

**Medicare Part D – 2016****Prior Authorization Group Description**

AMITRIPTYLINE/ PERPHENAZINE

**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:**

Patient is continuing on this medication without adverse effects.