



**Medicare Part D – 2016**

**Prior Authorization Group Description**

TOFRANIL PM

**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:**

Depression: Failure or clinically significant adverse effects one of the following: Budeprion SR, bupropion, bupropion SR, bupropion XL, citalopram, duloxetine, escitalopram, fluoxetine, mirtazapine, paroxetine, sertraline, venlafaxine or venlafaxine XR.