Best Practices for Medication Management for Children & Adolescents in Foster Care

October 2015

Introduction

There are typically over 10,000 children in foster care in North Carolina on any given day. These children have special health care needs. Often because of the circumstances that led them to be placed into foster care, their physical, developmental, mental/social-emotional and oral health care has been inconsistent and sometimes impacted by crisis or injury.

According to national data, children in foster care are more likely to have a behavioral health (BH) diagnosis than other children, with one study reporting 63% of kids age 14 to 17 in foster care met criteria for at least one BH diagnosis at some point in their lifetime [1]. With more BH diagnoses come more psychotropic medications that kids in foster care are receiving. A 2008 study of children in foster care taking psychotropic medication found 21.3% were receiving mono-therapy (one class of psychotropic medication), 41.3% were taking three or more classes of psychotropic medications, 15.4% were taking medication from four or more classes, and 2.1% were taking five or more classes of psychotropic drugs [2]. Though children often have complex symptoms and multiple conditions, there is little evidence of the effectiveness of treatment with multiple medications. What's more, taking multiple meds increases the likelihood of drug interactions and other adverse effects.

This document was developed by Community Care of North Carolina with the assistance of the Medication Management Sub-Group of the Fostering Health NC initiative, a project of the North Carolina Pediatric Society, that is focused on building and strengthening medical homes for infants, children, adolescents and young adults in foster care through integrated communications and coordination of care through a unique partnership among local Departments of Social Services, CCNC Networks, the pediatric care team, the child and the child's family.

Comments or questions about this document may be directed to:

Theodore Pikoulas, PharmD, BCPP
Associate Director of Behavioral Health Pharmacy Programs
Community Care of North Carolina
2300 Rexwoods Drive, Suite 100
Raleigh, NC 27607
919-745-2387 | 919-745-2352 | tpikoulas@n3cn.org

Table of Contents

Psychotropic Medication Key Information and Resources…….. Page 4

"Red Flag" Medication Review Guidelines - for Children & Adolescents in Foster Care……..Page 5

"High Alert" Medication Review for a Child/Adolescent Transitioning into Foster Care or Changing Foster Care Placement *(for DSS staff)*……..Page 7

"High Alert" Medication Review for a Child/Adolescent Transitioning into Foster Care or Changing Foster Care Placement (*for Pharmacists and Prescribers*) ……..Page 11

Medication Review Pathways……..Page 13

Community Pharmacy Enhanced Services Network (CPESN) Information ……..Page 15

.

Antipsychotics – Keeping it Documented for Safety (A+KIDS) Information……..Page 17

North Carolina Medicaid and Health Choice Preferred Drug List (PDL) Information……..Page 19

Questions to Ask of Treatment Providers who are Prescribing Psychotropic Medications (for DSS Social Workers and Resource Parents)……..Page 23

References, Updates, and Authors……..Page 24

Psychotropic Medications Key Information

Purpose: This document is designed for any reader of this document and provides foundational information about psychotropic medications.

Definition of Psychotropic Medication:

Capable of affecting the mind, emotions, and behavior; denoting drugs used in the treatment of mental illnesses [3].

Common Classes of Psychotropic Medications:

- Antipsychotics
- ADHD medications
- Anti-depressants
- Mood stabilizers
- Anxiety medications

Educational Resources for Psychotropic Medications Used for Children [4-7]:

1. *Psychotropic Medication Utilization Parameters for Children and Youth in Foster Care, Sep. 2013.*
    - Psychotropic medication tables with information including: clinical indications for use, drug name, initial and maximum dosage, dose schedule, monitoring, black box warning, and precautions/warnings:
    - https://www.dfps.state.tx.us/documents/Child_Protection/pdf/TxFosterCareParameters-September2013.pdf

2. *Los Angeles County Department of Mental Health – Parameters 3.8 for Use of Psychotropic Medication in Children and Adolescents, December 2014.*
    - Psychotropic medication tables with information including: drug name and drug class, clinical indications for use, drug interactions, complications/side effects, cautions/contraindications, medical work-up, medical follow-up, dosage, dose schedule, adverse effects, and special considerations:
    - http://file.lacounty.gov/dmh/cms1_191102.pdf

3. *John's Hopkins Guide to Psychopharmacology for Pediatricians*
    - A guide for pediatricians when considering psychiatric medications that would be most appropriate for Primary Care Clinicians to prescribe:
    - http://web.jhu.edu/pedmentalhealth/Psychopharmacolog%20use.html

4. *Appropriate Use of Psychotropic Drugs in Children and Adolescents: A Clinical Monograph. Magellan Health Services, 2013.*
    - Psychotropic medication tables with information including: drug name, FDA Approval Age/Indication, pediatric dosage, black box warning, precautions/warnings, drug class typical side effects, pregnancy information, and monitoring/monitoring frequency:
    - https://www.openminds.com/wp-content/uploads/indres/magellan-psychotropicdrugs-020314.pdf?status=free

"Red Flag" Medication Review Guidelines for Children & Adolescents in Foster Care

Purpose: To assist Prescribers, Pharmacists, and DSS Staff (in consultation with pharmacist or prescriber) with the identification of "Red Flag" criteria which may be potentially harmful to the child/adolescent while reviewing their medications.

"Red Flag" criteria indicate a need to review the child/adolescent's clinical status in order to verify the medication regimen is accurate and appropriate. These parameters do not necessarily indicate that treatment is inappropriate, but they do indicate a need for further review. **Page 13 and 14 (Medication Management Protocols)** explain how Providers, Pharmacists, and DSS Staff can use these "Red Flag" criteria.

For a child/adolescent being prescribed a psychotropic medication, any of the following suggests the need for additional review of a patient's clinical status:

#1: Absence of a thorough assessment for the DSM-5 diagnosis (es) in the child/Adolescent's medical record.	☐ YES ☐ NO
#2: Four (4) or more psychotropic medications prescribed at the same time (medications being prescribed to deal with the side effects of the primary medication are not included in this count (i.e., benztropine, diphenhydramine, trihexyphenidyl)).	☐ YES ☐ NO
#3: Prescribing of: • Two (2) or more concomitant stimulants *[1], or • Two (2) or more concomitant alpha agonists [2], or • Two (2) or more concomitant antidepressants [3], or • Two (2) or more concomitant antipsychotics [4], or • Three (3) or more concomitant mood stabilizers [5] * The prescription of a long-acting stimulant and an immediate release stimulant of the same chemical entity (e.g., methylphenidate) does not constitute concomitant prescribing. ***Note*:** When switching psychotropic medications, medication overlaps (where one medication overlaps with another medication for a period of time) and cross taper (slowly decreasing the dose of one medication while slowly increasing the dose of another medication) should occur in a timely fashion, generally within 4 weeks.	☐ YES ☐ NO
#4: Psychotropic medications are prescribed for children of very young age, including children receiving the following medications with an age of: • Stimulants [1]: Less than three (3) years of age • Alpha Agonists [2]: Less than four (4) years of age • Antidepressants [3]: Less than four (4) years of age • Antipsychotics [4]: Less than four (4) years of age • Mood Stabilizers [5]: Less than four (4) years of age	☐ YES ☐ NO

