



**GEORGIA MEDICAID FEE-FOR-SERVICE
ANTIDEPRESSANTS PA SUMMARY**

Preferred	Non-Preferred
<p><u>Preferred SSRIs:</u> Citalopram Escitalopram oral solution, tablets (generic) Fluoxetine IR capsules, oral solution Fluvoxamine maleate Paroxetine immediate-release Sertraline</p> <p><u>Preferred Tricyclic Antidepressants</u> Amitriptyline Amoxapine Clomipramine generic Desipramine Doxepin Imipramine hydrochloride tablets Nortriptyline Surmontil</p> <p><u>Preferred MAO Inhibitors</u> Marplan Phenelzine</p> <p><u>Other Preferred Antidepressants:</u> Trintellix* Budeprion SR Budeprion XL Bupropion IR Bupropion ER/SR Bupropion XL Duloxetine generic Maprotiline HCL Mirtazapine Mirtazapine ODT Nefazadone HCL Trazodone 50, 100, 150mg Venlafaxine IR Venlafaxine ER capsules</p>	<p><u>Non-Preferred SSRIs:</u> Brisdelle Fluoxetine 10, 20mg tablets Fluoxetine 60mg tablets (PA not required) Fluoxetine Weekly (fluoxetine 90mg DR capsules) Fluoxetine [PMDD] capsules Fluvoxamine ER Luvox CR Paroxetine extended-release Pexeva Prozac Weekly Sarafem</p> <p><u>Non-Preferred Tricyclic Antidepressants</u> Imipramine pamoate capsules Protriptyline</p> <p><u>Non-Preferred MAO Inhibitors</u> Emsam Tranylcypromine</p> <p><u>Other Non-Preferred Antidepressants:</u> Aplenzin Desvenlafaxine ER Fetzima Forfivo XL (bupropion SR) Irenka (duloxetine 40mg) Khedezla Oleptro Pristiq Savella Trazodone 300mg Venlafaxine ER tablets (brand in RxClaim) Venlafaxine ER tablets (generic in Rx Claim) Viibryd</p>

*Requires PA if contingent therapy not met.

LENGTH OF AUTHORIZATION: 1 year unless otherwise noted

❖ **NOTE:** If venlafaxine ER tablets are approved, the PA will be issued for the branded generic product of venlafaxine ER tablets. If desvenlafaxine ER or Khedezla is approved, the prescriber will be asked to change the prescription to brand Pristiq. If duloxetine 40mg is approved, the PA will be issued for brand Irenka. If fluoxetine weekly is approved, the PA will be issued for brand Prozac weekly. If fluvoxamine ER is approved, the PA will be issued for brand Luvox CR.



PA CRITERIA:

Fetzima or Pristiq

- ❖ For the diagnosis of major depressive disorder, member must have tried and failed least two preferred products (one of which must be venlafaxine IR or venlafaxine ER capsules).

Aplenzin

- ❖ Physician must submit a written letter of medical necessity stating the reasons that at least two of the preferred medications (one of which must be bupropion XL 300mg) are not appropriate for the member.

Trintellix

- ❖ Approvable for members with major depressive disorder who have tried 1 preferred generic agent.

Protriptyline Generic

- ❖ Approvable for members with major depressive disorder who have tried 2 preferred generic agents.
- ❖ Approvable for members with chronic obstructive pulmonary disease (COPD) and apnea.

Tranlycypromine Generic

- ❖ Approvable for members with major depressive disorder who have tried 2 preferred generic agents.
- ❖ Approvable for members with neurogenic orthostatic hypotension.

Imipramine Pamoate Capsules Generic

- ❖ Physician must submit a written letter of medical necessity stating the reasons that the preferred product, generic imipramine hydrochloride tablets, is not appropriate for the member.

Duloxetine 40mg Generic and Irenka

- ❖ Physician must submit a written letter of medical necessity stating the reasons that the preferred product, generic duloxetine 20, 30, 60mg, is not appropriate for the member.

