

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

**P** 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 has led some state Medicaid agencies to develop prior authorization processes that establish greater oversight for these medications.

This tool summarizes psychotropic medications prior authorization requirements from select states to guide other states in ensuring appropriate medication usage for children covered by Medicaid. It is part of a series of resources developed by CHCS to support behavioral health, child welfare, and Medicaid agencies seeking to improve the appropriate use of psychotropic medications for children in foster care.

Prior authorization of psychotropic medications requires that under certain circumstances, a provider must obtain pre-approval to prescribe a particular medication in order for the Medicaid program to cover the medication cost. Many states have prior authorization, most often focusing on prescription patterns related to: (1) age groups; (2) dosages greater than FDA-recommendations; or (3) drug classes — most often, antipsychotics. Prior authorization processes are intended to change prescribing patterns and are typically designed to both increase the receipt of clinically appropriate care as well as decrease the expenditures associated with the inappropriate overuse of psychotropic medications.

The following table highlights the authorization parameters used by a subset of states with prior authorization policies to ensure appropriate use of psychotropic medications among children covered by Medicaid, including those in foster care.

State (Agency/Program)	Prior Authorization Parameters
<b>California</b>	Prior authorization is required for: <ul style="list-style-type: none"> <li>Children age 18 and younger who are prescribed antipsychotics; and</li> <li>Polypharmacy (concurrent use of two or more antipsychotics) for children age 18 and younger.</li> </ul>
<b>Florida Agency for Health Care Administration</b>	Prior authorization is required for: <ul style="list-style-type: none"> <li>Children less than age six who are prescribed antipsychotics;</li> <li>Children less than age six who are prescribed antidepressants; and</li> <li>Children over age six who are prescribed antipsychotics above FDA dosing recommendations.</li> </ul> Board certified child psychiatrists provide clinical recommendations to prescribing providers. Evidence-based guidelines support the prior authorization process.
<b>Georgia Department of Community Health</b>	Prior authorization is required for: <ul style="list-style-type: none"> <li>All atypical antipsychotics; and</li> <li>Members of the state’s Medicaid/PeachCare for Kids program younger than FDA-approved ages.</li> </ul> Medications requiring prior authorization, a monitoring plan for safety and effectiveness is required.
<b>Illinois Department of Health and Human Services</b>	Prior authorization is required for: <ul style="list-style-type: none"> <li>Children age six and under who receive medication for ADHD; and</li> <li>Children under age eight who receive any atypical antipsychotic.</li> </ul>
<b>Maryland Medicaid Pharmacy Program</b>	Prior authorization is required for antipsychotics for all children under age 18.
<b>Massachusetts MassHealth Program</b>	Prior authorization is required for the concurrent use of antipsychotics and for antipsychotic prescriptions in excess of established quantity limits developed by the Department of Mental Health and the MassHealth Pharmacy Program, as well as specific brand name atypical antipsychotics. This 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.

State (Agency/Program)	Prior Authorization Parameters
<b>Minnesota Health Care Program’s (MHCP) Fee-for-Service Delivery System</b>	<p>Prior authorization is required for atypical antipsychotics prescribed to children and adolescents up to age 18. For some of these medications, prior authorization is not required unless the quantity exceeds certain thresholds.</p> <p>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.</p>
<b>Nevada Medicaid Program</b>	<p>Prior authorization is 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.</p>
<b>New York’s Medicaid Drug Utilization Review Board</b>	<p>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.</p>
<b>North Carolina Department of Health and Human Services, Division of Medical Assistance</b>	<p>Prior authorization is required for:</p> <ul style="list-style-type: none"> <li>■ Off-label prescribing of antipsychotics to children age 17 and under enrolled in Medicaid; and</li> <li>■ Children ages 6-17 enrolled in CHIP.</li> </ul>
<b>Pennsylvania Department of Public Welfare</b>	<p>Prior authorization is required for:</p> <ul style="list-style-type: none"> <li>■ All antipsychotics for children under age 18;</li> <li>■ All stimulants and related agents for children under age four; and</li> <li>■ All benzodiazepines for children and adolescents under age 21.</li> </ul>
<b>Texas Health and Human Services Commission</b>	<p>Two Vendor Drug Program prior authorization requirements are being established for:</p> <ul style="list-style-type: none"> <li>■ Any antipsychotic prescription to a child under age three enrolled in Medicaid; and for</li> <li>■ The third antipsychotics prescribed concurrently to any child under age 18 in Medicaid.</li> </ul> <p>The Health and Human Services Commission will modify the pharmacy claims system to implement these requirements.</p>
<b>Virginia’s Drug Utilization Review Board</b>	<p>Prior authorization is required for all children under age six who are new to atypical antipsychotic therapy. They would be monitored on a monthly basis.</p>
<b>West Virginia Department of Health and Human Resources, Bureau for Medical Services</b>	<p>Prior authorization is required for atypical antipsychotics for all children under age six.</p>
<b>Wisconsin Medicaid Program</b>	<p>Prior authorization is required for:</p> <ul style="list-style-type: none"> <li>■ Antipsychotics prescribed for oral use for children age six and under; and</li> <li>■ Children age seven and older, who are prescribed antipsychotics; only require prior authorization if the drug is non-preferred or brand medically necessary.</li> </ul>

### ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a nonprofit health policy resource center dedicated to improving health care access and quality for low-income Americans. In collaboration with state and federal agencies, health plans, providers, and consumer groups, CHCS pursues innovative and cost-effective strategies to better serve Medicaid beneficiaries.

This resource is a product of CHCS’ [Improving the Use of Psychotropic Medication among Children and Youth in Foster Care: A Quality Improvement Collaborative](#), made possible by the Annie E. Casey Foundation, which is working with behavioral health, child welfare, and Medicaid leaders from six states to improve the oversight and monitoring of psychotropic medication use among children in foster care.