

Priority Health Medicare Prior Authorization Criteria (Part D)

Rexulti®

Products affected

- Rexulti®

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	N/A
Age restrictions	N/A
Prescriber restrictions	N/A
Coverage duration	One year
Other criteria	For diagnosis of schizophrenia, patient must first try one generic atypical antipsychotic. For diagnosis of major depressive disorder, Rexulti must be taken concurrently with an antidepressant.