#5: The prescribed psychotropic medication is not consistent with appropriate care for the patient's diagnosed mental disorder** or with documented target symptoms usually associated with a therapeutic response to the medication prescribed (i.e. medication isn't usually used to treat diagnosed mental disorder or symptoms). **** **See page 4** for resources that include information about clinical indications for use.	☐ YES ☐ NO
#6: Psychotropic polypharmacy (2 or more medications) for a given mental disorder is prescribed before utilizing psychotropic mono-therapy (single medication).	☐ YES ☐ NO
#7: The psychotropic medication dose exceeds usual recommended doses*** (FDA and/or literature based maximum dosages). ***** **See page 4** for resources that include information about maximum dosages.	☐ YES ☐ NO
#8: Prescribing by a primary care provider who has not documented previous specialty training for a diagnosis other than the following (unless recommended by a psychiatrist consultant): • Attention Deficit Hyperactive Disorder (ADHD) • Uncomplicated Anxiety Disorders • Uncomplicated Depression	☐ YES ☐ NO
#9: Antipsychotic medication(s) prescribed continuously without appropriate monitoring of glucose and lipids at least every 6 months.	☐ YES ☐ NO
#10: Psychotropic medication therapy for longer than 6 months without re-evaluation of the need for the medication.	☐ YES ☐ NO
#11: Psychotropic medication(s) prescribed without co-occurring counseling or psychotherapy.	☐ YES ☐ NO

[1] Examples of **stimulants** include methylphenidate, (Ritalin®, Concerta®), dexmethylphenidate (Focalin®), lisdexamfetamine (Vyvanse®), and amphetamine mixed salts (Adderall®).
[2] Examples of **alpha agonists** include Guanfacine ER (Intuniv®) and clonidine ER (Kapvay®).
[3] Examples of **antidepressants** include Escitalopram (Lexapro®), Sertraline (Zoloft®), fluoxetine (Prozac®), and Trazodone.
[4] Examples of **antipsychotics** include Risperidone (Risperdal®), olanzapine (Zyprexa®), Aripiprazole (Abilify®), and Quetiapine (Seroquel®).
[5] Examples of **mood stabilizers** include Divalproex (Depakote®), lithium, Lamotrigine (Lamictal®), and carbamazepine (Tegretol®, Equetro®).

This resource was adapted from the Psychotropic Medication Utilization Parameters for Children and Youth in Foster Care (September 2013) that was developed by the Texas Department of Family and Protective Services and The University of Texas at Austin College of Pharmacy. Any changes, and additional criteria were decided upon by the Medication Management Subgroup of the Fostering Health NC Initiative, a project of the North Carolina Pediatric Society. This project is focused on building and strengthening medical homes for infants, children, adolescents, and young adults in foster care through integrated communications and coordination of care through a unique partnership among local Department of Social Services, Community Care of North Carolina Networks, the pediatric care team, the child, and the child's family.

"High Alert" Medication Review Guidelines - for Children & Adolescents in Foster Care

Purpose: To assist DSS staff with a child transitioning into foster care, or changing placements, to make sure the child has needed medication in a timely fashion to prevent adverse events as a result of being without or not taking the medication.

Medications listed are separated into three categories:

- Medications that can cause withdrawal symptoms if stopped abruptly (benzodiazepines, antidepressants, stimulants, atomoxetine, opioids, baclofen, phenobarbital)
- Medications that would be risky to stop due to potential disease re-occurrence (diabetic agents, antiepileptic's, maintenance asthma inhalers, Pancrelipase, airway clearance therapies, antibiotics, hydroxyurea, endocrine agents, antipsychotics, oral contraceptives)
- Medications that might be needed in an emergency (rescue asthma inhalers, Epi-pen®, triptans)

DSS staff should use this sheet in combination with the Community Care of North Carolina Provider Portal* when a child first comes into DSS custody or is moved to a different placement. If the child appears to be taking any of these classes of medications consistently within the past 60 days, DSS staff should contact the medical home as soon as possible to get these medications filled in order to prevent adverse effects.

Condition	"High Alert" Medication (Note: List is Not all-inclusive)		
	Medications that cause withdrawal symptoms if stopped abruptly	***Medications risky to stop due to potential disease re-occurrence***	***Medications that might be needed in an emergency***
Diabetes (Type I and II)		Insulin Glyburide Glipizide Metformin	
Seizure Disorder	Phenobarbital	Divalproex (Depakote®) Lamotrigine (Lamictal®) Oxcarbazepine (Trileptal®) Levetiracetam (Keppra®)	
Asthma Inhalers (Acute/rescue)			**Albuterol inhalers** ○ ProAir® ○ Proventil® ○ Ventolin®
Asthma Inhalers (maintenance)		Beclomethasone (QVAR®) Budesonide (Pulmicort®)	
Asthma oral medications		Montelukast (Singulair®)	
Schizophrenia/Bipolar Disorder/Autism Spectrum Disorders – antipsychotics		Risperidone (Risperdal®) Aripiprazole (Abilify®) Quetiapine (Seroquel®) Olanzapine (Zyprexa®)	
Allergy requiring treatment of anaphylaxis (i.e., bee sting)			Epi-pen® Epi-pen JR®

Condition	"High Alert" Medication (Note: List is Not all-inclusive)		
Anxiety/Depression (treated with medication)	***Antidepressants*** ○ Escitalopram (Lexapro®) ○ Sertraline (Zoloft®) ○ Fluoxetine (Prozac®) ○ Trazodone ***Benzodiazepines*** ○ Alprazolam (Xanax®) ○ Lorazepam ○ Clonazepam ○ Diazepam		
Endocrine		Levothyroxine (Synthroid®) Methimazole Propylthiouracil Hydrocortisone Desmopressin	
Infection – Antibiotics		Amoxicillin Azithromycin Cefdinir Amoxicillin/clavulanate (Augmentin®) Trimethoprim/ sulfamethoxazole (Bactrim®) Clindamycin	
ADHD	**Stimulants** ○ Methylphenidate (Ritalin®, Concerta®) ○ Dexmethylphenidate (Focalin®) ○ Lisdexamfetamine (Vyvanse®) ○ Amphetamine mixed salts (Adderall®) **Others** ○ Atomoxetine (Strattera®)		
Sickle Cell Disease/Pain	**Opioids** ○ Oxycodone/APAP (Percocet®, Roxicet®) ○ Hydrocodone (Vicodin®, Lortab®)	**Maintenance** Hydroxyurea (+ folic acid) Penicillin (up to age 5)	
Migraine Headaches – Triptans			Sumatriptan (Imitrex®) Zolmitriptan (Zomig®)
Cerebral Palsy	Baclofen		

