



# MassHealth Pediatric Behavioral Health Medication Initiative

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## BACKGROUND

The Pediatric Behavioral Health Medication Initiative proactively requires prior authorization for pediatric members (generally members less than 18 years of age) for certain behavioral health medication classes and/or specific medication combinations (i.e., polypharmacy) that have limited evidence for safety and efficacy in the pediatric population.

As part of this initiative and effective with the November 2014 MassHealth Drug List update, the following situations will require a prior authorization:

1. **Behavioral health medication polypharmacy:** pharmacy claims for any combination of four or more behavioral health medications (i.e., alpha<sub>2</sub> agonists, antidepressants, antipsychotics, armodafinil, atomoxetine, benzodiazepines, buspirone, cerebral stimulants, donepezil, hypnotic agents, memantine, modafinil, mood stabilizers, naltrexone, and viloxazine) within a 45-day period for members less than 18 years of age;
2. **Antipsychotic polypharmacy:** overlapping pharmacy claims for two or more antipsychotics for at least 60 days within a 90-day period for members less than 18 years of age;
3. **Antidepressant polypharmacy:** overlapping pharmacy claims for two or more antidepressants for at least 60 days within a 90-day period for members less than 18 years of age;
4. **Cerebral stimulant polypharmacy:** overlapping pharmacy claims for two or more cerebral stimulants (immediate-release and extended-release formulations of the same chemical entity are counted as one) for at least 60 days within a 90-day period for members less than 18 years of age;
5. **Mood stabilizer polypharmacy:** overlapping pharmacy claims for three or more mood stabilizers for at least 60 days within a 90-day period for members less than 18 years of age;
6. **Benzodiazepine polypharmacy:** overlapping pharmacy claims for two or more benzodiazepines (hypnotic benzodiazepine agents, clobazam, nasal and rectal diazepam, and nasal midazolam are not included) for at least 60 days within a 90-day period for members less than 18 years of age;
7. **Antidepressant, antipsychotic, armodafinil, atomoxetine, benzodiazepine, buspirone, donepezil, hypnotic, memantine, modafinil, mood stabilizer (agents considered to be used only for seizure diagnoses are not included), naltrexone, or viloxazine** pharmacy claim for members less than six years of age;
8. **Alpha<sub>2</sub> agonist or cerebral stimulant** pharmacy claim for members less than three years of age.

The reference table below lists the behavioral health medications included in the Pediatric Behavioral Health Medication Initiative. Further information on the prior authorization requirements, including approval criteria, can be found within the MassHealth Drug List at [www.mass.gov/druglist](http://www.mass.gov/druglist).

## Pediatric Behavioral Health Medication Initiative Medication List<sup>1</sup>

<b>Antidepressants</b>		<b>Mood Stabilizers</b>	
amitriptyline	maprotiline	brivaracetam <sup>3</sup>	lithium
amoxapine	mirtazapine	cannabidiol <sup>3</sup>	methsuximide <sup>3</sup>
bupropion	nefazodone	carbamazepine	oxcarbazepine
citalopram	nortriptyline	cenobamate <sup>3</sup>	perampanel <sup>3</sup>
clomipramine	paroxetine	clobazam <sup>3</sup>	phenytoin <sup>3</sup>
desipramine	phenelzine	divalproex	pregabalin
desvenlafaxine	protriptyline	eslicarbazepine	primidone <sup>3</sup>
doxepin	selegiline <sup>2</sup>	ethosuximide <sup>3</sup>	rufinamide <sup>3</sup>
duloxetine	sertraline	ethoin <sup>3</sup>	stiripentol <sup>3</sup>
escitalopram	tranylcypromine	felbamate <sup>3</sup>	tiagabine <sup>3</sup>
esketamine	trazodone	fenfluramine <sup>3</sup>	topiramate
fluoxetine	trimipramine	gabapentin	valproic acid
fluvoxamine	venlafaxine	lacosamide <sup>3</sup>	vigabatrin <sup>3</sup>
imipramine	vilazodone	lamotrigine	zonisamide <sup>3</sup>
isocarboxazid	vortioxetine	levetiracetam <sup>3</sup>	
levomilnacipran		<b>Antianxiety Agents</b>	
<b>Stimulants</b>		alprazolam	clorazepate
amphetamine	lisdexamfetamine	bupirone	diazepam <sup>4</sup>
dexmethylphenidate	methamphetamine	chlordiazepoxide	lorazepam
dextroamphetamine	methylphenidate	chlordiazepoxide/ amitriptyline	meprobamate
dextroamphetamine/ amphetamine	serdexmethylphenidate/ dexmethylphenidate	clonazepam	midazolam <sup>4</sup>
			oxazepam
<b>Antipsychotics</b>		<b>Hypnotics</b>	
aripiprazole	olanzapine	doxepin <sup>5</sup>	suvorexant
asenapine	olanzapine/fluoxetine	estazolam	temazepam
brexpiprazole	paliperidone	eszopiclone	triazolam
cariprazine	perphenazine	flurazepam	zaleplon
chlorpromazine	perphenazine/amitriptyline	lemborexant	zolpidem
clozapine	pimozide	<b>Alpha<sub>2</sub> Agonists</b>	
fluphenazine	quetiapine	clonidine	guanfacine
haloperidol	risperidone	<b>Miscellaneous</b>	
iloperidone	thioridazine	armodafinil	modafinil
loxapine	thiothixene	atomoxetine	naltrexone <sup>6</sup>
lumateperone	trifluoperazine	donepezil	viloxazine
lurasidone	ziprasidone	memantine	
molindone			

<sup>1</sup>Short-acting intramuscular injectable and intravenous formulations are excluded from the Pediatric Behavioral Health Medication Initiative requirements.

<sup>2</sup>Emsam (selegiline) is the only selegiline formulation included in the Pediatric Behavioral Health Medication Initiative.

<sup>3</sup>Agent is considered to be used only for seizure diagnoses and is excluded from age restriction for members less than six years of age.

<sup>4</sup>Nasal and rectal diazepam and nasal midazolam formulations are excluded from the Pediatric Behavioral Health Medication Initiative requirements.

<sup>5</sup>Doxepin tablet is classified as a hypnotic agent and the Pediatric Behavioral Health Medication Initiative requirements for antidepressants do not apply. Pediatric Behavioral Health Medication Initiative requirements for hypnotics apply.

<sup>6</sup>Vivitrol (naltrexone injection) is excluded from the Pediatric Behavioral Health Medication Initiative requirements.