



**Medicare Part D – 2016**

**Prior Authorization Group Description**

VIMOVO

**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:**

Failure or clinically significant adverse effects to lansoprazole or omeprazole AND For osteoarthritis or rheumatoid arthritis, failure or clinically significant adverse effects to one of the following: ibuprofen, diclofenac sodium or potassium, etodolac, fenoprofen, ketoprofen, meloxicam, naproxen, oxaprozin, piroxicam, salsalate, sulindac, tolmetin OR For ankylosing spondylitis: Failure or clinically significant adverse effects to one of the following: diclofenac sodium, naproxen or sulindac.