State Prior Authorization Parameters for Psychotropic Medication for Children and Youth in Medicaid

Psychotropic medications are often prescribed to children and youth enrolled in Medicaid who have serious behavioral health needs, and children in foster care are at particularly high risk for being prescribed these medications. Nationwide, concerns about inappropriate prescribing of psychotropic medications have led some state Medicaid agencies to develop prior authorization processes that establish greater oversight for these medications.

Prior authorization processes – which may preclude reimbursement for medication if approval is not obtained – set parameters and identify red flags to alert Medicaid agencies to possible inappropriate prescribing of psychotropic medications, often related to specific age groups, dosages, or drug classes (e.g., antipsychotics). The ultimate goal of such policies is to change Medicaid provider prescribing practices.

The below table highlights the prior authorization parameters used by 14 states to reduce the inappropriate use of psychotropic medications among children and youth covered by Medicaid, including those in foster care.

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<th>State (Agency/Program)</th>
<th>Prior Authorization Parameters</th>
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| Florida Agency for Health Care Administration | Prior authorization required for:  
  - Children age six and under who are prescribed antipsychotic medication; and  
  - Children over age seven, who receive multiple prescriptions for antipsychotics or who are prescribed antipsychotics above federal Food and Drug Administration (FDA) maximum dosing recommendations. |
| Georgia Department of Community Health | Prior authorization required for:  
  - All atypical antipsychotics; and  
  - Members of the state’s Medicaid/PeachCare for Kids program younger than FDA-approved ages.  
For all medications requiring prior authorization, a monitoring plan for safety and effectiveness is required. |
| Illinois Department of Health and Human Services | Prior authorization required for:  
  - Children age six and under who receive medication for attention deficit/hyperactivity disorder (ADHD); and  
  - Children under age eight who receive any atypical antipsychotic. |
| Maryland Medicaid Pharmacy Program | Prior authorization required for:  
  - Antipsychotic medications for all children under age 18. |
| Massachusetts MassHealth Program | Prior authorization required for:  
  - The concurrent use of antipsychotic medications;  
  - Antipsychotic medication prescriptions in excess of established quantity limits developed by the Massachusetts Department of Mental Health and the MassHealth Pharmacy Program; and  
  - Specific brand name atypical antipsychotics.  
In Massachusetts, this specific prior authorization process may not always apply for children involved with child welfare, for whom the courts may be responsible for issuing judicial approval for psychotropic medications. |
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| Minnesota Health Care Program’s (MHCP) Fee-for-Service Delivery System | Prior authorization required for:  
- Atypical antipsychotics prescribed to children and adolescents up to age 18. For some of these medications, Minnesota does not require prior authorization unless the quantity exceeds certain thresholds set by the state.  
MHCP provides a comprehensive list of guidelines to inform prescribers when prior authorization is necessary for specific atypical antipsychotics, and in some cases, when a psychiatric consultation is required in order for prior authorization to be approved. A psychiatric consultation through the Minnesota Collaborative Psychiatric Consultation Service is required when the dose exceeds the drug-dose-age thresholds set by the state. |
| Nevada Medicaid Program | Prior authorization required for:  
- Psychotropic medications for all children and adolescents under age 18. State policy indicates that these medications should be prescribed by or in consultation with a child psychiatrist (when possible), and must be part of a comprehensive treatment plan requiring physician monitoring. |
| New York’s Medicaid Drug Utilization Review (DUR) Board | The fee-for-service pharmacy required prior authorization for:  
- Atypical antipsychotics prescribed to children according to the FDA’s minimum age and diagnosis criteria.  
Magellan Health Services – the state’s behavioral health carve-out plan – manages prior authorization for children statewide. |
| North Carolina Department of Health and Human Services, Division of Medical Assistance | Prior authorization required for:  
- The off-label prescribing of antipsychotic medication to children age 17 and under enrolled in Medicaid; and  
- Children ages 6-17 enrolled in CHIP. |
| Pennsylvania Department of Public Welfare | Prior authorization required for:  
- All antipsychotics for children under age 18;  
- All stimulants and related agents for children under age four; and  
- All benzodiazepines for children and adolescents under age 21. |
| Texas Health and Human Services Commission | Two new Vendor Drug Program (VDP) prior authorization requirements are being established with input from Texas’ DUR Board for:  
- Any antipsychotic prescription to a child under age three enrolled in Medicaid; and for  
- The third antipsychotic medication prescribed concurrently to any child under age 18 in Medicaid.  
The Health and Human Services Commission will modify the pharmacy claims system to implement these requirements. |
| Virginia’s DUR Board | Prior authorization required for:  
- All children under age six who are new to atypical antipsychotic therapy. These children are monitored on a monthly basis. |
| West Virginia Department of Health and Human Resources, Bureau for Medical Services | Prior authorization required for:  
- Atypical antipsychotics for all children under age six. |
| Wisconsin Medicaid Program | Prior authorization required for:  
- Antipsychotic medications prescribed for oral use for children age six and under; and  
- Children age seven and older who are prescribed antipsychotic medications (only require prior authorization if the drug is non-preferred or brand medically necessary). |

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