



**Pediatric Behavioral Health Medication Initiative
Effective June 19, 2019**

Plan	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

The MassHealth Pharmacy Program, in collaboration with the Department of Children and Families (DCF) and the Department of Mental Health (DMH), have developed a Pediatric Behavioral Health Medication Initiative (PBHMI) that 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. AllWays Health Partners has adopted this initiative.

Prior authorization is required for members less than 18 years old for the following situations:

- Behavioral health medication polypharmacy: pharmacy claims for 4 or more behavioral health medications (i.e., alpha₂ agonists, antidepressants, antipsychotics, atomoxetine, benzodiazepines, buspirone, cerebral stimulants, hypnotics, and mood stabilizers) filled within a 45 day period
- Antipsychotic polypharmacy: overlapping pharmacy claims for 2 or more antipsychotics for ≥60 days within a 90 day period
- Antidepressant polypharmacy: overlapping pharmacy claims for 2 or more antidepressants for ≥60 days within a 90 day period
- Cerebral stimulant polypharmacy: overlapping pharmacy claims for 2 or more cerebral stimulants (immediate-release and extended-release formulations of the same chemical entity are counted as one) for ≥60 days within a 90 day period
- Mood stabilizer polypharmacy: overlapping pharmacy claims for 3 or more mood stabilizers for ≥60 days within a 90 day period
- Benzodiazepine polypharmacy: overlapping pharmacy claims for 2 or more benzodiazepines for ≥60 days within a 90 day period

- Any pharmacy claim for an antipsychotic, antidepressant, atomoxetine, benzodiazepine, buspirone, or mood stabilizer (excluding anticonvulsants indicated for seizure only) for members less than 6 years old
- Any pharmacy claim for a hypnotic or hypnotic benzodiazepine for members less than 6 years old
- Any pharmacy claim for an alpha₂ agonist or cerebral stimulant for members less than 3 years old

Pediatric Behavioral Health Medication Initiative Medication List			
Antidepressants		Mood Stabilizers	
amitriptyline	maprotiline	brivaracetam ³	methsuximide ³
amoxapine	mirtazapine	carbamazepine	oxcarbazepine
bupropion	nefazodone	clobazam ³	perampam ³
citalopram	nortriptyline	divalproex	phenytoin ³
clomipramine	paroxetine	eslicarbazepine	pregabalin
desipramine	phenelzine	ethosuximide ³	primidone ³
desvenlafaxine	protriptyline	ethotoin ³	rufinamide ³
doxepin	Selegiline ²	felbamate ³	tiagabine ³
duloxetine	sertraline	gabapentin	topiramate
escitalopram	tranylcypromine	lacosamide ³	valproic acid
fluoxetine	trazodone	lamotrigine	vigabatrin ³
fluvoxamine	trimipramine	levetiracetam ³	zonisamide ³
imipramine	venlafaxine	lithium	
isocarboxazid	vilazodone	Antianxiety Agents	
levomilnacipran	vortioxetine	alprazolam	diazepam ⁴
Stimulants		buspirone	lorazepam
amphetamine	dextroamphetamine/ amphetamine	chlordiazepoxide	meprobamate
amphetamine sulfate	lisdexamfetamine	chlordiazepoxide/ amitriptyline	midazolam
dextroamphetamine	methamphetamine	clonazepam	oxazepam
dexmethylphenidate	methylphenidate	clorazepate	
Antipsychotics		Hypnotics	
aripiprazole	olanzapine	Doxepin ⁵	suvorexant
asenapine	olanzapine/fluoxetine	estazolam	temazepam
brexpiprazole	paliperidone	eszopiclone	triazolam
cariprazine	perphenazine	flurazepam	zaleplon
chlorpromazine	perphenazine/amitriptyline	quazepam	zolpidem
clozapine	pimozide		
fluphenazine	quetiapine	Alpha ₂ Agonists	
haloperidol	risperidone	clonidine	guanfacine
iloperidone	thioridazine	Miscellaneous	
loxapine	thiothixene	atomoxetine	
lurasidone	trifluoperazine		
molindone	ziprasidone		

¹ Short-acting intramuscular injectable and intravenous formulations are not included.

