

Prior Authorization Protocol

Medicare Part D – 2017

Prior Authorization Group Description:

SEROQUEL XR

Covered Uses:

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria:

Required Medical Information:

CONTINUATION OF THERAPY: Maintained on therapy with positive response.

Age Restrictions:

Prescriber Restrictions:

Coverage Duration:

Length of Benefit.

Other Criteria:

Schizophrenia: Failure or clinically significant adverse effects to two of the following generic atypical antipsychotics: risperidone, olanzapine, quetiapine immediate release, ziprasidone, aripiprazole