Condition	"High Alert" Medication (Note: List is Not all-inclusive)		
Pancreatic Insufficiency		**Pancrelipase** ○ Pertzye® ○ Ultresa® ○ Creon® ○ Pancreaze® ○ Zenpep®	
Cystic Fibrosis		**Airway Clearance Therapies** ○ Albuterol ○ HyperSal® ○ Pulmozyme® **Aerosolized Antibiotics** ○ Cayston® ○ TOBI®	
Oral Contraceptives		Ortho Tri-Cyclen® TriNessa® Tri-Sprintec® Activella® Loestrin® Junel®	

*To learn more about accessing Provider Portal, see *Accessing CCNC Provider Portal - w/Executed TECCA* at www.ncpeds.org/county-dept-social-services-professionals-online-library

Disclaimer – It is important that a child continue to take all prescribed medications as directed; however this list indicates some medications that could be potentially problematic if stopped abruptly.
Please Note: This is NOT an all-inclusive list.

"High Alert" Medication Review Quick Guide - for Children & Adolescents in Foster Care

Purpose: To assist DSS staff with a child transitioning into foster care, or changing placements, to make sure the child has needed medication in a timely fashion to prevent adverse events as a result of being without or not taking the medication.

Medications listed are separated into three categories:

1. Medications that can cause withdrawal symptoms if stopped abruptly (benzodiazepines, antidepressants, stimulants, atomoxetine, opioids, baclofen, phenobarbital)

2. Medications that would be risky to stop due to potential disease re-occurrence (diabetic agents, antiepileptic's, maintenance asthma inhalers, Pancrelipase, airway clearance therapies, antibiotics, hydroxyurea, endocrine agents, antipsychotics, oral contraceptives)

3. Medications that might be needed in an emergency (rescue asthma inhalers, Epi-pen®, triptans)

DSS staff should use this sheet in combination with the Community Care of North Carolina Provider Portal* when a child first comes into DSS custody or is moved to a different placement. If the child appears to be taking any of these classes of medications consistently within the past 60 days, DSS staff should contact the medical home as soon as possible to get these medications filled in order to prevent adverse effects.

*To learn more about accessing Provider Portal, see *Accessing CCNC Provider Portal - w/Executed TECCA* at www.ncpeds.org/county-dept-social-services-professionals-online-library

Disclaimer – It is important that a child continue to take all prescribed medications as directed; however this list indicates some medications that could be potentially problematic if stopped abruptly.
Please Note: This is NOT an all-inclusive list.

- ☐ Abilify® (2)
- ☐ Activella® (2)
- ☐ Adderall® (1)
- ☐ Albuterol (2)
- ☐ Alprazolam (1)
- ☐ Amoxicillin (2)
- ☐ Amphetamine mixed salts (1)
- ☐ Aripiprazole (2)
- ☐ Atomoxetine (1)
- ☐ Augmentin® (2)
- ☐ Azithromycin (2)
- ☐ Baclofen (1)
- ☐ Bactrim® (2)
- ☐ Beclomethasone (2)
- ☐ Budesonide (2)
- ☐ Cayston® (2)
- ☐ Cefdinir (2)
- ☐ Clavulanate (2)
- ☐ Clindamycin (2)
- ☐ Clonazepam (1)
- ☐ Concerta® (1)
- ☐ Creon® (2)
- ☐ Depakote® (2)
- ☐ Desmopressin (2)
- ☐ Dexmethylphenidate (1)
- ☐ Diazepam (1)
- ☐ Divalproex (2)
- ☐ Epi-pen® (3)
- ☐ Epi-pen JR® (3)
- ☐ Escitalopram (1)
- ☐ Fluoxetine (1)
- ☐ Focalin® (1)
- ☐ Glipizide (2)
- ☐ Glyburide (2)
- ☐ Hydrocodone (1)
- ☐ Hydrocortisone (2)
- ☐ Hydroxyurea+folic acid (2)
- ☐ HyperSal® (2)
- ☐ Imitrex® (3)
- ☐ Insulin (2)
- ☐ Junel® (2)
- ☐ Keppra® (2)
- ☐ Lamictal® (2)
- ☐ Lamotrigine (2)
- ☐ Levetiracetam (2)
- ☐ Levothyroxine (2)
- ☐ Lexapro® (1)
- ☐ Lisdexamfetamine (1)
- ☐ Loestrin® (2)
- ☐ Lorazepam (1)
- ☐ Lortab® (1)
- ☐ Metformin (2)
- ☐ Methimazole (2)
- ☐ Methylphenidate (1)
- ☐ Montelukast (2)
- ☐ Olanzapine (2)
- ☐ Ortho Tri-Cyclen® (2)
- ☐ Oxcarbazepine (2)
- ☐ Oxycodone/APAP (1)
- ☐ Pancreaze® (2)
- ☐ Penicillin (2)
- ☐ Percocet® (1)
- ☐ Pertzye® (2)
- ☐ Phenobarbital (1)
- ☐ ProAir® (3)
- ☐ Propylthiouracil (2)
- ☐ Proventil® (3)
- ☐ Prozac® (1)
- ☐ Pulmicort® (2)
- ☐ Pulmozyme® (2)
- ☐ Quetiapine (2)
- ☐ QVAR® (2)
- ☐ Risperdal® (2)
- ☐ Risperidone (2)
- ☐ Ritalin® (1)
- ☐ Roxicet® (1)
- ☐ Seroquel® (2)
- ☐ Sertraline (1)
- ☐ Singulair® (2)
- ☐ Strattera® (1)
- ☐ Sumatriptan (3)
- ☐ Synthroid® (2)
- ☐ TOBI® (2)
- ☐ Trazodone (1)
- ☐ Trileptal® (2)
- ☐ Trimethoprim/ sulfamethoxazole (2)
- ☐ TriNessa® (2)
- ☐ Tri-Sprintec® (2)
- ☐ Ultresa® (2)
- ☐ Ventolin® (3)
- ☐ Vicodin® (1)
- ☐ Vyvanse® (1)
- ☐ Xanax® (1)
- ☐ Zenpep® (2)
- ☐ Zolmitriptan (3)
- ☐ Zoloft® (1)
- ☐ Zomig® (3)
- ☐ Zyprexa® (2)

"High Alert" Medication Review for a Child/Adolescent Transitioning into Foster Care or Changing Foster Care Placement

Review to be completed by – Prescribers/Pharmacists

Purpose: To assist Prescribers and Pharmacists with a child transitioning into foster care, or changing placements, to make sure the child has needed medication in a timely fashion to prevent adverse events as a result of being without or not taking the medication. This form should be used in combination with Community Care of North Carolina Provider Portal* and filled out by a Prescriber or Pharmacist. Once completed, it should be given to the DSS staff member who is caring for the child in order for them to assist the child in obtaining any needed medication.

