

**SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRI)
PA SUMMARY**

PREFERRED	All generic products, citalopram, fluoxetine, fluvoxamine maleate, paroxetine, Lexapro, Paxil CR, Pexeva, sertraline
NON-PREFERRED	All branded versions of generic equivalents, Celexa, Paxil, Prozac, Rapiflux, Sarafem, Zoloft

LENGTH OF AUTHORIZATION: 1 year

NOTE: *All current Celexa solution, Prozac weekly, and Rapiflux users were grandfathered at the time of initiation of this PA criteria.*

PA CRITERIA:

- ❖ Claims history reviewed for the use of 2 preferred agents within the last 12 months.

- ❖ If no preferred agents in profile, physician should submit documentation of allergies, contraindications, drug-to-drug interactions, or history of intolerable side effects to 2 of the preferred products.

- ❖ Sarafem requires prior use of fluoxetine.

EXCEPTIONS:

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

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.ghp.georgia.gov, select the Provider Information tab, click on “view full text” in the Pharmacy Services box, click on “Prior Approval Process” in the list on the left.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.ghp.georgia.gov, select Provider Information, click on “view full list” in the Medicaid Provider Manuals box then select Pharmacy Services from the list shown.