

**Medical Necessity for Children**  
**Prior Authorization Criteria**

Beneficiary must be less than 21 years of age.

The purpose of this prior authorization is to provide for treatment of medical necessity for children beyond the limits of two brand prescriptions or five total prescriptions per month.

This form is also to be used to request coverage of a non-covered medication for a child. As indicated on the form, if the medication is not commercially available, please contact the Division of Medicaid directly at 601-359-5253.

The medications requested beyond the limits (two brands or five total) must be listed with diagnosis and anticipated duration of therapy.

Approval may be granted for up to 12 months or until the patient reached the age of 21 if within this time frame.