Note: If this form is filled out by a prescriber, it would be helpful to the DSS staff member who is caring for the child to also include prescriptions for any needed medications.

Date:			
Att: DSS Case Worker		**DSS County**	
DSS Telephone:		**DSS Fax No**	
Name Child/Adolescents		**D.O.B**	

Dear _____ (DSS Case Worker/Supervisor),

I am a Prescriber/Pharmacist with _____, a practice/pharmacy/CCNC Network in _____ County. I have reviewed the medication profile of _____, DOB/MID: _____ in Provider Portal and have the following recommendation(s) regarding acuity of medication needs and follow up with his/her Primary Care Provider.

This patient is prescribed medications for one or more of the following conditions:

Foster Child's Medical Condition	Foster Child's Medication(s)
□ Diabetes (Type I and II)	
□ Seizure Disorder (anticonvulsants)	
□ Asthma (acute/rescue, maintenance)	
□ Anxiety/Depression (treated with medication)	
□ Allergy requiring treatment of anaphylaxis (i.e., bee sting)	
□ Pancreatic Insufficiency (pancreatic enzyme supplements)	
□ Cystic Fibrosis	
□ Infection (antibiotics)	
□ ADHD (stimulants, atomoxetine)	
□ Sickle Cell Disease/Pain (opioids, hydroxyurea, etc.)	
□ Migraine Headaches (triptans)	
□ Cerebral Palsy (baclofen)	
□ Endocrine (levothyroxine, hydrocortisone, etc.)	
□ Schizophrenia/Bipolar Disorder/Autism Spectrum Disorders (antipsychotics, mood stabilizers)	
□ Oral Contraceptives	
□ Other (specify): _____	

Recommended to obtain medications noted above:

- ☐ Urgently / As soon as possible (ASAP)
- ☐ Within 48-72 hours (2-3 days)
- ☐ Within 1 week
- ☐ Not needed until next scheduled visit

According to the AAP Standards of Care:

1. The **"Initial Visit",** to address acute care needs, should occur **within 72 hours of placement** into foster care (NC Division of Social Services policy directs that this visit is scheduled within seven days of entry into care).
2. A 30-day **"Comprehensive Visit"** should occur within 30 days of placement into foster care, unless medically necessary to see the child sooner.

I may also include a **Portal Patient Care Team and Medication Report** for this child/Adolescent, which includes pharmacy information for the medications noted above. Please contact me if you have any further questions.

Recommendations & Review done by:

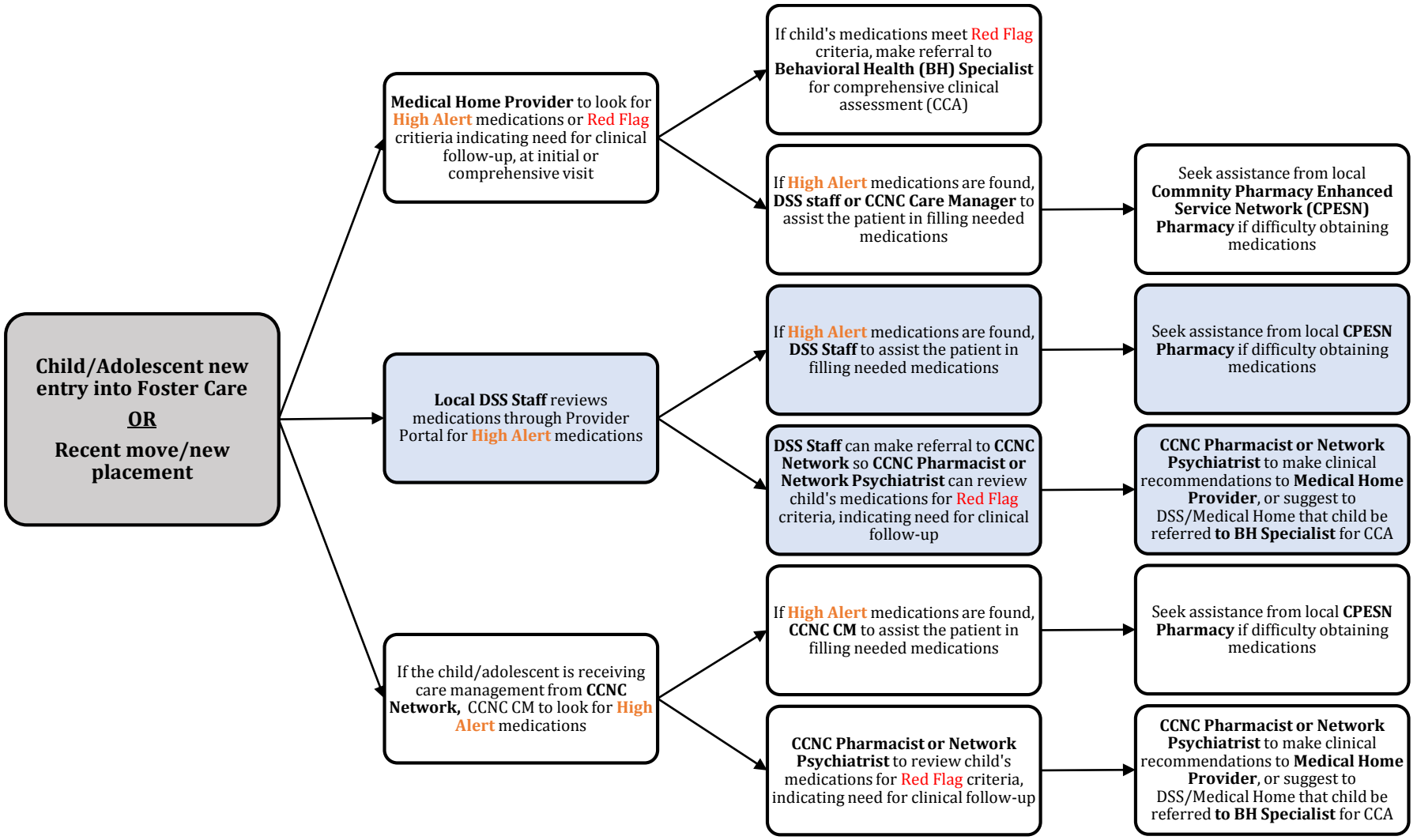
Provider's Name: _____ Date: _____/_____/_____

