



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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