



**Medicare Part D – 2016**

**Prior Authorization Group Description**

LATUDA

**Covered Uses:**

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

**Exclusion Criteria:**

**Required Medical Information:**

**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, ziprasidone, aripiprazole