Provider's Tel No.: _____ Fax No.: _____

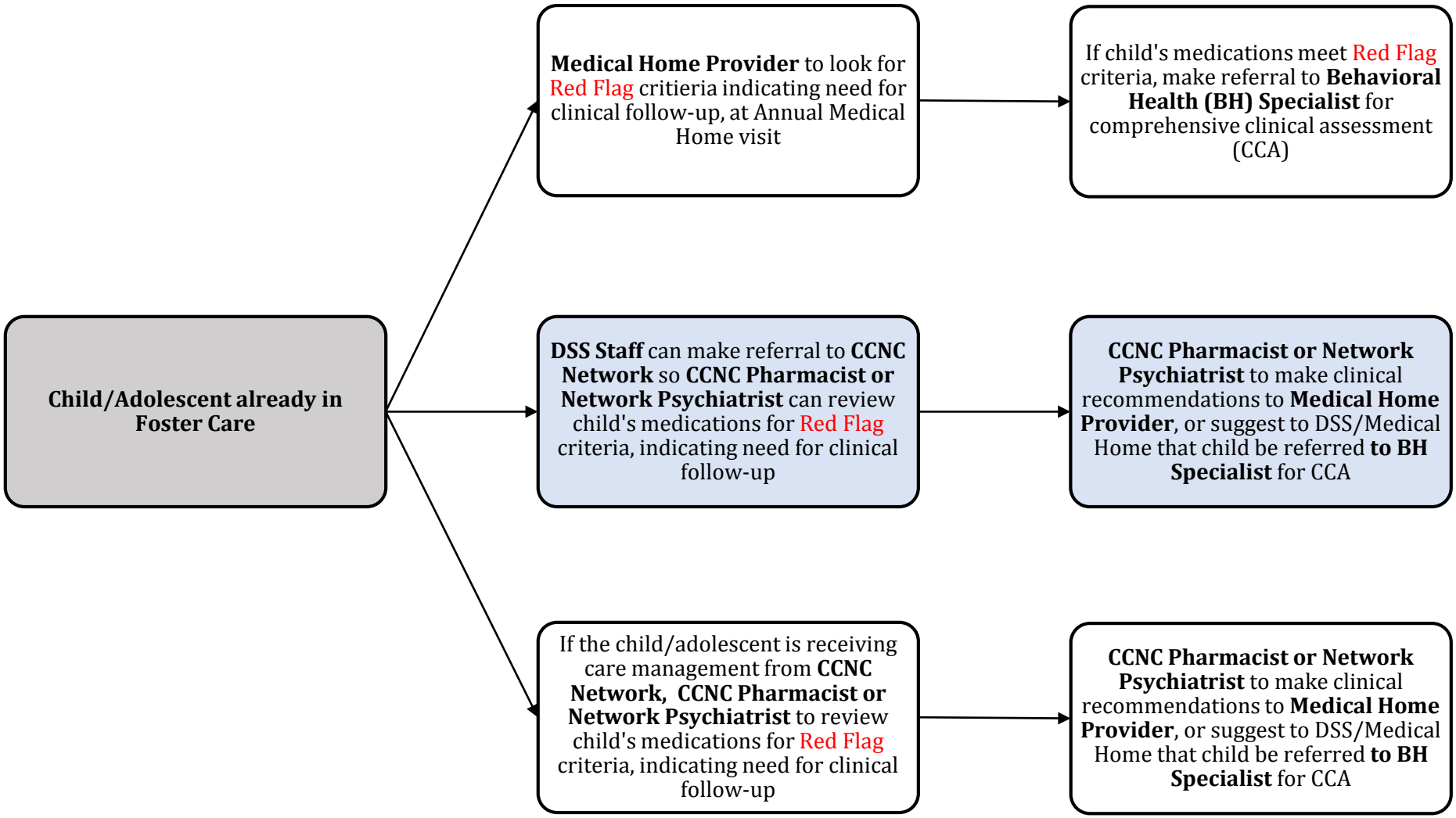
Provider's E-mail Address: _____

* To learn more about accessing Provider Portal, see *Accessing CCNC Provider Portal - w/Executed TECCA* at www.ncpeds.org/county-dept-social-services-professionals-online-library

Protocol for a Child or Adolescent who is New to Foster Care or has recently Changed Placements (i.e. gone to a new foster home, group home, returned home.)



Protocol to follow for Child/Adolescent Already in Foster Care System



Community Pharmacy Enhanced Services Network

Integrating pharmacy services, medical services, and behavioral health

In 2014, Community Care of North Carolina (CCNC) created the **Community Pharmacy Enhanced Services Network** (CPESN), an open network of 200+ (and growing) North Carolina pharmacies committed to broadening the availability of medication management resources to our state's highest-needs population. The goal of the CPESN is to improve quality of care and patient outcomes related to medication use, enhance patients' overall health trajectory and reduce the total cost of care.

Community pharmacists are ideal partners for this effort, as North Carolina Medicaid claims data indicate that the portion of the population most in need of medication management visits a local pharmacy more than 35 times annually.

Key to the CPESN approach is active integration of pharmacist activity with the larger care team, including the primary care physicians, specialty providers such as behavioral health professionals, and the extended care team of the Patient Centered Medical Home. Each local Community Care network identifies a lead pharmacist and care manager for the CPESN, along with other clinicians ready to provide additional support as needed.

In September 2014, CCNC was awarded a grant from the Centers for Medicare and Medicaid Innovations (CMMI) under the second round of Health Care Innovations Awards aimed at transforming financial and clinical models of care for specific providers. CMMI funds will help support the innovative service model of the CPESN.

How can CPESN help Behavioral Healthcare providers?

- The CPESN is a collaborative care partnership that better supports the pharmaceutical needs of your Medicaid patients at no additional cost to them.
- CPESN pharmacies have access to detailed medication data through a system called PHARMACeHOME.
- Pharmacists help educate and engage your patients, leading to improved patient compliance with treatment plans. CPESN pharmacists can help patients understand the benefits and potential side effects of medications and over-the-counter products and how to take each safely.
- CPESN pharmacies help strengthen your ongoing professional relationship with the patient by treating all patients with respect and offering a safe, convenient and confidential setting to discuss medications and related issues.

CPESN core services include medication fill synchronization, adherence monitoring, adherence coaching, compliance packaging, home delivery, comprehensive medication review, care plan development and reinforcement and clear communication back to the provider. Many CPESN pharmacies offer broader services as well, including the additional services listed on the following page.

