

**Louisiana Medicaid
Behavioral Health Medications for Children Under 6 Years of Age
For Medications Not Addressed on the Preferred/Non-Preferred Drug List**

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request clinical authorization for all behavioral health medications for children under 6 years of age.

Additional Point-of-Sale edits may apply.

In addition to the therapeutic classes on the Preferred/Non-Preferred Drug List (PDL/NPDL) that include criteria for use in children under 6 years of age (*Stimulants and Related Agents, Antidepressants, Antipsychotics, and Anxiolytics*), the following behavioral health medications that are not found on the PDL/NPDL, when prescribed for a behavioral health diagnosis for children under 6 years of age, require authorization:

- *Additional Antidepressants – Amitriptyline, Amitriptyline/Chlordiazepoxide, Amoxapine, Chlorpromazine, Clomipramine, Desipramine, Doxepin, Imipramine, Maprotiline, Nortriptyline, Protriptyline, Trimipramine*
- *Additional Antipsychotics - Lumateperone (Caplyta™)*
- *Additional Anxiolytic Agents – Chlordiazepoxide/Clidinium, Clonazepam, Lorazepam Injection*
- *Mood Stabilizers – Carbamazepine (Equetro®), Lithium*

All of these agents have Black Box Warnings; see individual prescribing information for details.

When a pharmacy claim for carbamazepine (Equetro®) or clonazepam for a child under 6 years of age is submitted with a diagnosis code for seizures, the claim will bypass the behavioral health authorization requirement.

Initial and Reauthorization Approval Criteria

By submitting the authorization request, the prescriber attests to the following:

- The prescribing information for the requested medication has been thoroughly reviewed, including any Black Box Warning, Risk Evaluation and Mitigation Strategy (REMS), contraindications, minimum age requirements, recommended dosing, and prior treatment requirements; **AND**
- All laboratory testing and clinical monitoring recommended in the prescribing information have been completed as of the date of the request and will be repeated as recommended; **AND**
- If the requested medication is being added to any other behavioral health medication, the child has been adherent to the established medication therapy without adequate resolution of symptoms; **AND**
- **ONE** of the following:
 - The recipient has been treated in the past or is *currently receiving treatment with the requested medication with a positive response to treatment without evidence of adverse effects*, and this information is stated on the request; **OR**
 - The recipient has not previously used this medication; however, the prescriber is citing references supporting the use of the medication for the child's age and diagnosis (for example, a peer-reviewed journal article demonstrating the safety and efficacy of the requested medication for the indication); **OR**

- **ALL** medication options that are appropriate for both the age and diagnosis of this child:
 - have been tried, resulting in **EITHER** *treatment failure* **OR** *intolerable side effects*; **OR**
 - have not been tried because of a *documented contraindication to the remaining medication options that are appropriate for the age and condition being treated*; **AND**
- The recipient has no concomitant drug therapies or disease states that limit the use of the requested medication and will not be receiving the requested medication in combination with any other medication that is contraindicated or not recommended per FDA labeling.

Duration of Initial and Reauthorization Approval: 12 months (or up to the child's 6th birthday, whichever is less)

References

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Revision	Date
Single PDL Implementation	May 2019
Added wording for lorazepam injectable, added Secuado®	March 2020
Moved Secuado® and reference to Antipsychotics criteria	July 2020

Added Caplyta™

TBD