

New Hampshire Medicaid Fee-for-Service Program

Psychoactive Medication for Children (5 Years of Age or Younger) Criteria

Approval Date: January 22, 2024

Psychotropic Therapeutic Class

Antipsychotic, antidepressant, anti-anxiety, sedative hypnotics, mood stabilizers, anti-mania agents

Criteria

On one medication within the above list psychotropic therapeutic class.

Criteria for Approval

1. Documented evidence that patient is receiving, or is on a wait list for psychiatry, neurology, or developmental pediatrician consultation; **OR**
2. Diagnosis of Tourette's and tic disorders for antipsychotic medications; **OR**
3. Patient has a diagnosis of seizure disorder for medications used as anticonvulsants.

Criteria for Denial

Prior approval will be denied if the approval criteria are not met.

Length of Approval: 12 months

References

Available upon request.

Revision History

Reviewed by	Reason for Review	Date Approved
DUR Board	New	10/28/2019
Commissioner Designee	Approval	12/03/2019
DUR Board	Review	12/15/2020
Commissioner Designee	Approval	02/24/2021
DUR Board	Revision	06/02/2022
Commissioner Designee	Approval	07/12/2022
DUR Board	Revision	12/08/2023
Commissioner Designee	Approval	01/22/2024