Thank you for participating in the presentation “Pharmacy Prescriptions Limits” “Management Strategies for Behavioral Health Providers”

This informational course was created in September 2013

The course is narrated by Timothy E Stone, MD, Medical Director, Alabama Department of Mental Health
This presentation will provide an brief overview of the new prescription limits to be implemented by Alabama Medicaid on October 1, 2013. We will review clinical problems that behavioral health consumers often encounter when dealing with medication access difficulties. Potential challenges faced in managing medication regimens during, and after prescription limit implementation will be discussed. Several different approaches behavioral health providers may take in dealing with management of medication access issues are identified and discussed. Finally, suggestions for prescribers regarding prescribing practices are discussed.
Information and documents related to the Alabama Medicaid Prescription limits are located on the Alabama Medicaid website. On the toolbar near the top of the webpage, mouse over the tab labeled and then click on the “Pharmacy Services” category to gain access to this information.

To briefly summarize the most important points of these new Medicaid prescription limits:
• OTCS will no longer be covered by medicaid – from a behavioral health standpoint, patients who are prescribed benadryl or diphenhydramine for EPS will now pay for this medication out of pocket. This new rule will also affect other common medications, for example prilosec (omeprazole) that are frequently prescribed by primary care physicians for behavioral health patients

• There will now be a five (5) prescription drug limit with brand medications being limited to 4 prescriptions per month.
• Children and nursing home residents are excluded
• Certain drug classes are excluded from the
prescription limits, with an absolute limit of ten (10) total prescriptions dispensed per month
Brand and generic Antipsychotic medications
Brand and generic Anti-seizure medications
Anti-Retroviral Medications

• Certain medications will be classified as maintenance drugs, once a 60 days period of stable therapy is established. These medications will be dispensed in 3 month supplies. Each maintenance medication counts against the prescription limit only in the month it is dispensed.
Behavioral health consumers are more likely to have serious, chronic medical problems

Behavioral health consumers are more likely to experience difficulties in engaging and maintaining relationships with primary care providers and often have higher rates of emergency room utilization and disconnects between healthcare providers

Communication of health information between healthcare providers
   Multiple providers/frequent changes in providers
   HIPPA compliance

Decisions regarding medication access that occur outside the knowledge/control of behavioral health providers

Management of therapeutic boundaries with consumers – If is sometimes difficult for clinicians to determine the degree of involvement and support that each patient requires in order to deal with systemic changes like those that occur with implementation of prescription limits because, while it is important that each patient be given the support they need to maintain access to prescribed medications, it is also important to respect the unique situation of each patient and to approach such changes as an opportunity to move to a higher level of function and independence. It is also important that each patient be given the choice of determining which services they are to receive and that they have the right to refuse services except proscribed due to risk of harm to self or others.
Clinical Problems Associated With Medication Access Difficulties

- Clinical de-compensation
- Drug withdrawal syndromes
- Treatment adherence difficulties

Clinical de-compensation – Loss of access to medications that are used to treat psychiatric disorders may lead to worsening of psychiatric symptoms or de-compensation into acute illness. It is also important to remember that many behavioral health consumers also suffer with concurrent serious, chronic, medical illnesses, for which they may receive multiple types of medications. After full implementation of prescription limits, patients who are treated with many medications for chronic serious psychiatric and medical disorders, and whose medication regimen is adjusted by their psychiatrist or behavioral health prescriber may be “bumped off” vital medications used to treat their medical problems. For this reason, it is important to know all medications that your patients are receiving, not just their psychiatric medications.

Drug withdrawal syndromes –
- patients who are treated with benzodiazepines may experience the full spectrum of symptoms associated with that drug classes’ characteristic withdrawal syndrome. In some circumstances, benzodiazepine withdrawal may be associated with delirium, complex and serious psychiatric symptoms, seizures, and death. For this reason, it is vital that patients who are maintained on these medications be educated about problems associated with abrupt discontinuation of these drugs and that they or their caregivers are informed about what to do should access to these medications be interrupted for any reason
- Many other medications have associated withdrawal syndromes – it is important to educate individuals who are maintained on antipsychotic medications and antidepressants about the potential problems associated with abrupt discontinuation of these drugs, such as the emergence of discontinuation-associated movement disorders with antipsychotic medications or the sudden onset of suicidal thoughts or odd physical sensations associated with the discontinuation of certain antidepressants

Treatment adherence difficulties – many behavioral health patients are ambivalent, for many reasons, about treatment adherence and when they encounter difficulties in obtaining their psychiatric medication, or when they are put in a position in which they must choose between receiving their medical drugs versus their psychiatric drugs, they will drop the psychiatric drug. For this reason, every effort must be made to educate consumers about the purpose of their psychiatric medications and to provide every opportunity for them to discuss ambivalence about their medications.
In order to successfully navigate the changes that occur as a result of the implementation of prescription limits, providers must prepare to deal with problems that may arise during the course of implementation. Several general concepts may be helpful for this task.

