



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

Preferred	Non-Preferred
<p><u>Preferred SSRIs</u> Citalopram tablets, oral solution generic Escitalopram tablets generic Fluoxetine IR capsules, oral solution generic Fluvoxamine IR generic Paroxetine IR tablets generic Sertraline generic</p> <p><u>Preferred SNRIs</u> Desvenlafaxine succinate ER generic (generic Pristiq) Duloxetine capsules generic except 40 mg Venlafaxine IR tablets, ER capsules generic</p> <p><u>Preferred Modified Cyclics</u> Trazodone 50, 100, 150 mg generic Trintellix (vortioxetine)*</p> <p><u>Preferred MAO Inhibitors</u> n/a</p> <p><u>Preferred TCAs</u> Amitriptyline generic Amoxapine generic Clomipramine generic by Mallinckrodt Desipramine generic Doxepin generic Imipramine hydrochloride tablets generic Nortriptyline generic</p> <p><u>Preferred Alpha-2 Receptor Antagonists</u> Mirtazapine generic Mirtazapine ODT generic</p> <p><u>Preferred Miscellaneous Antidepressants</u> Bupropion IR generic Bupropion ER/SR generic Bupropion XL generic</p>	<p><u>Non-Preferred SSRIs</u> n/a</p> <p><u>Non-Preferred SNRIs</u> Fetzima (levomilnacipran) Savella (milnacipran)</p> <p><u>Non-Preferred Modified Cyclics</u> Nefazodone generic Viibryd (vilazodone)</p> <p><u>Non-Preferred MAO Inhibitors</u> Emsam (selegiline) Marplan (isocarboxazid) Phenelzine generic Tranylcypromine generic</p> <p><u>Non-Preferred TCAs</u> Protriptyline generic Trimipramine generic</p> <p><u>Non-Preferred Miscellaneous Antidepressants</u> Auvelity (dextromethorphan/bupropion) Spravato (esketamine) Zurzuvae (zuranolone)</p>

^non-preferred but does not require PA; SSRI=selective serotonin reuptake inhibitor; SNRI=serotonin norepinephrine reuptake inhibitor; MAO=monoamine oxidase; TCA=tricyclic antidepressant; IR=immediate-release; DR=delayed-release; ER/SR/XL=extended-release; PMDD=premenstrual dysphoric disorder

LENGTH OF AUTHORIZATION: Varies



NOTE: All starter/titration kits are only approvable for one time only for new starts (members being titrated on therapy).

PA CRITERIA:

Trintellix

- ❖ Approvable for members 18 years of age and older with major depressive disorder (MDD) who have experienced an inadequate response with at least 1 preferred generic antidepressant.

Fetzima

- ❖ Approvable for members 18 years of age or older with a diagnosis of major depressive disorder (MDD) who have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with the preferred products, venlafaxine (IR or ER) or desvenlafaxine ER or duloxetine.

Savella

- ❖ Approvable for members 18 years of age or older with a diagnosis of fibromyalgia who have experienced ineffectiveness, allergies, contraindications, drug-to-drug interactions or intolerable side effects to Lyrica or duloxetine.

Nefazodone Generic

- ❖ Approvable for members 18 years of age or older who have experienced an inadequate response with at least one preferred medication from any of the following groups: 1. SSRI (e.g., citalopram, escitalopram, fluoxetine, sertraline, paroxetine) 2. SNRI (e.g., venlafaxine, desvenlafaxine, duloxetine) 3. Other Antidepressants (e.g., bupropion, mirtazapine, trazodone, Trintellix).

Viibryd

- ❖ Approvable for members 18 years of age or older with a diagnosis of major depressive disorder (MDD) who have experienced an inadequate response with at least one preferred medication from any of the following groups: 1. SSRI (e.g., citalopram, escitalopram, fluoxetine, sertraline, paroxetine) 2. SNRI (e.g., venlafaxine, desvenlafaxine, duloxetine) 3. Other Antidepressants (e.g., bupropion, mirtazapine, trazodone, Trintellix)

Emsam

- ❖ Approvable for members 12 years of age or older with a diagnosis of major depressive disorder who have experienced an inadequate response with at least one preferred medication from any of the following groups: 1. SSRI (e.g., citalopram, escitalopram, fluoxetine, sertraline, paroxetine) 2. SNRI (e.g., venlafaxine, desvenlafaxine, duloxetine) 3. Other Antidepressants (e.g., bupropion, mirtazapine, trazodone, Trintellix).



- ❖ Otherwise, the member must be unable to take medications orally.

Marplan and Phenelzine Generic

- ❖ Approvable for members 16 years of age or older with a diagnosis of major depressive disorder who have experienced an inadequate response with at least one preferred medication from any of the following groups: 1. SSRI (e.g., citalopram, escitalopram, fluoxetine, sertraline, paroxetine) 2. SNRI (e.g., venlafaxine, desvenlafaxine, duloxetine) 3. Other Antidepressants (e.g., bupropion, mirtazapine, trazodone, Trintellix).

Tranylcypromine Generic

- ❖ Approvable for members 16 years of age or older with a diagnosis of major depressive disorder who have experienced an inadequate response with at least one preferred medication from any of the following groups: 1. SSRI (e.g., citalopram, escitalopram, fluoxetine, sertraline, paroxetine) 2. SNRI (e.g., venlafaxine, desvenlafaxine, duloxetine) 3. Other Antidepressants (e.g., bupropion, mirtazapine, trazodone, Trintellix).
- ❖ Approvable for members 16 years of age or older with a diagnosis of neurogenic orthostatic hypotension.

Protriptyline Generic

- ❖ Approvable for members with a diagnosis of major depressive disorder who have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with at least 1 preferred tricyclic antidepressant.
- ❖ Approvable for members with a diagnosis of chronic obstructive pulmonary disease (COPD) or sleep apnea.

Trimipramine Generic

- ❖ Approvable for members with a diagnosis of major depressive disorder who have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with at least 1 preferred tricyclic antidepressant.

Auvelity

- ❖ Approvable for members 18 years of age or older with a diagnosis of major depressive disorder who have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with at least 1 preferred generic antidepressant.

Spravato

- ❖ Approvable for members 18 years of age or older with a diagnosis of treatment-resistant major depressive disorder who have a baseline scoring in at least one clinical assessment prior to initiation to evaluate efficacy (e.g., HAM-D17, QIDS-C16, MADRS, PHQ-9) and when prescribed by or in consultation with a psychiatrist, when administered under the direct



supervision of a healthcare provider and monitored by a healthcare provider for at least 2 hours after and when administered in conjunction with a newly initiated daily oral antidepressant

AND

- ❖ Member must have experienced an inadequate response with at least 1 preferred generic antidepressant

OR

- ❖ Approvable for members 18 years of age or older with a diagnosis of depressive symptoms with major depressive disorder (MDD) with acute suicidal ideation or behavior and when prescribed by or in consultation with a psychiatrist, when administered under the direct supervision of a healthcare provider and monitored by a healthcare provider for at least 2 hours after and when administered in conjunction with a newly initiated daily oral antidepressant.

Zurzuva

- ❖ Approvable for members 18 years of age or older with a diagnosis of severe postpartum depression (PPD) who have been postpartum for 12 months or less and have a baseline scoring in at least one clinical assessment (e.g., HAMD-17, PHQ-9) that is consistent with severe depression with symptoms beginning during the third trimester of pregnancy or up to 4 weeks post-delivery

AND

- ❖ When prescribed by or in consultation with a psychiatrist or obstetrician/gynecologist (OB/GYN).

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.