
Medicare Part D – 2016**Prior Authorization Group Description**

RESERPINE 0.25 MG

Covered Uses:

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

Exclusion Criteria:**Required Medical Information:**

Prior authorization is required for daily doses greater than 0.1mg. Prior authorization is not required for daily doses less than or equal to 0.1mg.

Age Restrictions:

Prior authorization is required for patients 65 years and older. Prior authorization is not required for patients 64 years and younger.

Prescriber Restrictions:**Coverage Duration:**

Length of Benefit.

Other Criteria:

Hypertension: Failure or clinically significant adverse effects to two of the following: benazepril, benazepril/hydrochlorothiazide, captopril, captopril/hydrochlorothiazide, fosinopril, fosinopril/hydrochlorothiazide, lisinopril, lisinopril/hydrochlorothiazide, quinapril, quinapril/hydrochlorothiazide, losartan, losartan/hydrochlorothiazide, valsartan/hydrochlorothiazide, irbesartan, irbesartan/hydrochlorothiazide, candesartan, candesartan/hydrochlorothiazide, carvedilol, labetalol, acebutolol, atenolol, bisoprolol, bisoprolol/hydrochlorothiazide, timolol, nadolol, propranolol, metoprolol, metoprolol/hydrochlorothiazide, pindolol, nifedipine SR, amlodipine, nicardipine. Relief of symptoms in agitated psychotic states: Patient is continuing without adverse effects.