² Emsam[®] (selegiline) is the only selegiline formulation included.

³ Agent is considered to be used only for seizure diagnoses and is excluded from age restriction for members less than six years of age

⁴ Rectal diazepam formulations are not included.

⁵ Silenor[®] (doxepin) is classified as a hypnotic agent and not included in the antidepressant restrictions.

Coverage Guidelines

Behavioral health medication polypharmacy:

- Member had a recent psychiatric hospitalization (within the last three months) **OR** member has a history of severe risk of harm to self or others.

OR

- Documentation of **ALL** of the following is required:
 - appropriate diagnoses; **and**
 - treatment plan including names of current behavioral health medications and corresponding diagnoses; **and**
 - prescriber is a specialist (e.g., psychiatrist, neurologist) or consult is provided;

AND

- For regimens including **THREE** or **MORE** mood stabilizers, **ONE** of the following is required*:
 - member has a seizure diagnosis **ONLY**; **or**
 - member has an appropriate psychiatric diagnosis and **ONE** of the following:
 - Cross-titration/taper of mood stabilizer therapy; **or**
 - Inadequate response or adverse reaction to two monotherapy trials and/or multiple combination therapy trials as clinically appropriate; **or**
 - member has a diagnosis in which mood stabilizers may be clinically appropriate (e.g., migraine, neuropathic pain) and documentation that other clinically appropriate therapies have been tried and failed; therefore, multiple mood stabilizers are needed; **or**
 - member has psychiatric **AND** comorbid diagnosis in which mood stabilizers may be clinically appropriate (e.g., migraine, neuropathic pain) and documentation that other clinically relevant therapies have been tried and failed; therefore, multiple mood stabilizers are needed, **and** **ONE** of the following:
 - Cross-titration/taper of mood stabilizer therapy; **or**
 - Inadequate response or adverse reaction to two monotherapy trials and/or multiple combination therapy trials as clinically appropriate.

*Members with a seizure diagnosis **AND** a psychiatric diagnosis **AND** a diagnosis in which mood stabilizers may be clinically appropriate (e.g., migraine, neuropathic pain) may get up to three mood stabilizers before meeting this additional criteria.

Antipsychotic polypharmacy:

- Member had a recent psychiatric hospitalization (within the last three months) **OR** member has a history of severe risk of harm to self or others.

OR

- Documentation of **ALL** of the following is required:
 - appropriate diagnoses; **and**
 - treatment plan including names of current antipsychotics, dose and frequency, and corresponding diagnoses; **and**
 - Documentation that a comprehensive behavioral health plan is in place
 - Prescriber is a psychiatrist or psychiatry consult was provided
 - Documentation of **ONE** of the following stages of treatment and subsequent documentation:

- i. Acute: initiation of antipsychotic treatment likely with subsequent dose adjustments to maximize response and minimize side effects. Documentation of ONE of the following is required:
 - Cross-titration/taper of antipsychotic therapy
 - Inadequate response or adverse reaction to two monotherapy trials as clinically appropriate (include trial duration with dates of use as documented on request or in claims history, if available).
- ii. Maintenance: response to antipsychotic treatment with goal of remission or recovery. If member has been on the antipsychotic regimen for the past 12 months, documentation of ONE of the following is required:
 - Previous efforts to reduce/simplify the antipsychotic regimen in the past 24 months resulted in symptom exacerbation
 - Family/caregiver does not support the antipsychotic regimen change at this time due to risk of exacerbation
 - Other significant barrier for antipsychotic therapy discontinuation
- iii. Discontinuation: clinically indicated that the antipsychotic regimen can likely be successfully tapered. Documentation of cross-titration or taper of antipsychotic therapy is required.

Antidepressant polypharmacy:

- o Member had a recent psychiatric hospitalization (within the last three months) **OR** member has a history of severe risk of harm to self or others.

