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Dear Prescriber,

The MassHealth Pharmacy Program, in collaboration with the Department of Children and Families (DCF) and the Department of Mental Health (DMH), has developed a **Pediatric Behavioral Health Medication Initiative** that will **require prior authorization to ensure the highest quality and safest care to pediatric members less than 18 years of age in the Primary Care Clinician (PCC) Plan who are prescribed behavioral health medications**. An expert workgroup convened by the DMH served as an advisory board to the MassHealth Pharmacy Program to create the approval criteria that will be used to evaluate prior authorization requests submitted to the Drug Utilization Review (DUR) Program.

Using evidence-based medicine and expert consensus, the MassHealth Pharmacy Program has identified combinations of specific behavioral health medications or medication classes that will be subject to consultant pharmacist review. The Pediatric Behavioral Health Medication Initiative will require prior authorization for specific behavioral health medication combinations that may be unnecessary, redundant, or cause additional adverse reactions, i.e. **polypharmacy**; as well as for medication classes that have **limited evidence of safety and efficacy in the pediatric population**. All **prescriptions written prior to 11/24/2014** will be **grandfathered for the remainder of refills on the prescription**.

As part of this initiative and effective **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, atomoxetine, benzodiazepines, buspirone, cerebral stimulants, hypnotic agents, and mood stabilizers) within a 60 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. **Benzodiazepine polypharmacy**: overlapping pharmacy claims for two or more benzodiazepines for at least 60 days within a 90 day period for members less than 18 years of age;
6. **Mood stabilizer polypharmacy**: overlapping pharmacy claims for three or more mood stabilizers for at least 60 days within a 90 day period for members less than 18 years of age;
7. Any pharmacy claim for an **antidepressant, antipsychotic, atomoxetine, benzodiazepine, buspirone, hypnotic or hypnotic benzodiazepine, or mood stabilizer** for members **less than six years of age**;
8. Any pharmacy claim for an **alpha<sub>2</sub> agonist or cerebral stimulant** for members **less than three years of age**.

The details of this initiative, and the specific medications and medication classes that will be affected by this initiative will be reflected in an upcoming update to the MassHealth Drug List.

As a method for continuous quality assurance, improvement, and transparency, a **multidisciplinary Therapeutic Class Management (TCM) workgroup has been created to retrospectively review prior authorization requests** that do not meet the required criteria and to provide an increased level of clinical expertise to evaluate outlier cases. The workgroup may also conduct outreach to individual prescribers to discuss clinically appropriate treatment options in certain cases.

Further information on the Pediatric Behavioral Health Medication Initiative and the MassHealth Drug List can be found at [www.mass.gov/masshealth/pharmacy](http://www.mass.gov/masshealth/pharmacy). The MassHealth Pharmacy Program will continually evaluate this initiative through the quality assurance program, and make adjustments to the criteria as needed based on current evidence-based medicine.

Thank you for joining us in this important and focused effort to help ensure that MassHealth pediatric members receive medically necessary behavioral health medications that are safe and effective, and optimize patient care.

Sincerely,

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Office of Clinical Affairs  
Director of Pharmacy  
MassHealth

Kathy Sanders, MD  
Deputy Commissioner  
Clinical and Professional Services  
Massachusetts Department of Mental Health

Erin Deveney, JD  
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