



Prior Authorization Approval Criteria

Viibryd (Vilazodone)

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.
- Clinically diagnosed major depressive disorder.
- Failed or intolerant to at least 2 formulary generic SSRI.

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