



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

Preferred	Non-Preferred
<i>SSRIs</i>	
Citalopram generic Escitalopram tablets generic Fluoxetine IR capsules, oral solution generic Fluvoxamine IR generic Paroxetine IR generic Sertraline generic	Brisdelle (paroxetine) Escitalopram oral solution generic Fluoxetine 90 mg DR capsules generic Fluoxetine 10, 20 mg tablets generic Fluoxetine 60 mg tablets generic^ Fluoxetine [PMDD] capsules generic Fluvoxamine ER generic Paroxetine ER generic Paxil Suspension (paroxetine) Pexeva (paroxetine mesylate) Sarafem (fluoxetine [PMDD] tablets)
<i>SNRIs</i>	
Desvenlafaxine succinate ER generic (generic Pristiq) Duloxetine capsules generic except 40 mg Venlafaxine IR generic Venlafaxine ER capsules generic	Desvenlafaxine ER (generic Khedezla) Drizalma (duloxetine sprinkle) Duloxetine 40 mg capsules generic Fetzima (levomilnacipran) Savella (milnacipran) Venlafaxine ER tablets generic
<i>Modified Cyclics</i>	
Trazodone 50, 100, 150 mg generic Trintellix (vortioxetine)*	Nefazodone generic Trazodone 300 mg generic Viibryd (vilazodone)
<i>MAO Inhibitors</i>	
N/A	Emsam (selegiline) Marplan (isocarboxazid) Phenelzine generic Tranylcypromine generic
<i>TCA's</i>	
Amitriptyline generic Amoxapine generic Clomipramine generic by Mallinckrodt Desipramine generic Doxepin generic Imipramine hydrochloride tablets generic Nortriptyline generic	Imipramine pamoate capsules generic Protriptyline generic Trimipramine generic



<i>Alpha-2 Receptor Antagonists</i>	
Mirtazapine generic Mirtazapine ODT generic	N/A
<i>Miscellaneous Antidepressants</i>	
Bupropion IR generic Bupropion ER/SR generic Bupropion XL generic	Aplenzin (bupropion ER/SR) Forfivo XL (bupropion ER/SR) Maprotiline generic Spravato (esketamine)

^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: 1 year

NOTE:

- If Fetzima, Savella or Viibryd is approved, the starter/titration kits are only approvable for one time only for new starts (members being titrated on therapy).

PA CRITERIA:

Trintellix

- ❖ Approvable for members with major depressive disorder (MDD) who have experienced an inadequate response with one preferred generic product.

Brisdelle

- ❖ 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, prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic paroxetine immediate-release, is not appropriate for the member.

Escitalopram Oral Solution Generic

- ❖ Approvable for members who are unable to swallow solid oral dosage formulations and who have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with citalopram and fluoxetine or sertraline (all of which are available as oral solution).

Fluoxetine Tablets Generic

- ❖ Approvable for members who require daily dosing with the tablets that cannot be obtained with the capsules.

Fluoxetine 90 mg DR Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic fluoxetine capsules and at least one other preferred SSRI, are not appropriate for the member.



Fluoxetine [PMDD] Capsules Generic and Sarafem

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic fluoxetine capsules and generic sertraline, are not appropriate for the member.

Fluvoxamine ER Generic

- ❖ Approvable for members with a diagnosis of social anxiety disorder who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to paroxetine and sertraline.
- ❖ For other diagnoses, prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic fluvoxamine IR and at least one other preferred SSRI, are not appropriate for the member.

Paroxetine ER Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic paroxetine immediate-release and at least one other preferred SSRI, are not appropriate for the member.

Paxil Suspension

- ❖ Approvable for members who are unable to swallow solid oral dosage formulations and who have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with 2 of the following: citalopram, fluoxetine and sertraline (all of which are available as oral solution).

Pexeva

- ❖ Approvable for member who have experienced ineffectiveness, allergies, contraindications, drug-to-drug interactions, or history of intolerable side effects to at least 2 SSRI preferred products.

Desvenlafaxine ER (Generic Khedezla) and Venlafaxine ER Tablets Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic desvenlafaxine ER (generic Pristiq) and generic venlafaxine ER capsules, are not appropriate for the member.

Drizalma

- ❖ Approvable for members who are unable to swallow solid oral dosage formulations.

Duloxetine 40 mg Generic

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

Fetzima

- ❖ 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 the preferred products, venlafaxine (IR or ER) or desvenlafaxine ER and 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 and 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 two 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).

Trazodone 300 mg Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic trazodone 150 mg tablets (x2), is not appropriate for the member.

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 two 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 in each 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 in each 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).

Tranlycypromine 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 in each 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.



Imipramine Pamoate Capsules Generic

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

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 2 preferred tricyclic antidepressants.
- ❖ 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 2 preferred tricyclic antidepressants.

Aplenzin

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic bupropion XL and at least one other preferred medication, are not appropriate for the member.

Forfivo XL

- ❖ For members who have been taking 300 mg/day or greater dose of bupropion for at least two weeks, prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic bupropion XL and at least one other preferred medication, are not appropriate for the member.

Maprotiline Generic

- ❖ Approvable for members 18 years of age or older with a diagnosis of major depressive disorder, dysthymic disorder or mixed anxiety depressive disorder who have experienced an inadequate response with at least one preferred medication from two 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 18 years of age or older with a diagnosis of neuropathic pain who have experienced an inadequate response, allergies, contraindications or intolerable side effects with at least two preferred products.

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., HAMD17, 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 3 different antidepressants or antidepressant treatment regimens of the following groups for at least 6 weeks at maximally tolerated doses: 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) and (4) antidepressant with an adjunct medication (e.g., antipsychotic, anticonvulsant, lithium).

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 Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.