



# 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 beginning 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 [agents considered to be used only for seizure diagnoses are not included], 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 (agents considered to be used only for seizure diagnoses are not included) 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	carbamazepine	lithium
amoxapine	mirtazapine	divalproex	oxcarbazepine
bupropion	nefazodone	eslicarbazepine	pregabalin
citalopram	nortriptyline	gabapentin	topiramate
clomipramine	paroxetine	lamotrigine	valproic acid
desipramine	phenelzine	<b>Antianxiety Agents</b>	
desvenlafaxine	protriptyline	alprazolam	clorazepate
doxepin	selegiline <sup>2</sup>	buspirone	diazepam <sup>3</sup>
duloxetine	sertraline	chlordiazepoxide	lorazepam
escitalopram	tranylcypromine	chlordiazepoxide/ amitriptyline	meprobamate
esketamine	trazodone	clonazepam	midazolam <sup>3</sup>
fluoxetine	trimipramine		oxazepam
fluvoxamine	venlafaxine	<b>Hypnotics</b>	
imipramine	vilazodone	daridorexant	suvorexant
isocarboxazid		doxepin <sup>4</sup>	temazepam
levomilnacipran		estazolam	triazolam
		eszopiclone	zaleplon
		flurazepam	zolpidem
		lemborexant	
<b>Antipsychotics</b>		<b>Alpha<sub>2</sub> Agonists</b>	
aripiprazole	olanzapine	clonidine	guanfacine
asenapine	olanzapine/fluoxetine		
brexpiprazole	olanzapine/samidorphan		
cariprazine	paliperidone	<b>Stimulants</b>	
chlorpromazine	perphenazine	amphetamine	lisdexamfetamine
clozapine	perphenazine/amitriptyline	dexmethylphenidate	methamphetamine
fluphenazine	pimozide	dextroamphetamine	methylphenidate
haloperidol	quetiapine	dextroamphetamine/ amphetamine	serdexmethylphenidate/ dexmethylphenidate
iloperidone	risperidone		
loxapine	thioridazine	<b>Miscellaneous</b>	
lumateperone	thiothixene	armodafinil	modafinil
lurasidone	trifluoperazine	atomoxetine	naltrexone <sup>5</sup>
molindone	ziprasidone	donepezil	viloxazine
		memantine	

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

<sup>4</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>5</sup>Vivitrol (naltrexone injection) is excluded from the Pediatric Behavioral Health Medication Initiative requirements.