



Drug Name: Clomipramine

Date: 09-2017

Drug Name:	Clomipramine
Prescriber Restrictions:	<ul style="list-style-type: none">• N/A
Age Restrictions:	<ul style="list-style-type: none">• N/A
Exclusion Criteria:	<ul style="list-style-type: none">• N/A
Required Medical Information:	<ul style="list-style-type: none">• Patient is being treated for obsessive compulsive disorder; <i>and</i>• Patient has failed at least three alternative formulary agents (e.g. fluoxetine, sertraline, paroxetine) of adequate dose and for appropriate duration.
Coverage Duration:	12/31/2039