



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



**Office of Pharmacy Service
Prior Authorization Criteria
*Effective 8/04/2015***

**Atypical Antipsychotics for Children up to eighteen (18) years of age
[Prior Authorization Request Form](#)**

Prior authorization requests for atypical antipsychotic therapy for children up to eighteen (18) years of age will be approved if the following criteria are met:

- 1) PA request form must be completely filled out and all requested information must be supplied if available (if not available, a reason must be supplied); **AND**
- 2) Diagnosis must fall within the FDA indication and age guidelines for the requested medication; **AND**
- 3) Requested dose must fall within FDA guidelines.

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- All other requests will be reviewed and handled on a case-by-case basis by the BMS Medical Director and the consultant Psychiatrist for Medicaid.
 - Please supply peer-reviewed clinical references for any off-label or non-standard dosing request.
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(Originally approved for ages <6; PA was initiated for <18 yo by order of the Secretary of Medicaid 8/4/2015)

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