

**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**](https://masshealthdruglist.ehs.state.ma.us/MHDL/)**.**

PBHMI (Rev. 06/23)

| 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 | clorazepate |
| dextromethorphan/bupropion  doxepin | selegiline2 | buspirone | diazepam3 |
| duloxetine | sertraline | chlordiazepoxide | lorazepam |
| escitalopram | tranylcypromine | chlordiazepoxide/ | meprobamate |
| fluoxetine | trazodone | amitriptyline | midazolam3 |
| fluvoxamine | trimipramine | clonazepam | oxazepam  quazepam |
| imipramine | venlafaxine | Hypnotics | |
| isocarboxazid | vilazodone | daridorexant | suvorexant |
|  |  | doxepin4 | temazepam |
| **Antipsychotics** | | estazolam | triazolam |
| aripiprazole | olanzapine | eszopiclone | zaleplon |
| asenapine | olanzapine/fluoxetine | flurazepam | zolpidem |
| brexpiprazole | olanzapine/samidorphan | lemborexant |  |
| cariprazine | paliperidone | Alpha2 Agonists | |
| chlorpromazine | perphenazine | clonidine | guanfacine |
| clozapine | perphenazine/amitriptyline | Stimulants | |
| fluphenazine | pimozide | amphetamine | lisdexamfetamine |
| haloperidol | quetiapine | dexmethylphenidate | methamphetamine |
| iloperidone | risperidone | dextroamphetamine | methylphenidate |
| loxapine | thioridazine | dextroamphetamine/ | serdexmethylphenidate/ |
| lumateperone | thiothixene | amphetamine | dexmethylphenidate |
| lurasidone | trifluoperazine | Miscellaneous | |
| molindone | ziprasidone | armodafinil | modafinil |
|  | | atomoxetine | naltrexone5 |
| 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.