



**Medicare Part D – 2016**

**Prior Authorization Group Description**

AMITRIPTYLINE/CHLORDIAZEPOXIDE

**Covered Uses:**

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

**Exclusion Criteria:**

**Required Medical Information:**

**Age Restrictions:**

Prior authorization is required for patients 65 years and older. Prior authorization is not required for patients 64 years and younger.

**Prescriber Restrictions:**

**Coverage Duration:**

Length of benefit.

**Other Criteria:**

Failure or clinically significant adverse effects to one of the following: duloxetine, escitalopram, paroxetine or venlafaxine XR.