Nebraska Medicaid

DUR Matters

Newsletter of the Nebraska Drug Utilization Review (DUR) Program

Administered for the Department of Health and Human Services by the Nebraska Pharmacists Association

Volume 9, Issue 4 October 2014

Update on the Use of Psychotropic Medications in Children

In August 2012, the Centers 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 offered States information to address the use of psychotropic medications in vulnerable populations. CMS encouraged states to monitor prescribing of and the use of psychotropic medications by children in foster care. CMS urged 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. The Nebraska DUR Board has made several recommendations to assure the proper use of psychotropic medications in Nebraska Medicaid Clients. This newsletter offers details about the implementation of the first recommendations.

Recommendation 1

Use of Naltrexone Limited to Patients Over 18 Years of Age

Naltrexone is approved by the FDA for use in the treatment of alcohol dependence, or to block the effects of opioids in the case of an overdose. It is not indicated for use in children. In May 2014, 12 patients under the age of 19 were identified as receiving naltrexone. Letters were sent to the prescribers of these patients to gather information about this off-label use. Two responses were received. One response indicated that the medication was being used for self-injurious behavior. Naltrexone has not been proven to be safe or effective for the treatment of self-injurious behavior or for treatment in patients less than 19 years old. The DUR Board recommended that use in patients under 19 years of age shall require Prior Authorization. Prescribers will need to submit evidence of medical necessity for patients to be considered for coverage. The *Medical Necessity Form* can be found at www.nebraska.fhsc.com.

Recommendation 2

Dose Consolidation for Aripiprazole and Olanzapine

The goals of the DUR Board are to improve the quality of pharmacy services and to ensure rational, cost-effective medication therapy for Nebraska Medicaid clients. One facet of cost-effectiveness is to encourage dose consolidation. Dose consolidation is achieved when a patient is converted from multiple tablets of a once-daily medication to a single tablet of a higher strength. Consolidating a patient's dose will decrease pill burden and possibly increase compliance. Prescribing a single dose of a higher strength of aripiprazole or olanzapine is more cost-effective for Nebraska Medicaid as well.

Table 1.
Examples of Doses for Consolidation

Drug	Strength	Number of Tablets
Aripiprazole	5 mg	2,3,4
Aripiprazole	10 mg	2,3
Aripiprazole	15 mg	2
Olanzapine	2.5 mg	2,3,4
Olanzapine	5 mg	2,3
Olanzapine	10 mg	2

The DUR Board examined the use of aripiprazole and olanzapine in patients taking multiple tablets daily, when the total daily dose could be achieved in a single tablet. Table 1 illustrates the doses that can be consolidated to a once-daily dose of a single tablet. There were 184 patients eligible for dose consolidation for aripiprazole and 150 patients eligible for dose consolidation for olanzapine between June 1, 2014 and August 31, 2014. Prescribers and pharmacies of patients receiving a regimen that should be consolidated were alerted by letter. There were 112 prescribers and 114 pharmacies that received letters regarding the dose consolidation for aripiprazole. There were 105 prescribers and 99 pharmacies that received letters regarding the dose consolidation of olanzapine. Claims will reject for patients who are not taking a consolidated dose of aripiprazole beginning October 1, 2014. Claims will reject for patients who are not taking a consolidated dose of olanzapine beginning November 3, 2014. Prescribers will need to submit evidence of medical necessity to be considered for coverage of doses that cannot otherwise be consolidated. The Medical Necessity Form can be accessed at www.nebraska.fhsc.com. Aripiprazole and olanzapine will continue to be covered at a dose of one tablet per day.

DUR Board Enlists a Panel of Experts

Thanks to DUR Board psychiatrist member, Susan Howard, for recruiting a group of prescribers with interests in child and adolescent psychiatry to make recommendations to the DUR Board for the use of psychotropic medications in children.

The group reviewed the *Psychotropic Medication Utilization Parameters for Children and Youth in Foster Care, September 2013,* developed by the Texas Department of Family and Protective Services and The University of Texas at Austin College of Pharmacy. These guidelines were reviewed in sections and the group's recommendations were forwarded to the DUR Board for consideration. The group agreed that certain therapies (including high doses) should require further review which includes submission of additional patient-specific information to be forwarded to a Board-Certified Child and Adolescent Psychiatrist for evaluation. A form is being developed for a request to use psychotropic medications outside of the standard of care. The form will need to be submitted by the prescriber for review prior to payment of prescription claims.

The effect of each recommendation was evaluated by identifying the number of patients that would be impacted if the recommendation was implemented. One of the first recommendations to be implemented is to limit the use of stimulants to patients who are 5 years of age and older.

RECOMMENDATION 3

Use of Stimulants in Patients Under 5 Years of Age

Further clinical review is required for the use of stimulants in patients under 5 years of age. This change went into effect on September 4, 2014. 133 patients under the age of 5 years were taking a stimulant, written by 122 prescribers.

Further Recommendations

The DUR Board has offered several other recommendations which are in the process of being evaluated and implemented by Nebraska Medicaid. These recommendations include the requirement for further clinical review for the concomitant use of multiple medications from the same class, use of psychotropics in very young children, and limits on the total daily dose of psychotropic medications. Details will be posted at www.nebraska.fhsc.com as they become available.

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