### Overview
Prescriptions that meet the initial step therapy requirements will adjudicate automatically at the point of sale. If the prescription does not meet the initial step therapy requirements, the prescription will deny with a message indicating that prior authorization (PA) is required. Refer to the criteria below and submit a PA request for the members who do not meet the initial step therapy requirements at the point of sale.

**Initial Step-Therapy Requirements:**
- **First-Line:** Medications listed on first-line are covered without prior-authorization unless otherwise noted.
- **Second-Line:** Second-line medications will pay if the member has filled first-line medications (2 SSRIs, 1 SNRI, and 1 misc. antidepressant) or a second-line medication within the past 180 days.

### Coverage Guidelines

<table>
<thead>
<tr>
<th>FIRST-LINE</th>
<th>SECOND-LINE</th>
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<tbody>
<tr>
<td><strong>SSRIs</strong></td>
<td>Trintellix (vortioxetine) Viibryd (vilazodone)</td>
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<tr>
<td>citalopram</td>
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<tr>
<td>fluoxetine**</td>
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<td>sertraline</td>
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<td>paroxetine</td>
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<tr>
<td>fluvoxamine</td>
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<tr>
<td>escitalopram</td>
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<tr>
<td><strong>SNRIs</strong></td>
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<tr>
<td>venlafaxine ER capsules</td>
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<tr>
<td>venlafaxine ER tablets</td>
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</tbody>
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Allways Health Partners includes AllWays Health Partners, Inc. and AllWays Health Partners Insurance Company.
If a member does not meet the initial step therapy requirements, then approval of a second-line or third-line medication will be granted if the member meets the following criteria:

1. The member has a diagnosis of major depressive disorder (MDD) AND
2. The member has been started and stabilized on the requested medication for at least 30 days. (Note: Samples are not considered adequate justification for started & stabilized) OR
3. The member has had a documented inadequate response, side effect, or allergy to at least two (2) SSRIs for the current indication** AND
4. The member has had a documented inadequate response, side effect, or allergy to at least one (1) SNRI for the current indication AND
5. The member has had a documented inadequate response, side effect, or allergy to at least one (1) miscellaneous antidepressant including, bupropion, mirtazapine, or a TCA for the current indication

**Pharmacist note: Patients being treated with tamoxifen should not be concomitantly treated with fluoxetine, paroxetine, sertraline, etc. due to the potential decrease in plasma concentrations of the active metabolites of tamoxifen. Citalopram & fluvoxamine do not appear to have this interaction.

Limitations

1. Approvals will be granted for 36 months except for the Viibryd starter pack, which will be approved for 1 fill.
2. A quantity limit of 30 tablets per month applies.

References

1. Trintellix (vortioxetine) [prescribing information]. Deerfield, IL: Lundbeck; October 2018.
2. Viibryd (vilazodone) [prescribing information]. Irvine, CA: Allergan USA, Inc; May 2018.
4. Fetzima (levomilnacipran) [prescribing information]. Irvine, CA: Allergan USA Inc; December 2017


Review History
06/23/14 – Reviewed
09/22/14 – Updated
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02/26/18 – Reviewed
02/20/19 – Reviewed

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