OR

- o Documentation of **ALL** of the following is required:
 - o appropriate diagnoses; **and**
 - o treatment plan including names of current antidepressants and corresponding diagnoses; **and**
 - o prescriber is a psychiatrist or consult is provided; **and**
 - o **ONE** of the following:
 - o cross-titration/taper of antidepressant therapy; **or**
 - o inadequate response (defined as four weeks of therapy) or adverse reaction to two monotherapy trials as clinically appropriate; **or**
 - o antidepressant polypharmacy regimen of \leq two antidepressants includes ONE of the following: bupropion, mirtazapine or trazodone; **or**
 - o one antidepressant in the regimen is indicated for a comorbid condition in which antidepressants may be clinically appropriate.

Cerebral stimulant polypharmacy:

- o Member had a recent psychiatric hospitalization (within the last three months) **OR** member has a history of severe risk of harm to self or others.

OR

- o Documentation of **ALL** of the following is required:
 - o Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or hyperactivity associated with Autism Spectrum Disorder (ASD); **and**
 - o treatment plan including names of current cerebral stimulants and corresponding diagnoses; **and**
 - o inadequate response (defined as >7 days of therapy), adverse reaction or contraindication to monotherapy trials with **BOTH** methylphenidate **and** amphetamine; **and**



- Rationale for use of a methylphenidate agent in combination with an amphetamine agent.

Mood stabilizer polypharmacy*:

- Member had a recent psychiatric hospitalization (within the last three months) **OR** member has a history of severe risk of harm to self or others.

OR

- Member has a seizure diagnosis **ONLY**

OR

- Member has a psychiatric diagnoses **AND** meets the following criteria:
 - appropriate psychiatric diagnoses; **and**
 - treatment plan including names of current mood stabilizers and corresponding diagnoses; **and**
 - prescriber is a specialist (e.g., psychiatrist, neurologist) or consult is provided; **and**
 - **ONE** of the following:
 - cross-titration/taper of mood stabilizer therapy; **or**
 - inadequate response or adverse reaction to two monotherapy trials and/or multiple combination therapy trials as clinically appropriate.

OR

- Member has a diagnosis in which mood stabilizers may be clinically appropriate (e.g., migraine, neuropathic pain) **AND** meets the following criteria:
 - Appropriate diagnosis in which mood stabilizers may be clinically appropriate (e.g., migraine, neuropathic pain); **and**
 - Treatment plan including names of current mood stabilizers and corresponding diagnoses; **and**
 - Documentation that other clinically appropriate therapies have been tried and failed; therefore, multiple mood stabilizers are needed.

OR

- Member has a psychiatric diagnosis **AND** comorbid diagnosis in which mood stabilizers may be clinically appropriate (e.g., migraine, neuropathic pain) **AND** meets the following criteria:
 - Psychiatric diagnosis and diagnosis in which mood stabilizers may be clinically appropriate (e.g., migraine, neuropathic pain) ; **and**
 - Treatment plan including names of current mood stabilizers and corresponding diagnoses; **and**
 - Prescriber is a specialist (e.g., psychiatrist, neurologist) or consult is provided; **and**
 - Documentation that other clinically relevant therapies have been tried and failed; therefore, multiple mood stabilizers are needed; **and**
 - **ONE** of the following:
 - cross-titration/taper of mood stabilizer therapy; **or**
 - inadequate response or adverse reaction to two monotherapy trials and/or multiple combination therapy trials as clinically appropriate.

*If a member has a seizure diagnosis, up to 2 mood stabilizers will be approved without meeting any additional criteria.

Benzodiazepine polypharmacy:

- Member had a recent psychiatric hospitalization (within the last three months) **OR** member has a history of severe risk of harm to self or others.



OR

- Member has a seizure diagnosis **ONLY**

OR

- Documentation of **ALL** of the following is required:
 - appropriate diagnoses; **and**
 - treatment plan including names of current benzodiazepines and corresponding diagnoses; **and**
 - **ONE** of the following:
 - cross-titration/taper of benzodiazepine therapy; **or**
 - Clinical rationale for use of \geq two benzodiazepines of different chemical entities.

Age Limits

Members < 6 years old:

Excluding anticonvulsants indicated for seizure only

Antidepressant, benzodiazepine, buspirone, or mood stabilizer:

- Member had a recent psychiatric hospitalization (within the last three months) **OR** member has a history of severe risk of harm to self or others.

