Drugs
TYMLOS

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

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
2 years

Other Criteria

Ambrisentan (Letairis)

Drugs
LETAIRIS

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria
Pregnancy

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria

apomorphine (Apokyn)

Drugs
APOKYN

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria

Apremilast (Otezla)

Drugs
OTEZLA, OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria

Aprepitant (Emend)

Drugs
aprepitant

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
3 months

Other Criteria
None

Dacomitinib (Vizimpro)

Drugs
VIZIMPRO

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

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria

Dalfampridine (Ampyra)

Drugs
dalfampridine

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria

Daptomycin (Cubicin)

Drugs
daptomycin

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
Minimum of 2 weeks and may extend up to 6 weeks based on indication.

Other Criteria

Darbepoetin (Aranesp)

Drugs
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML, ARANESP (IN POLYSORBATE) INJECTION SYRINGE

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

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
6 months

Other Criteria

Dextromethorphan/Quinidine (Nuedexta)

Drugs
NUEDEXTA

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria

Diclofenac (Solaraze)

Drugs
diclofenac sodium topical gel 3 %

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria

Diclofenac Epolamine (Flector)

Drugs
FLECTOR

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
2 weeks

Other Criteria

Dimethyl Fumarate (Tecfidera)

Drugs
TECFIDERA

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria

Dornase Alfa (Pulmozyme)

Drugs
PULMOZYME

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria

Droxidopa (Northera)

Drugs
NORTHERA

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria

Dulaglutide (Trulicity)

Drugs
TRULICITY

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria

Duvelisib (Copiktra)

Drugs
COPIKTRA

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

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria

Elbasvir and Grazoprevir (Zepatier)

Drugs
ZEPATIER

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

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12-16 weeks

Other Criteria
Criteria will be applied consistent with current AASLD/IDSA guidance.

eltrombopag (Promacta)

Drugs
PROMACTA ORAL TABLET

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria

epoetin (Epogen)

Drugs
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, RETACRIT

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
6 months

Other Criteria

Epoetin (Procrit)

Drugs
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria
bleeding, autoimmune hemolytic anemia, inufficient vitamin stores, uncontrolled HTN, cancer patients with radiation alone

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
6 months

Other Criteria

Everolimus (Zortress)

Drugs
ZORTRESS

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria

Evolocumab (Repatha)

Drugs
REPATHA PUSHTRONEX, REPATHA SURECLICK, REPATHA SYRINGE

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria

Ezetimibe (Zetia)

Drugs
ezetimibe

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria

Fentanyl Lozenge

Drugs
fentanyl citrate

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria
Opiod tolerant

Fentanyl Transdermal Patch

Drugs
fentanyl

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria
Refractory or intolerant to oral pain management

Fidaxomicin (Dificid)

Drugs
DIFICID

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
10 days

Other Criteria

Filgrastim (Neupogen)

Drugs
NIVESTYM, ZARXIO

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria
not for afebrile neutropenia

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
6 months

Other Criteria
None

glecaprevir/pibrentasvir (Mavyret)

Drugs
MAVYRET

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

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 weeks

Other Criteria
Criteria will be applied consistent with current AASLD/IDSA guidance

Golimumab (Simponi)

Drugs
SIMPONI

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria

guselkumab (Tremfya)

Drugs
TREMFYA

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

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria

Imiquimod (Aldara)

Drugs
imiquimod

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
4 months

Other Criteria

Interferon Beta 1A (Rebif, Avonex)

Drugs
AVONEX (WITH ALBUMIN), AVONEX INTRAMUSCULAR PEN INJECTOR KIT, AVONEX INTRAMUSCULAR SYRINGE KIT, REBIF (WITH ALBUMIN), REBIF REBIDOSE, REBIF TITRATION PACK

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction
Neurologist

Coverage Duration
3 months

Other Criteria

Ivacaftor (Kalydeco)

Drugs
KALYDECO

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria

Ledipasvir/Sofosbuvir (Harvoni)

Drugs
ledipasvir-sofosbuvir

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 weeks in patients without cirrhosis, 24 weeks in patients with cirrhosis

Other Criteria

Lenalidomide (Revlimid)

Drugs
REVLIMID

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
3 months

Other Criteria

Levomilnacipran (Fetzima)

Drugs
FETZIMA

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria

Linezolid (Zyvox)

Drugs
linezolid, *linezolid in dextrose 5%*

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
28 days

Other Criteria

Lomitapide Mesylate (Juxtapid)

Drugs
JUXTAPID

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria

Lorlatinib (Lorbrena)

Drugs
LORBRENA

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

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria

Lubiprostone (Amitiza)

Drugs
AMITIZA

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria

Lumacaftor/Ivacaftor (Orkambi)

Drugs
ORKAMBI

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria

Macitentan (Opsumit)

Drugs
OPSUMIT

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria

Megestrol

Drugs
megestrol oral suspension 400 mg/10 ml (40 mg/ml)

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information
Assess for weight gain after initial coverage duration

