

## **Prior Authorization Protocol**

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### **Medicare Part D – 2017**

#### **Prior Authorization Group Description:**

clomipramine (ANAFRANIL)

#### **Covered Uses:**

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

#### **Exclusion Criteria:**

#### **Required Medical Information:**

CONTINUATION OF THERAPY: Maintained on therapy with positive response.

#### **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: fluoxetine, fluvoxamine, paroxetine or sertraline.