OR

- Member has a seizure diagnosis **ONLY**

OR

- Documentation of **ALL** of the following is required:
 - appropriate diagnoses; **and**
 - treatment plan including names of current behavioral health medications and corresponding diagnoses; **and**
 - prescriber is a specialist (e.g., psychiatrist, neurologist) or consult is provided.

Strattera (atomoxetine®):

- Member had a recent psychiatric hospitalization (within the last three months) **OR** member has a history of severe risk of harm to self or others.

OR

- Documentation of **ALL** of the following is required:
 - Diagnosis of ADHD
 - Documentation of treatment plan including names of current behavioral health medications and corresponding diagnoses
 - **If the member is <3 years of age**, prescriber is a psychiatrist or psychiatry consult was provided

Antipsychotics:

- Member had a recent psychiatric hospitalization (within the last three months) **OR** member has a history of severe risk of harm to self or others.

OR

- Member is a naïve to treatment **and** documentation is provided showing member is in the **acute stage** of treatment which is defined as the initiation of antipsychotic treatment with likely subsequent dose adjustments to maximize response and minimize side effects

OR

- Member is continuing on therapy **and** documentation is provided showing member is in ONE of the following stages of treatment:
 - Discontinuation: clinically indicated that the antipsychotic can likely be tapered successfully
 - Maintenance: response to antipsychotic treatment with goal of remission or recovery
- If the member has been on the antipsychotic regimen for the past 12 months, need clinical rationale for extended therapy to include at least ONE of the following:
 - Previous efforts to reduce/simplify the antipsychotic regimen in the past 12 months resulted in symptom exacerbation
 - Family/caregiver does not support antipsychotic regimen change at this time due to risk of exacerbation
 - Other significant barrier for antipsychotic therapy discontinuation

AND

- Documentation of **ALL** of the following is required:
 - Treatment plan including names of current behavioral health medications, dose and frequency, and corresponding diagnoses for all behavioral health medications; **and**
 - Documentation that a comprehensive behavioral health treatment plan (i.e., non-pharmacological interventions) is in place; **and**
 - Prescriber is a specialist in one of the following areas or a consult from a specialist was provided: child psychiatry, pediatric neurology, or developmental/behavioral pediatrics

Hypnotic or hypnotic benzodiazepine:

- Documentation of the following is required:
 - **ALL** of the following:
 - Treatment plan including names of current hypnotic agent and corresponding diagnoses; **and**
 - Prescriber is a specialist (e.g. psychiatrist, neurologist) or consult was provided.
 - **ONE** of the following*:
 - Diagnosis of insomnia along *with* other behavioral health comorbidities except ADHD (e.g., anxiety disorders, depression); **or**
 - Diagnosis of insomnia *without* behavioral health comorbidities **AND** inadequate response (defined by ≥ 10 days of therapy), adverse reaction, or contraindication to melatonin; **or**
 - Diagnosis of insomnia *with concomitant* ADHD, documentation of **ALL** of the following is required:
 - Inadequate response (defined by ≥ 10 days of therapy), adverse reaction, or contraindication to melatonin
 - Inadequate response (defined by ≥ 10 days of therapy), adverse reaction or contraindication to clonidine

*This only applies to members < 6 requesting Ambien® (zolpidem), estazolam, flurazepam, Halcion® (triazolam), Restoril® (temazepam) 15 and 30 mg and Sonata® (zaleplon)

Members < 3 years old:

Alpha₂ agonist or cerebral stimulant:

- Member had a recent psychiatric hospitalization (within the last three months) **OR** member has a history of severe risk of harm to self or others.



OR

- Member had a cardiovascular diagnosis ONLY

OR

- Documentation of **ALL** of the following is required:
 - Diagnosis of ADHD, hyperactivity associated with ASD, or developmental/intellectual disability
 - Documentation of treatment including name(s) of current alpha₂ agonist(s) and corresponding diagnoses
 - Compelling clinical rationale for alpha₂ agonist use in a member <3 years of age

Limitations

This program is used in conjunction with current prior authorization, step therapy or quantity limit restrictions.

References

N/A

Review History

07/01/17 – Reviewed

06/25/18 – Reviewed

09/26/18 – Updated

06/19/19 – Reviewed

Disclaimer

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