



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Service
Prior Authorization Criteria

Atypical Antipsychotics for Children up to six (6) years of age
[Prior Authorization Request Form](#)

Prior authorization requests for atypical antipsychotic therapy for children up to six (6) years of age will be approved if the following criteria are met:

- 1 Diagnosis is documented and falls within FDA indication and age guidelines; **AND**
- 2 Dose falls within FDA guidelines; **AND**
- 3 All other requests will be reviewed by the BMS Medical Director and handled on a case-by-case basis.

Review and Approved
DUR Board 05/25/2011