



Medicare Part D – 2016

Prior Authorization Group Description

VYTORIN 10/80 MG

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:

Patient has been taking Vytorin 10/80 mg for 12 months or longer