Non-formulary vilazodone (Viibryd®) will be covered on the prescription drug benefit when the following criteria are met:

- **Diagnosis of Major Depressive Disorder (MDD) on the Problem List**
  - **AND -**

- **Prior adequate trial and failure of 4 formulary agents, unless contraindication, intolerance, or allergy**
  - For MDD: 2 SSRIs and 2 other agents (bupropion, mirtazapine, TCA, an SNRI or another SSRI)
  - **OR -**

- **Patient is already stable on the drug**
  - **OR -**

- **Dose Change Only: Patient previously met criteria and is already taking the drug.**