



MassHealth Pediatric Behavioral Health Medication Initiative

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., alpha₂ 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. Alpha₂ 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.

Pediatric Behavioral Health Medication Initiative Medication List¹

Antidepressants		Mood Stabilizers	
amitriptyline	levomilnacipran	carbamazepine	lithium
amoxapine	mirtazapine	divalproex	oxcarbazepine
bupropion	nefazodone	eslicarbazepine	pregabalin
citalopram	nortriptyline	gabapentin	topiramate
clomipramine	paroxetine	lamotrigine	valproic acid
desipramine	phenelzine	Antianxiety Agents	
desvenlafaxine	protriptyline	alprazolam	diazepam ³
dextromethorphan/bupropion	selegiline ²	buspirone	lorazepam
doxepin	sertraline	chlordiazepoxide	meprobamate
duloxetine	tranylcypromine	chlordiazepoxide/ amitriptyline	midazolam ³
escitalopram	trazodone	clonazepam	oxazepam
esketamine	trimipramine	clorazepate	quazepam
fluoxetine	venlafaxine	Hypnotics	
fluvoxamine	vilazodone	daridorexant	suvorexant
imipramine	vortioxetine	doxepin ⁴	temazepam
isocarboxazid	zuranolone	estazolam	triazolam
Antipsychotics		eszopiclone	zaleplon
aripiprazole	olanzapine	flurazepam	zolpidem
asenapine	olanzapine/fluoxetine	lemborexant	
brexpiprazole	olanzapine/samidorphan	Alpha ₂ Agonists	
cariprazine	paliperidone	clonidine	guanfacine
chlorpromazine	perphenazine	Stimulants	
clozapine	perphenazine/amitriptyline	amphetamine	lisdexamfetamine
fluphenazine	pimozide	dexmethylphenidate	methamphetamine
haloperidol	quetiapine	dextroamphetamine	methylphenidate
iloperidone	risperidone	dextroamphetamine/ amphetamine	serdexmethylphenidate/ dexmethylphenidate
loxapine	thioridazine	Miscellaneous	
lumateperone	thiothixene	armodafinil	modafinil
lurasidone	trifluoperazine	atomoxetine	naltrexone ⁵
molindone	ziprasidone	donepezil	viloxazine
		memantine	

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

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

³Nasal and rectal diazepam and nasal midazolam formulations are excluded from the Pediatric Behavioral Health Medication Initiative requirements.

⁴Doxepin 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.

⁵Vivitrol (naltrexone injection) is excluded from the Pediatric Behavioral Health Medication Initiative requirements.