Optional Enhanced Services Provided by CPESN Pharmacies

- 24-hour Emergency Service/On Call – Dispensing and Non-Dispensing
- Adherence Packaging
- Collection of Vital Signs or Standardized Assessments (PHQ, etc.)
- Comprehensive Medication Review
- Home Delivery
- Medication Synchronization Program
- Medication Dispensing for Patients with Presumptive Medicaid Eligibility
- Smoking Cessation Program
- DME Billing – Medicare and Medicaid
- Home Visits
- Care Plan Development/Reinforcement
- Point of Care Testing
- Immunizations – Non-Medicaid
- In Depth Counseling/Coaching
- Long-Acting Injections
- Multi-Lingual Staff
- Naloxone Dispensing
- Nutritional Counseling
- Printout of Patient's Personal Medication Record
- Pre-filling Syringes for Oral Administration
- Specialty Pharmacy Dispensing
- Disease State Management Programs
- Compounding, Sterile and/or Non-Sterile

How do I find the CPESN pharmacies in my area of North Carolina?

A list of CPESN pharmacies by county, along with the services that are offered by each, is available through your local CCNC Network. Patients may be referred to a CPESN pharmacy simply by the Network contacting the specific pharmacy chosen.
For more information about this program and what participation can mean for you and your patients, contact Jerry McKee Pharm.D., M.S., BCPP via phone at 919-516-8118 or email jmckee@n3cn.org.

CPESN Success Story

A CCNC Network Pharmacists received a call from the Foster Care Program Care Manager about an adolescent in foster care being discharged from a behavioral health (BH) facility in Columbia, SC. The DSS Case Worker who had traveled down to pick her up was not able to fill her discharge medications since the facility's Prescriber was not enrolled with NC Medicaid. The BH facility was unable to send her home with any medications to bridge her therapy until she could be linked to a Primary Care Physician so the child and DSS Case Worker were waiting at the facility until medication access could be obtained.

CCNC Pharmacist reached out to one of their CPESN pharmacy partners to explain the situation and request they use the organizational NPI of the facility to run the claims. The Foster Program Care Manager called the facility to request their NPI and have the prescriptions faxed to the CPESN Pharmacy.

The CPESN Pharmacy was even willing to run a test claim to ensure the patient's prescriptions were successfully covered before receiving the faxed prescriptions. The CCNC Pharmacist explained to the DSS Case Worker that she could bring the patient home and her prescriptions would be ready when they arrived. The willingness of the CPESN Pharmacy to go above and beyond resulted in no disruption of medication management for this complex patient transitioning back into the community.

Antipsychotics – Keeping it Documented for Safety (A+KIDS)

A+KIDS Project Re-launches June 5, 2015

Beginning on June 5, 2015, the Antipsychotics – Keeping It Documented for Safety (A+KIDS) program was re-launched for North Carolina Medicaid and Health Choice beneficiaries under age 18 years.

Providers will once again be able to document information regarding the efficacy of therapy (when antipsychotic therapy is utilized), side effects, and metabolic monitoring parameters (height/weight, lipid panel, and blood glucose). Once the information is submitted to the NCTracks web-based portal or phoned in successfully, the medication is authorized for 6 months. All antipsychotic therapy and clinical documentation is required to be authorized via the NCTracks portal (or via phone), irrespective of whether the medication use is FDA-approved or off-label.

Objectives of the A+KIDS NCTracks portal include improving the use of evidence-based safety monitoring for patients for whom an antipsychotic agent is prescribed, reduction of antipsychotic polypharmacy, and reduction of cases in which the FDA maximum dose is exceeded. It is a safety monitoring program designed to make sure that children enrolled in NC Medicaid and Health Choice who are prescribed an antipsychotic medication are monitored according to generally accepted guidelines.

The questions that providers are expected to document in the NCTracks portal are listed on the worksheet on the next page.

Q & A for Providers

What will I need to do if I prescribe an antipsychotic for a child enrolled in the Medicaid program?

Beginning on June 5, 2015, you will need to go online and enter some basic information about the patient, medication, dose, diagnosis, etc. into the NCTracks provider portal. Data elements collected within the NCTracks portal reflect a generally accepted monitoring profile for the safety and efficacy of antipsychotic therapy, are typically collected as part of a routine exam, and should take no longer than 5 minutes to enter. The requirement of safety monitoring documentation in the NCTracks portal by the prescriber occurs when an antipsychotic agent is prescribed for any Medicaid or Health Choice beneficiary under age 18. Once the data is entered into the NCTracks portal, the pharmacy will have authorization to process the claim.

How do I enter the data online or by phone?

In order to have access to the NCTracks Provider portal, each Provider (NPI) must first complete the NCTracks Currently Enrolled Provider (CEP) Registration.

NCTracks enrolled providers may then enter the requested information by visiting the NCTracks Web Portal using your NCID and password (log in at https://www.nctracks.nc.gov/ncmmisPortal/login).

The prior authorization (PA) may also be authorized by phone by calling CSC-NCTracks at 1-866-246-8505. Providers must be enrolled in Medicaid and have an NPI number in order to access the NCTracks phone option.

Use of Point of Sale (POS) Overrides

Point of sale (POS) overrides are available for pharmacies to use when the prescriber has not provided NCTracks portal documentation either electronically or by phone for the recipient. Use of overrides to successfully process a claim for an antipsychotic medication for NC Medicaid and Health Choice patients is restricted to 2 overrides per beneficiary per rolling calendar year. Pharmacists are encouraged to ensure that all providers are informed when the override option is utilized for their patient. Each override will apply to all claims for antipsychotic medication(s) on the same date of service.

Information Gathering Resource Tool for A+KIDS

Purpose: This tool will assist Providers in collecting the necessary information to complete the required documentation for NCTracks Provider Portal when prescribing an antipsychotic for a child less than 18 years of age.

Note: There is NO fax option available for A+KIDS authorizations, so this form should NOT be used as a fax form.

Drug Information

9. Drug Name: _____ 10. Strength:_____ 11. Quantity Per 30 Days:_____
12. Length of Therapy (in days): ☐ 180

13. Dosing Instructions: _____

Clinical Information

1. Select one of the primary psychiatric diagnosis:
a. ☐ Attention Deficit-Hyperactivity Disorder b. ☐ Bipolar Disorder c. ☐ Disruptive Behavior Disorder
d. ☐ Mood Disorder-NOS e. ☐ Any Pervasive Developmental Disorder f. ☐ PTSD g. ☐ Schizophrenia
h. ☐ Schizoaffective Disorder i. ☐ Tourette's Syndrome j. ☐ Other_____
2. Select one of the primary target symptoms:
a. ☐ Psychosis b. ☐ Mania c. ☐ Irritability d. ☐ Aggression e. ☐ Impulsivity f. ☐ Inattentiveness
g. ☐ Oppositional h. ☐ Other_____
3. Measurements: a. Height_____ inches b. Weight_____lbs c. Date obtained_____/_____/20_____
4. Labs: ☐ Complete results below (If labs have not been done move to Question #5)
Lipids: a. Date Obtained_____/_____/20____ Glucose: f. Date Obtained_____/_____/20_____
b. TC level _____ g. _____mg/dl
c. LDL level _____ h. Fasting ☐ Yes ☐ No
d. HDL level_____
e. TG level_____

