



# 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, the following situations will require a prior authorization:

- 1. Behavioral health medication polypharmacy:** (i.e., alpha<sub>2</sub> agonists, antidepressants, antipsychotics, armodafinil, atomoxetine, benzodiazepines, buspirone, cerebral stimulants, donepezil, hypnotic agents, memantine, meprobamate, modafinil, mood stabilizers [agents considered to be used only for seizure diagnoses are not included], naltrexone, prazosin, and viloxazine) filled within a 45-day period for members less than 18 years of age:
  - Pharmacy claims for 4 or more behavioral health medications **if one of the following is included:** an antipsychotic, a benzodiazepine, divalproex/valproate, lithium, or a tricyclic antidepressant
  - Pharmacy claims for 5 or more behavioral health medications (regardless of the medications included)
- 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. Antipsychotic** pharmacy claim for members less than ten years of age;
- 8. Antidepressant, armodafinil, atomoxetine, benzodiazepine, buspirone, donepezil, hypnotic, memantine, meprobamate, modafinil, mood stabilizer (agents considered to be used only for seizure diagnoses are not included), naltrexone, prazosin, or viloxazine** pharmacy claim for members less than six years of age;
- 9. 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	levomilnacipran	carbamazepine	oxcarbazepine
amoxapine	mirtazapine	divalproex	pregabalin
bupropion	nefazodone	gabapentin	topiramate
citalopram	nortriptyline	lamotrigine	valproic acid
clomipramine	paroxetine		
desipramine	phenelzine	<b>Antianxiety Agents</b>	
desvenlafaxine	protriptyline	alprazolam	diazepam <sup>3</sup>
dextromethorphan/bupropion	selegiline <sup>2</sup>	buspirone	lorazepam
doxepin	sertraline	chlordiazepoxide	meprobamate
duloxetine	tranylcypromine	chlordiazepoxide/ amitriptyline	midazolam <sup>3</sup>
escitalopram	trazodone	clonazepam	oxazepam
esketamine	trimipramine	clorazepate	
fluoxetine	venlafaxine	<b>Hypnotics</b>	
fluvoxamine	vilazodone	daridorexant	quazepam
imipramine	vortioxetine	doxepin <sup>4</sup>	suvorexant
isocarboxazid	zuranolone	estazolam	temazepam
		eszopiclone	triazolam
		flurazepam	zaleplon
		lemborexant	zolpidem
<b>Antipsychotics</b>		<b>Alpha<sub>2</sub> Agonists</b>	
aripiprazole	olanzapine	clonidine	guanfacine
asenapine	olanzapine/fluoxetine		
brexpiprazole	olanzapine/samidorphan	<b>Stimulants</b>	
cariprazine	paliperidone	amphetamine	lisdexamfetamine
chlorpromazine	perphenazine	dexmethylphenidate	methamphetamine
clozapine	perphenazine/amitriptyline	dextroamphetamine	methylphenidate
fluphenazine	pimozide	dextroamphetamine/ amphetamine	serdexmethylphenidate/ dexmethylphenidate
haloperidol	quetiapine	<b>Miscellaneous</b>	
iloperidone	risperidone	armodafinil	modafinil
loxapine	thioridazine	atomoxetine	naltrexone <sup>5</sup>
lumateperone	thiothixene	donepezil	prazosin
lurasidone	trifluoperazine	memantine	viloxazine
molindone	ziprasidone		

<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.