



**Office of Pharmacy Services
Prior Authorization Criteria**

**Atypical Antipsychotics
(Children up to six (6) years of age)**

Requests for atypical antipsychotic therapy for children up to six (6) years of age will be authorized if the following criteria are met:

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

**DUR Board Review
And Approval
May 25, 2011
Implementation 7/1/2011**