Desvenlafaxine ER Generic and Khedezla

- ❖ Approvable for major depressive disorder in members who have tried and failed two preferred medications (one of which must be venlafaxine IR or venlafaxine ER capsules). If approved, the prescriber will be asked to change the prescription to brand Pristiq.

Emsam

- ❖ Approvable for the diagnosis of major depressive disorder in members 12 years of age or older

AND

- ❖ Member must have tried and failed at least one medication from two of the following groups: 1. SSRI (citalopram, escitalopram, fluoxetine, sertraline, paroxetine) 2. SNRI (venlafaxine, desvenlafaxine, duloxetine) 3. Miscellaneous Antidepressants (bupropion, mirtazapine). Otherwise, the member must be unable to take medications orally.

Forfivo XL

- ❖ Approvable for major depressive disorder when 300mg/day or greater dose (up to 450mg/day) of bupropion has been used for at least two weeks



- ❖ In addition, physician must submit a written letter of medical necessity stating the reasons that the bupropion/bupropion generic products are not appropriate for the member.

Oleptro

- ❖ Physician must submit a written letter of medical necessity stating the reason(s) that the regular-release strengths of trazodone 50mg, 100mg, or 150mg tablets cannot be used.

Venlafaxine ER Tablets (branded or generic)

- ❖ Physician must submit a written letter of medical necessity stating the reason(s) that at least two of the preferred medications (one of which must be venlafaxine ER capsules) are not appropriate for the member.

Savella

- ❖ Approvable for fibromyalgia and member must have experienced allergies, contraindications, drug-to-drug interactions, history of intolerable side effects, or ineffectiveness to at least two of the following preferred medications (one of which must be Lyrica): amitriptyline, cyclobenzaprine, fluoxetine, gabapentin, Lyrica, or tramadol.

Viibryd

- ❖ Approvable for members 18 years of age or older with a diagnosis of major depressive disorder (MDD)

AND

- ❖ Member must have tried and failed at least one medication from two of the following groups: 1. SSRI (citalopram, escitalopram, fluoxetine, sertraline, paroxetine) 2. SNRI (venlafaxine, desvenlafaxine, duloxetine) 3. Miscellaneous Antidepressants (bupropion, mirtazapine)

Trazodone 300mg Generic

- ❖ Physician must submit a written letter of medical necessity stating the reason(s) that the regular-release 150mg tablets (x2) cannot be used in place of the 300mg tablets.

Pexeva

- ❖ Claims history reviewed for the use of 2 preferred agents within the last 12 months.
- ❖ If no preferred agents in profile, member must have experienced ineffectiveness, allergies, contraindications, drug-to-drug interactions, or history of intolerable side effects to 2 of the preferred products.

Brisdelle

- ❖ Approvable for the treatment of vasomotor symptoms (hot flashes) associated with menopause for members who have tried and failed estrogen therapy or when estrogen therapy is contraindicated
- ❖ If above conditions are met, provider must submit a written letter of medical necessity stating the reason(s) that generic paroxetine immediate-release is not appropriate for the member.

Fluoxetine Tablets Generic

- ❖ Member must require daily dosing with the tablets that cannot be obtained with the capsules.



Fluoxetine Weekly Generic or Prozac Weekly

- ❖ Provider must submit a written letter of medical necessity stating the reason(s) that generic fluoxetine capsules and at least one other preferred SSRI are not appropriate for the member.

Luvox CR or Fluvoxamine ER Generic

- ❖ For the diagnosis of social anxiety disorder, member must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to paroxetine and sertraline.
- ❖ For other diagnoses, provider must submit a written letter of medical necessity stating the reason(s) that generic fluvoxamine maleate and at least one other preferred SSRI are not appropriate for the member.

Paroxetine ER Generic

- ❖ Provider must submit a written letter of medical necessity stating the reason(s) that generic paroxetine immediate-release and at least one other preferred SSRI are not appropriate for the member.

Sarafem or Fluoxetine [PMDD] Capsules Generic

- ❖ Provider must submit a written letter of medical necessity stating the reason(s) that generic fluoxetine capsules and sertraline are not appropriate for the member.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.