



Prior Authorization Approval Criteria

Viibryd (Vilazodone)

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|---|---|
| Generic name: | Vilazodone |
| Brand name: | Viibryd |
| Medication class: | antidepressant |
| FDA-approved uses: | treatment of major depressive disorder in adults. |
| Available dosage forms: | 10, 20, and 40mg tablets |
| Usual dose: | Starting dose is 10mg once daily up to a maintenance dose of 40mg once daily. |
| Approximate monthly cost: (based on AWP 2011) | \$142.20 per month for all dosage strengths. |
| Duration of therapy: | Indefinite |

Criteria for use (*bullet points below are all inclusive unless otherwise noted*):

- The indicated diagnosis (including any applicable labs and /or tests) and medication usage must be supported by documentation from the patient's medical records.
- Must be 18 years of age or older
- Clinically diagnosed major depressive disorder.
- Failed or intolerant to at least one generic SSRI.
- Failed or intolerant to at least one SNRI.
- Failed or intolerant to at least one other anti-depressant from a different class.

Contraindication:

- Must not be used concomitantly with an MAOI or within 14 days of stopping an MAOI. Allow 7 days after stopping Viibryd before starting an MAOI.

Not approved if:

- Patient has any contraindications to the use of Viibryd.
- Patient does not meet the above stated criteria.

FCHP Pharmacy and Therapeutics Committee approval: _____

Date: _____

Adopted: 09/07/11