Prescriber Criteria Form
Clomipramine 2025 PA Fax 2484-A v1 010125.docx
Clomipramine
Coverage Determination

This fax machine is located in a secure location as required by HIPAA regulations.
Complete/review information, sign and date. Fax signed forms to CVS Caremark at **1-855-633-7673.** Please contact CVS Caremark at **1-866-785-5714** with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Clomipramine.

Drug Name:
Clomipramine

| **Patient Name:** | | |
|---|---|---|
| **Patient ID:** | | |
| **Patient DOB:** | **Patient Phone:** | |
| **Prescriber Name:** | | |
| **Prescriber Address:** | | |
| **City:** | **State:** | **Zip:** |
| **Prescriber Phone:** | **Prescriber Fax:** | |
| **Diagnosis**: | **ICD Code(s):** | |

| **Please circle the appropriate answer for each question.** | | | |
|---|---|---|---|
| 1 | Is the requested drug being prescribed for one of the following: A) obsessive-compulsive disorder (OCD), B) panic disorder?<br>[If no, then skip to question 3.] | Yes | No |
| 2 | Has the patient experienced an inadequate treatment response, intolerance, or does the patient have a contraindication to any of the following: A) a serotonin and norepinephrine reuptake inhibitor (SNRI), B) a selective serotonin reuptake inhibitor (SSRI)?<br>[No further questions.] | Yes | No |
| 3 | Is the requested drug being prescribed for depression?<br>[If no, then no further questions.] | Yes | No |
| 4 | Has the patient experienced an inadequate treatment response, intolerance or does the patient have a contraindication to TWO of the following: A) serotonin and norepinephrine reuptake inhibitors (SNRIs), B) selective serotonin reuptake inhibitors (SSRIs), C) mirtazapine, D) bupropion? | Yes | No |

Comments:

| By signing this form, I attest that the information provided is accurate and true as of this date and that the documentation supporting this information is available for review if requested by the health plan. |
| --- |
| **Prescriber (or Authorized) Signature: ________________________________ Date:____________________** |