5. If labs were not completed, select one of the following reasons:
a. ☐ Not Clinically indicated b. ☐ Labs Pending c. ☐ Unable to obtain
6. Select one of the following clinical improvements since starting drug treatment:
a. ☐ Very much improved b. ☐ Much improved c. ☐ Modestly improved d. ☐ No change
e. ☐ Modestly worse f. ☐ Much worse g. ☐ Very much worse h. ☐ Not accessed/Not applicable
7. Adverse effects over the past week: (Select all that apply)
Daytime sedation: a. ☐ None b. ☐ Mild c. ☐ Moderate d. ☐ Severe
Significant restlessness: e. ☐ None f. ☐ Mild g. ☐ Moderate h. ☐ Severe
Stiffness/Dystonia/Tremor: i. ☐ None j. ☐ Mild k. ☐ Moderate l. ☐ Severe
Other Dyskinesia: m. ☐ None n. ☐ Mild o. ☐ Moderate p. ☐ Severe

NC Medicaid and Health Choice Behavioral Health Preferred Drug List (PDL) Changes

Effective November 1, 2015

The NC Medicaid Outpatient Pharmacy Program implemented changes to the PDL on Sunday, November 1, 2015. Included are some tips to help providers successfully navigate these transitions for their patients.

Summary

Each year North Carolina Medicaid publishes its Preferred Drug List (PDL). The agents listed as preferred do not require prior authorization unless clinical criteria apply. The agents that are non-preferred will require a non-preferred drug request (prior authorization).

BH drug classes affected by PDL changes include:

- Antidepressants and Selective Serotonin Reuptake Inhibitors (SSRIs)
- Antipsychotics (oral and long-acting injections)
- ADHD Medications

Non-Preferred Drug Requests

In order to request a non-preferred behavioral health drug for a NC Medicaid or Health Choice Beneficiary, the patient must have tried and failed 2 preferred agents, or have a contraindication to preferred agents, or have other clinically compelling rationale to remain on the non-preferred agent.

Please note that trial and failure of only one preferred agent is required for all oral and long-acting injection antipsychotic medications.

Requests may be submitted via phone or through the NCTracks Web Portal using your NCID and password (log in via https://www.nctracks.nc.gov/ncmmisPortal/login).

NCTracks Pharmacy Page

https://nctracks.nc.gov/content/public/providers/pharmacy.html

NCTracks Pharmacy Call Center

Phone: 1-866-246-8505
Fax: 1-855-710-1969
Hours of operation: Monday - Friday: 7:00 AM to 11:00 PM & Saturday and Sunday: 7:00 AM to 6:00 PM

72-Hour Emergency Supply

Pharmacies may dispense an emergency 72-hour supply if a beneficiary is awaiting prior authorization (PA).

Please Note: If the 72-hour supply is for a C-II medication, the pharmacy will have to obtain a new prescription after the PA is approved, or they can reverse the 72-hour supply claim and bill for the entire prescription quantity for the original prescription.

NC Medicaid and Health Choice Behavioral Health Preferred and Non-Preferred Medications

If a brand name drug is preferred when its equivalent generic is non-preferred, prior authorization is not needed. Likewise, "brand medically necessary" is NOT needed on the face of the prescription. If you are used to prescribing these medications using the generic medication name, you may continue to do so – pharmacies can substitute the preferred brand at the time of dispensing.

PLEASE NOTE: IF "Preferred" and "Non-Preferred" are contained on the same row, agents are considered therapeutic equivalents.

ADHD Medications:

Preferred	Non-Preferred
Adderall XR ®	**Amphetamine Salt Combo XR capsules (Adderall XR®)**
Amphetamine Salt Combo (Adderall®)	**Adderall® (generic product per FDA)**
Clonidine ER (Kapvay®)	**---------**
Kapvay ®	**---------**
Daytrana® Patch	**---------**
Desoxyn®	**Methamphetamine (Desoxyn®)**
Dexedrine Spansules®	**Dextroamphetamine ER (Dexedrine Spansules®)**
Dextroamphetamine (Dexedrine®) **Dexedrine®**	
Focalin®	**Dexmethylphenidate (Focalin®)**
Focalin XR®	**Dexmethylphenidate ER (Focalin XR®)**
Guanfacine ER (Intuniv®)	**Intuniv®**
Metadate CD®	**Methylphenidate CD capsules (Metadate CD®)**
Methylin® solution	**Methylphenidate solution (Methylin® solution)**
Methylphenidate ER (Ritalin SR®/Metadate ER®) **Metadate ER®**	**---------**
Methylphenidate ER—Actavis Product (Concerta®)	**Concerta®**
Methylphenidate ER—Mallinckrodt & Kreamer Urban Products (NOT EQUIVALENT to Concerta®)	**---------**
Methylphenidate (Methylin®/Ritalin®) **Ritalin®**	**---------**
Quillivant XR® Suspension	**---------**
Ritalin LA®	**Methylphenidate LA capsules (Ritalin LA®)**
Strattera®	**---------**
Vyvanse®	**---------**
-------	**Evekeo®**
-------	**Dextroamphetamine solution (ProCentra®)**
-------	**ProCentra®**
-------	**Methylphenidate chewable tablets** **Methylin® chewable tablets**
-------	**Zenzedi®**

Antidepressant Medications:

Preferred	Non-Preferred
Bupropion IR, SR, XL (Wellbutrin®/SR®/XL®)	Wellbutrin®/ Wellbutrin SR®/ Wellbutrin XL®
Cymbalta® Duloxetine (Cymbalta®)	--------
Maprotiline (Ludiomil®)	--------
Mirtazapine ODT/tablet (Remeron®)	Remeron® Remeron® Solutab
Nardil® (phenelzine) Phenelzine (Nardil®)	--------
Parnate® (tranylcypromine) Tranylcypromine (Parnate®)	--------
Savella®	
Trazodone (Desyrel®)	--------
Venlafaxine (Effexor®)	--------
Venlafaxine ER capsules	Effexor XR® Capsules Venlafaxine ER tabs (Effexor XR Tablets®)
--------	Aplenzin® (bupropion hydrobromide)
--------	Brintellix® (vortioxetine)
--------	Desvenlafaxine ER (Pristiq®/Khedezla®) Pristiq® Khedezla®
--------	Emsam®
--------	Fetzima® (levomilnacipran)
--------	Forfivo XL® (bupropion)
--------	Nefazodone (Serzone®)
--------	Oleptro ER® (trazodone ER)
--------	Viibryd® (vilazodone)

Selective Serotonin Re-uptake Inhibitors (SSRIs):

