



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, the following situations will require a prior authorization:

- Behavioral health medication polypharmacy:** (i.e., alpha₂ 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, viloxazine, and xanomeline/trospium) 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)
- 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;
- 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;
- 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;
- 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;
- 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;
- Antipsychotic** pharmacy claim for members less than ten years of age;
- 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, viloxazine, or xanomeline/trospium** pharmacy claim for members less than six years of age;
- 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	oxcarbazepine	
amoxapine	mirtazapine	divalproex	pregabalin	
bupropion	nefazodone	gabapentin	topiramate	
citalopram	nortriptyline	lamotrigine	valproic acid	
clomipramine	paroxetine	Antianxiety Agents		
desipramine	phenelzine	alprazolam	diazepam ³	
desvenlafaxine	protriptyline	buspirone	lorazepam	
dextromethorphan/bupropion	selegiline ²	chlordiazepoxide	meprobamate	
doxepin	sertraline	chlordiazepoxide/ amitriptyline	midazolam ³	
duloxetine	tranylcypromine	clonazepam	oxazepam	
escitalopram	trazodone	clorazepate	Hypnotics	
esketamine	trimipramine	daridorexant	quazepam	
fluoxetine	venlafaxine	doxepin ⁴	suvorexant	
fluvoxamine	vilazodone	estazolam	temazepam	
imipramine	vortioxetine	eszopiclone	triazolam	
isocarboxazid	zuranolone	flurazepam	zaleplon	
Antipsychotics		lemborexant	zolpidem	
aripiprazole	olanzapine/fluoxetine	Alpha₂ Agonists		
asenapine	olanzapine/samidorphan	clonidine	guanfacine	
brexpiprazole	paliperidone	Stimulants		
cariprazine	perphenazine	amphetamine	lisdexamfetamine	
chlorpromazine	perphenazine/amitriptyline	dexmethylphenidate	methamphetamine	
clozapine	pimozide	dextroamphetamine	methylphenidate	
fluphenazine	quetiapine	dextroamphetamine/ amphetamine	serdexmethylphenidate/ dexmethylphenidate	
haloperidol	risperidone	Miscellaneous		
iloperidone	thioridazine	armodafinil	modafinil	
loxapine	thiothixene	atomoxetine	naltrexone ⁵	
lumateperone	trifluoperazine	donepezil	prazosin	
lurasidone	xanomeline/trospium	memantine	viloxazine	
molindone	ziprasidone			
olanzapine				

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.