**Update**
- Minimize barriers to communication of healthcare information exchange
  - Update Patient Contact Information
  - Update Patient Health Provider Contact Information
  - Make sure ROI’s are on the chart and up-to-date

**Educate**
- Consumers – make consumers aware of the changes and the need to pay attention to which medications they are receiving and medications that may have been dropped from their regimen. Encourage them to call if they are confused, if any medications are dropped, or if they are having problems accessing medications. It is also important to educate them regarding potential problems associated with medication discontinuation including relapse of illness and drug withdrawal syndromes.
- Caregivers
  - Family Members
  - Boarding Home Owners/Managers
- Staff
  - Prescribers
• Nurses
• Therapists/Case Managers
• Office Staff

**Communicate**
• Outreach
  • Pharmacist
  • Primary care
  • Specialists
• Be Receptive
  • Increased administrative staff awareness of prescription limits and need to facilitate communication between healthcare providers
    • should be particularly aware that healthcare providers may attempt to contact behavioral health providers regarding
  • Quick, courteous, and effective response by clinical staff to inquiries with close attention to follow-up, if needed
Excluded medications
  Under no circumstances will the number of prescriptions exceed 10 in any month
  SSRI’s, Lithium

Maintenance meds
  3 month scripts will be mandatory, regardless of number of prescriptions
  Medication dispensing will be staggered over three months and implementation should begin October 1, 2013

Stay informed about alternative resources for obtaining medications
  Maintain up-to-date list of discount medications
  Provide Medication Assistance Program information/support
Prescribing Strategies

Be a SMART, SAFE, and THRIFTY prescriber!

Timothy E Stone, MD, Medical Director,
Alachua Department of Mental Health
SMART

1. Consider using rating scales to estimate medication efficacy – i.e. improvement in Ham-D with initiation of an antidepressant medication – and discontinue medications with little or no documented efficacy.
2. Consider prescribing medications that target multiple symptoms clusters, when indicated – i.e. depression + anxiety, hallucinations + mood swings, rather than chasing single symptoms.
3. Take a personal and family medication history and utilize medications that have been effective in helping your patient or their family members who have suffered with similar psychiatric symptoms.
4. Utilize non-pharmacologic therapeutic modalities, when these resources are indicated and available as an adjunctive or primary treatment approach.

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<td>• Objective evaluation for response to meds</td>
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<td>• Treat disorders, not symptoms</td>
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<td>• Take a good personal and family medication history</td>
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<td>• Use non-pharmacologic interventions when indicated and available</td>
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Timothy E. Stone, MD, Medical Director, Alachua Department of Mental Health
SAFE

- Monitor closely for medication side effects and use lowest effective dosage
- Monitor medication levels and laboratories as indicated in therapeutic and safety standards
- Avoid using medications to treat side effects, such as EPS, if lowering the dosage or changing to a less potent antipsychotic medication is an option that doesn’t significantly increase the risk of de-compensation
- Avoid prescribing prn (as needed) medications for sleep or anxiety unless absolutely necessary
THRIFTY

- Maintain an awareness of course of treatment in order to simplify medication regimens
  - Example, maintaining an awareness of where your patient is in cross-tapering a two medications
  - Considering reduction or discontinuation of antidepressant medication if patient with a single episode has been without depressive symptoms for greater than a year
- Try to communicate as openly as possible with patients about their actual compliance with medications and discontinue medications that they have been unable take
- For patients with a history of non-compliance, partner with them to find a medication that they will take, rather than continuing to prescribe a medication in hopes they will eventually take it
- All maintenance medications should be staggered, regardless of the number of prescriptions the patient receives, since an acute illness, even one that is time limited, may result in the addition of several new medications being added to their regimen and result in vital medications being bumped
Thanks For Participating!