



Medicare Part D – 2016

Prior Authorization Group Description

PHENOBARBITAL

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:

Partial seizures: Failure or clinically significant adverse effects to one of the following: carbamazepine, phenytoin, topiramate, tiagabine, levetiracetam, gabapentin, lamotrigine, oxcarbazepine or divalproex. Generalized seizures: Failure or clinically significant adverse effects to one of the following: carbamazepine, phenytoin, topiramate, levetiracetam or lamotrigine. Sedation: patient is continuing on this medication without adverse effects.