



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

PREFERRED	Citalopram, Escitalopram tablets, Fluoxetine capsules, Fluvoxamine maleate, Lexapro oral solution, Paroxetine immediate-release, Sertraline
NON-PREFERRED	Escitalopram oral solution, Fluoxetine tablets, Fluoxetine weekly, Fluoxetine [PMDD] capsules, Fluvoxamine ER, Luvox CR, Paroxetine extended-release, Paxil CR, Pexeva, Prozac Weekly, Sarafem

LENGTH OF AUTHORIZATION: 1 year

NOTE: *If fluoxetine weekly is approved, the PA will be issued for the brand product, Prozac weekly. If Paxil CR/paroxetine extended-release is approved, the PA will be issued for the brand product, Paxil CR. If fluvoxamine ER is approved, the PA will be issued for the brand product, Luvox CR.*

PA CRITERIA:

For all non-preferred SSRIs (except escitalopram generic oral solution, fluoxetine tablets, fluoxetine Weekly/Prozac Weekly, fluoxetine [PMDD] capsules, Luvox CR [brand or generic], Paxil CR/paroxetine ER, and Sarafem)

- ❖ 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.

For escitalopram generic oral solution

- ❖ Provider must submit a written letter of medical necessity stating the reason(s) that brand-name Lexapro oral solution and at least one other preferred medication are not appropriate for the member.

For fluoxetine tablets

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

For fluoxetine weekly/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 medication are not appropriate for the member.

For Luvox CR (brand or generic fluvoxamine ER)

- ❖ 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 product are not appropriate for the member.



For Paxil CR/paroxetine extended-release

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

For Sarafem or fluoxetine [PMDD] capsules

- ❖ 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 **Catamaran at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

QUANTITY LEVEL LIMITATIONS:

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