications at a rate of 2.7 to 4.5 times higher than children currently enrolled in the states’ respective Medicaid programs.

The higher rate of psychotropic medication use in foster children could correlate to exposure to traumatic events, frequent changes in foster placements, and varying state oversight of the use of psychotropic medications, however, the use of psychotropic medications also introduces potential health risks for which various risk indicators may be reviewed and monitored. The health risk indicators include the use of five or more psychotropic medications, doses exceeding the maximum as indicated on the FDA-approved labels, the use of psychotropic medications in children under one year old, and non-adherence to drug regimens.

In August of 2012, the Center for Medicare and Medicaid Services (CMS) issued an informational bulletin, in collaboration with the Administration for Children and Families and the Substance Abuse and Mental Health Services, which offers states information to address the use of psychotropic medications in vulnerable populations. CMS encourages states to monitor prescribing and the use of psychotropic medications among children in foster care. CMS urges states to utilize the Drug Utilization Review (DUR) programs already in place to monitor the prescribing of drugs for Medicaid clients, including those in foster care.

What is in place to assure proper use of psychotropic medications in Nebraska Medicaid clients who are 18 years of age or younger?

The Nebraska DUR Board and the Nebraska Department of Health and Human Services (DHHS) have the following measures in place to monitor the use of mental health drugs in the Medicaid population: peer review, limits on age and quantity, retrospective DUR including among other efforts, education and retrospective DUR letters, prospective DUR edits, retrospective DUR and the Preferred Drug List.

Peer Review
Use of atypical antipsychotics in children under six years old requires peer review by a Nebraska-licensed Child and Adolescent Psychiatrist. A copy of the Documentation of Medical Necessity form is necessary. In addition, a current narrative patient assessment and treatment plan outlining all non-psychotherapy options tried and results must be provided. The narrative BioPsychoSocial assessment and narrative 90801 are also required for review or equivalent diagnostic evaluation, if not by a mental health practitioner.

Limits on Age and Quantity
When pharmacy claims are submitted for payment, the claim is evaluated within the system against established
limits on certain psychotropic medications. If a claim is not within the limits, it will be rejected at the pharmacy and will require prior authorization from the prescriber.

**Education and Retrospective DUR Letters**

Federal legislation requires Medicaid to establish a Drug Utilization Review (DUR) Board. The DUR Board is advisory to Medicaid and provides education through a quarterly newsletter and informs providers of their patients’ drug use patterns through provider intervention letters. Educational intervention letters from the Nebraska DUR Board attempt to impact prescribing and enhance quality of patient care. The DUR Board will be reviewing the profiles of patients for issues such as the use of five or more psychotropic medications, doses exceeding the maximum as indicated on the FDA-approved labels, and patients who appear to be non-compliant to psychotropic drug regimens. Prescribers will be contacted by letter regarding their patients’ drug use.

**Prospective DUR Edits**

When prescription claims are processed, the pharmacy’s computer system will alert the pharmacist about interactions with previously filled medications. When the claim is sent to the processor for payment, the processor’s system will alert the pharmacist about issues such as therapeutic duplications, early refills, drug-drug interactions and high dose alerts. These messages may require a pharmacist to enter an intervention code which will indicate if a prescriber was consulted about the issue or any other actions. Over the past year, the Nebraska DUR Board has made recommendations to Nebraska Medicaid for some of these specific messages.

**Preferred Drug List**

Nebraska Medicaid maintains a Preferred Drug List (PDL). The PDL was implemented as a result of legislation in 2008 (LB 830). The purpose of the legislation was to provide appropriate pharmaceutical care to Medicaid recipients in a cost-effective manner. All classes of medications could be included on the PDL except for anticonvulsants, antidepressants, and antipsychotics. Often used in children, the class of medications utilized for Attention Deficit Hyperactivity Disorder, is included on the PDL. Once a year this entire class of medications is reviewed by an advisory medical committee, the Pharmaceutical and Therapeutics (P&T) Committee. The P&T Committee reviews the class and makes recommendations to Nebraska Medicaid regarding drug status on the PDL. Clinical criteria are developed by the Nebraska DUR Board when requested by Nebraska Medicaid.

By implementing the preceding, the Nebraska DUR Board will work with Nebraska Medicaid, and providers to assure the appropriate use of psychotropic medications for all children, and continue to ensure optimum patient care.