Age Restriction

Prescriber Restriction

Coverage Duration
6 months

Other Criteria

Methylnaltrexone (Relistor)

Drugs
RELISTOR ORAL, RELISTOR SUBCUTANEOUS SOLUTION, RELISTOR SUBCUTANEOUS SYRINGE

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria

Mipomersen Sodium (Kynamro)

Drugs
KYNAMRO

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria

Modafanil (Provigil)

Drugs
modafinil

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria
None

Nintedanib Esylate (Ofev)

Drugs
OFEV

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria

Parathyroid Hormone (Natpara)

Drugs
NATPARA

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria

Pimavanserin tartrate (Nuplazid)

Drugs
NUPLAZID

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria

Pirfenidone (Esbriet)

Drugs
ESBRIET

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria

Pomalidomide (Pomalyst)

Drugs
POMALYST

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
3 months

Other Criteria

Quinine Sulfate

Drugs
quinine sulfate

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
1 week

Other Criteria

Ribavirin Oral

Drugs
REBETOL ORAL SOLUTION, *ribavirin oral capsule*, *ribavirin oral tablet 200 mg*

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
3 months

Other Criteria

Rifaximin (Xifaxan)

Drugs
XIFAXAN ORAL TABLET 200 MG

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
3 days

Other Criteria

Riociguat (Adempas)

Drugs
ADEMPAS

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria

Roflumilast (Daliresp)

Drugs
DALIRESP

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria

Rotigotine (Neupro)

Drugs
NEUPRO

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria

Sacubitril/Valsartan (Entresto)

Drugs
ENTRESTO

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

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria

sargramostim (Leukine)

Drugs
LEUKINE INJECTION RECON SOLN

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
2 months

Other Criteria

Selegilene transdermal

Drugs
EMSAM

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria

Selexipag (Uptravi)

Drugs
UPTRAVI

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria

Sildenafil Citrate (Revatio)

Drugs
sildenafil (antihypertensive) oral

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria

Sirolimus (Rapamune)

Drugs
RAPAMUNE ORAL SOLUTION, *sirolimus*

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria

Sofosbuvir (Solvaldi)

Drugs
SOVALDI

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12, 16, 24 or 48 weeks

Other Criteria
Consider genotype, cirrhosis status, previous failure of PEG-IFN/RBV/protease inhibitors/sofosbuvir, HCV in an allograft, decompensated cirrhosis, if awaiting transplant and concurrent treatment

Sofosbuvir and Velpatasvir (Epclusa)

Drugs
EPCLUSA, *sofosbuvir-velpatasvir*

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

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 weeks

Other Criteria
Criteria will be applied consistent with current AASLD/IDSA guidance

sofosbuvir/velpatasvir/voxilaprevir (Vosevi)

Drugs
VOSEVI

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

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 weeks

Other Criteria
Criteria will be applied consistent with current AASLD/IDSA guidance

Somatropin

Drugs
GENOTROPIN, GENOTROPIN MINIQUICK, HUMATROPE, NORDITROPIN FLEXPRO, NUTROPIN AQ NUSPIN, OMNITROPE, SAIZEN, SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG, ZORBTIVE

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria

Tacrolimus (Prograf)

Drugs
ASTAGRAF XL, ENVARSUS XR, *tacrolimus oral*

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria

Tadalafil (Adcirca)

Drugs
ADCIRCA

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria

Tasimelteon (Hetlioz)

Drugs
HETLIOZ

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria

Tedizolid Phosphate (Sivextro)

Drugs
SIVEXTRO

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
6 days

Other Criteria

Teriflunomide (Aubagio)

Drugs
AUBAGIO

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
1 year

Other Criteria

Teriparatide (Forteo)

Drugs
FORTEO

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
2 years

Other Criteria
None

Drugs
dronabinol

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria

tezacaftor/ivacaftor and ivacaftor (Symdeko)

Drugs
SYMDEKO

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

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria

Ticagrelor (Brilinta)

Drugs
BRILINTA

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria

Tigecycline (Tygacil)

Drugs
tigecycline

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
14 days

Other Criteria

Tofacitinib Citrate (Xeljanz)

Drugs
XELJANZ, XELJANZ XR

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria

Vancomycin Oral Solution

Drugs
vancomycin oral capsule

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
2 weeks

Other Criteria
None

Varenicline (Chantix)

Drugs
CHANTIX, CHANTIX CONTINUING MONTH BOX, CHANTIX STARTING MONTH BOX

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 weeks and may extend up to 24 weeks if have stopped smoking after initial 12 weeks of therapy.

Other Criteria
None

Vilazodone (Viibryd)

Drugs
VIIBRYD ORAL TABLET, VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria

Vortioxetine (Trintellix)

Drugs
TRINTELLIX

Covered Uses
All FDA-approved indications not otherwise excluded from Part D

Exclusion Criteria

Required Medical Information

Age Restriction

Prescriber Restriction

Coverage Duration
12 months

Other Criteria