



ANTIDEPRESSANTS PA SUMMARY

| Preferred Medications | Non-Preferred Medications |
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| <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> Brintellix Budeprion SR Budeprion XL Bupropion IR Bupropion ER/SR Bupropion XL 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 Cymbalta (brand-name) Desvenlafaxine ER Duloxetine (generic) Fetzima Khedezla Oleptro Pristiq Savella Trazodone 300mg Venlafaxine ER tablets (brand in RxClaim) Venlafaxine ER tablets (generic in Rx Claim) Viibryd</p> |

LENGTH OF AUTHORIZATION: 1 year unless otherwise noted

- ❖ **NOTE:** If fluoxetine weekly is approved, the PA will be issued for the brand product, Prozac weekly. If fluvoxamine ER is approved, the PA will be issued for the brand product, Luvox CR. If venlafaxine ER tablets (generic in Rx Claim) are approved, the PA will be issued for the branded generic product, venlafaxine ER tablets (brand in Rx Claim). If desvenlafaxine ER or Khedezla is approved, the



prescriber will be asked to change the prescription to brand-name Pristiq. If duloxetine is approved, the PA will be issued for brand-name Cymbalta.

PA CRITERIA:

For Brintellix

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

For Protriptyline

- ❖ 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.

For Tranylcypromine

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

For all non-preferred SSRIs (except Brisdelle, 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 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.

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 SSRI 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 on other preferred SSRI are not appropriate for the member.



For 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 SSRI 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.

For Aplenzin

- ❖ 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 bupropion XL 300mg) are not appropriate for the member.

For bupropion/bupropion SR (Wellbutrin SR 100 mg, 150 mg)

- ❖ Approvable for major depressive disorder.
- ❖ Brand Wellbutrin SR requires physician to submit a written letter of medical necessity stating the reason(s) that generic bupropion/bupropion SR and at least one other preferred medication is not appropriate for the member.

For Imipramine Pamoate capsules

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

For Cymbalta

- ❖ For the diagnoses of major depressive disorder or generalized anxiety disorder, member must have experienced allergies, contraindications, drug- drug interactions, history of intolerable side effects, or ineffectiveness to at least two preferred products (one of which must be venlafaxine IR or venlafaxine ER capsules).
- ❖ For the diagnosis of diabetic peripheral neuropathy, member must have experienced allergies, contraindications, drug-drug interactions, history of intolerable side effects, or ineffectiveness to a preferred anticonvulsant (gabapentin or Lyrica) and a preferred antidepressant (amitriptyline or venlafaxine)
- ❖ In addition, Cymbalta is not approvable for chronic musculoskeletal pain or fibromyalgia.

For Desvenlafaxine ER 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 generic desvenlafaxine ER is approved, the prescriber will be asked to change the prescription to brand-name Pristiq.

For 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.

For Fetzima or brand-name 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).

For 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 reason(s) that the preferred once-daily strengths of bupropion XL 300mg and 150mg (as two separate prescriptions) are not appropriate for the member.

For 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.

For 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.

For Trazodone 300mg

- ❖ 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.

For 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.

For 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)

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.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.