

PROCEDURE

Initial Authorization Criteria:

Must meet all of the criteria listed under the respective header:

1. Automatic coverage:

- Must have a documented pharmacy claim history of prior therapy with two generic selective serotonin reuptake inhibitors (SSRIs)

2. Members without a documented claims history:

- Must have documentation indicating that the member has tried and failed, has intolerance to, or has a contraindication to two generic SSRIs

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to duration of member's membership with plan
Reauthorization	N/A

If the established criteria are not met, the request is referred to a Medical Director for review.

REFERENCES

1. Anafranil [prescribing information]. Hazelwood, MO: Mallinckrodt, Inc.; 2007.
2. American Psychiatric Association: Practice Guideline for the Treatment of Patients with Obsessive-Compulsive Disorder. Arlington, VA. American Psychiatric Association. Available online: http://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/ocd.pdf. Accessed May 2015.

RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.



Anafranil (clomipramine)
POLICY NUMBER: RX.PA.404.E
REVISION DATE: N/A
PAGE NUMBER: 3 of 3

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
<i>Annual review</i>	<i>02/17, 02/18</i>

