

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

VRAYLAR

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 TWO of the following atypical antipsychotics: aripiprazole, ziprasidone, quetiapine, olanzapine, risperidone