

# New Hampshire Medicaid Fee-for-Service Program Psychoactive Medication for Children (5 Years of Age or Younger) Criteria

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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    |