



Serotonin Modulators
Effective February 20, 2019

Plan	<input checked="" type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input type="checkbox"/> Quantity Limit <input checked="" type="checkbox"/> Step Therapy
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

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

FIRST-LINE	SECOND-LINE
<u>SSRIs</u> citalopram fluoxetine** sertraline paroxetine fluvoxamine escitalopram <u>SNRIs</u> venlafaxine ER capsules venlafaxine ER tablets	Trintellix (vortioxetine) Viibryd (vilazodone)

FIRST-LINE	SECOND-LINE
venlafaxine IR tablets duloxetine* desvenlafaxine SR (Compare to Pristiq®, Khedezla®)* Fetzima (levomilnacipran)* <u>Miscellaneous Anti-depressants</u> mirtazapine bupropion tricyclic antidepressants (TCA) (amitriptyline, nortriptyline, doxepin, desipramine, imipramine, etc.)	

*Requires PA. Please see SNRI Step Therapy policy for criteria.

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
2. The member has had a documented inadequate response, side effect, or allergy to at least two (2) SSRIs for the current indication**
AND
3. The member has had a documented inadequate response, side effect, or allergy to at least one (1) SNRI for the current indication
AND
4. 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.
3. Cymbalta (duloxetine) [prescribing information]. Indianapolis, IN: Eli Lilly and Company; January 2017.
4. Fetzima (levomilnacipran) [prescribing information]. Irvine, CA: Allergan USA Inc; December 2017
5. Pristiq (desvenlafaxine) [prescribing information]. Philadelphia, PA: Wyeth Pharmaceuticals; March 2018.
6. National Institute of Mental Health (NIH). Major Depressive Disorder Among Adults (2008). Available at: http://www.nimh.nih.gov/statistics/1mdd_adult.shtml.

7. von Wolff A, Hölzel LP, Westphal A, et al. Selective serotonin reuptake inhibitors and tricyclic antidepressants in the acute treatment of chronic depression and dysthymia: a systematic review and meta-analysis. *J Affect Disord* 2013; 144:7.
8. Gelenberg AJ, Freeman MP, Markowitz JC, Rosenbaum JF, Thase ME, Trivedi MH, et al. Practice Guideline for the Treatment of Patients with Major Depressive Disorder. Third Edition. American Psychiatric Association. 2010. Available at: <http://psychiatryonline.org/guidelines>
9. Hollon SD, DeRubeus RJ, Fawcett J, Amsterdam JD, Shelton RC, Zajecka J, et al. Effect of cognitive therapy with antidepressant medications vs. antidepressants alone on the rate of recovery in major depressive disorder: a randomized clinical trial. *JAMA Psychiatry*. 2014;71
10. Güzel Özdemir P, Boysan M, Smolensky MH, et al. Comparison of venlafaxine alone versus venlafaxine plus bright light therapy combination for severe major depressive disorder. *J Clin Psychiatry* 2015; 76: e645.)
11. American Psychiatric Association (APA). Practice guideline for the treatment of patients with major depressive disorder [guideline on the Internet]. Arlington (PA): APA;2010 [cited 2015 Aug 18]. <http://psychiatryonline.org/guidelines.aspx>.

Review History

06/23/14 – Reviewed
09/22/14 – Updated
09/21/15 – Reviewed
09/19/16 – Reviewed
09/18/17 – Reviewed
02/26/18 – Reviewed
02/20/19 – Reviewed

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