



Medicare Part D – 2016

Prior Authorization Group Description

SEROQUEL XR

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