Preferred	Non-Preferred
Citalopram solution/tablet (Celexa®)	Celexa® solution/tablet
Escitalopram (Lexapro®)	Lexapro®
Fluoxetine capsule/solution/tablet (Prozac®)	Prozac®
Fluvoxamine (Luvox®)	--------
Paroxetine (Paxil®)	Paxil®
Sertraline solution/tablet (Zoloft®)	Zoloft® solution/tablet
--------	Brisdell® (paroxetine mesylate)
--------	Escitalopram solution (Lexapro® solution) Lexapro® solution
--------	Fluoxetine DR 90 (Prozac® Weekly) Prozac® Weekly
--------	Fluvoxamine ER (Luvox CR®)
--------	Paroxetine CR (Paxil CR®) Paxil CR®
--------	Pexeva® (paroxetine)
--------	Sarafem®

Antipsychotics (Oral):

Preferred	Non-Preferred
Abilify®	--------
Clozapine (Clozaril®)	Clozaril®
Clozapine ODT (FazaClo®)	FazaClo®
Fanapt®	--------
Invega®	--------
Latuda®	--------
Olanzapine (Zyprexa®)	Zyprexa®
Olanzapine ODT (Zyprexa Zydis®)	Zyprexa Zydis®
Quetiapine (Seroquel®)	Seroquel®
Risperidone solution/tablet (Risperdal®)	Risperdal® solution/tablet
Risperidone ODT (Risperdal M®)	Risperdal M®
Saphris®	--------
Seroquel XR®	--------
Symbyax®	Olanzapine/fluoxetine (Symbyax®)
Ziprasidone (Geodon®)	Geodon®
--------	Fanapt® Titration Pack
--------	Versacloz® (clozapine suspension)
	Seroquel XR® Sample Kit

Antipsychotics (Long-Acting Injections):

Preferred	Non-Preferred
Abilify Maintena®	--------
Fluphenazine decanoate (Prolixin decanoate®)	--------
Haldol decanoate®	--------
Haloperidol decanoate (Haldol decanoate®)	--------
Invega Sustenna®	--------
Invega Trinza®	
Risperdal Consta®	--------
Zyprexa Relprevv®	--------

Questions DSS Social Workers and/or Resource Parents Can Ask of Treatment Providers Who Prescribe Psychotropic Medications [5]

1. Are there behavioral interventions that might be tried before medication is used, or effectively used in combination with medication, which may help to lower the required medication dose?

2. Does research support the use of the recommended medication for a child that is my child's age and with similar needs?

3. How does medication fit within the overall treatment plan and how will we coordinate with other treatment, such as therapy, school behavior plans, and more?

4. Is the prescribed medication more, less, or equally effective as other non-medicinal interventions?

5. What should we be looking for in changes in behavior, changes in symptoms, and whom should we contact with questions about these changes and the medication?

6. How long will it take before we should begin seeing behavioral changes? Will those potential changes be significant or minor?

7. What are the potential risks and benefits of the medication and other treatment options, and what are the potential side effects?

8. If a medication dose is missed or stopped abruptly, are there potential adverse effects? What might those be and what should I do if I observe them?

9. How will our family, our child, and the treating provider monitor progress, behavior changes, symptoms, and safety concerns? (Close monitoring is critical with all medications at all times, however, it is especially important when medication is started and when dosages are changed.)

10. How will we know when it is time to talk about stopping medication treatment and what steps need to be taken before the medication is stopped?

11. How can we best develop a clear communication plan between our family and the treating providers (therapist and psychiatrist) to ensure open lines of communication?

12. What if my child has a crisis and is hospitalized? Who can we contact in your office, especially if someone wants to change medications?

Adapted from NAMI, "Choosing the Right Treatment: What Families Need to Know about Evidence-Based Practices, 2007."

References:

1. White, CR; Havalchak, A; Jackson, L; O'Brien, K; & Pecora, PJ. (2007). Mental Health, Ethnicity, Sexuality, and Spirituality among Youth in Foster Care: Findings from the Casey Field Office Mental Health Study. Casey Family Programs.
2. Zito JM, Safer DJ, Sai D, et al. Psychotropic Medication Patterns Among Youth in Foster Care. Pediatrics. 2008;121(1):157-63.
3. Medical Dictionary for the Health Professions and Nursing © Farlex 2012
4. Texas Dept. of Family and Protective Services & University of Texas at Austin College of Pharmacy. (2013, September). *Psychotropic medication utilization parameters for foster children*. Accessed November 11, 2013 from http://www.dfps.state.tx.us/documents/Child_Protection/pdf/TxFosterCareParameters-September2013.pdf
5. Department of Mental Health (2014, December). Parameters 3.8 For Use of Psychotropic Medication in Children and Adolescents. Accessed January 15, 2015 from http://file.lacounty.gov/dmh/cms1_191102.pdf
6. John's Hopkins Guide to Psychopharmacology for Pediatricians. (2011, Spring) Accessed May 8, 2015 from http://web.jhu.edu/pedmentalhealth/Psychopharmacolog%20use.html
7. Appropriate Use of Psychotropic Drugs in Children and Adolescents: A Clinical Monograph. Magellan Health Services, 2013. Accessed February 4, 2014 from https://www.openminds.com/wp-content/uploads/indres/magellan-psychotropicdrugs-020314.pdf?status=free
8. Choosing the Right Treatment: What Families Need to Know About Evidence- Based Practices, 2007. NAMI, The National Alliance on Mental Illness. Accessed May 8, 2015 from http://www2.nami.org/Content/ContentGroups/CAAC/ChoosingRightTreatment.pdf

Updates to the Document:

1. July 2015: Document completed and released
2. October 2015: Pages 19-22 updated to reflect NC Medicaid PDL changes effective Nov. 1, 2015

Author:

Theodore Pikoulas, PharmD, BCPP
Associate Director of Behavioral Health Pharmacy Programs
Community Care of North Carolina

With Assistance from the Medication Management Subgroup of the Fostering Health NC Initiative:

Brian Bocnuk
Social Services Manager, New Hanover Department of Social Services

Sharon Dempsey, LCSW
Consultant/Trainer/Therapist, Integrated Behavioral Health Solutions PLLC

Arthur Kelley, MD
Medical Director, Partnership for Community Care

Elizabeth Farrington, PharmD, FCCP, FCCM, FPPAG, BCPS
Pediatric Pharmacist, New Hanover Regional Medical Center

Angela Pittman, MSW
Social Work Director, Buncombe County HHS

Venkata Jonnalagadda, MD
Medical Director, Eastpointe Managed Care Organization

Jerry McKee, PharmD, MS, BCPP
Assistant Director-Pharmacy Operations and Payer Programs, Community Care of North Carolina

Leslie Starsoneck
Consultant, Fostering Health NC
NC Pediatric Society