Antidepressant Agents
Drug Class Prior Authorization Protocol

Line of Business: Medi-Cal
Effective Date: August 16, 2017
Revision Date: August 16, 2017

This policy has been developed through review of medical literature, consideration of medical necessity, generally accepted medical practice standards, and approved by the IEHP Pharmacy and Therapeutics Subcommittee.

**Drugs:**
- Aplenzin ER (bupropion), Celexa (citalopram), Cymbalta (duloxetine DR), Effexor (venlafaxine, venlafaxine ER), Fetzima (levomilnacipran ER), Forfivo XL (bupropion), Irenka (duloxetine, delayed release), Khedezla (desvenlafaxine fumarate ER), Lexapro (escitalopram), Paxil (paroxetine, paroxetine ER), Pexeva (paroxetine mesylate), Pristiq (desvenlafaxine succinate ER), Prozac (fluoxetine), Trintellix (vortioxetine), Viibryd (vilazodone), Zoloft (sertraline)

**FDA Approved Indications:**

<table>
<thead>
<tr>
<th>Drug</th>
<th>MDD</th>
<th>GAD</th>
<th>Diabetic Peripheral Neuropathy</th>
<th>Chronic Musculoskeletal Pain</th>
<th>OCD</th>
<th>PD</th>
<th>SAD</th>
<th>PDD</th>
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<tbody>
<tr>
<td>Aplenzin ER (bupropion),</td>
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<td>Khedezla (desvenlafaxine fumarate ER), Pristiq (desvenlafaxine succinate ER), Trintellix (vortioxetine), Viibryd (vilazodone)</td>
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*MDD = Major Depressive Disorder; GAD = Generalized Anxiety Disorder; OCD = Obsessive Compulsive Disorder; PD = Panic Disorder; SAD = Social Anxiety Disorder; PDD = Premenstrual Dysphoric Disorder*
Policy/Criteria:
* Generic-mandatory protocol applies. Please refer to the Brand Name Drug Request Policy.

A. Drugs: Aplenzin ER (bupropion), Forfivo XL (bupropion)

   Diagnosis:
   a. Major depressive disorder

   Specialist: Psychiatrist

   Criteria:
   a. Failure or clinically significant adverse effects to at least a 6-week treatment course of formulary bupropion
      AND
   b. Failure or clinically significant adverse effects to at least a 6-week treatment course of one additional formulary antidepressant alternative (e.g. citalopram, escitalopram, fluoxetine, mirtazapine, paroxetine, sertraline, etc.)

   Authorization Duration: 12 months

   Formulary Status: Non-formulary, PA applies

B. Drugs: Citalopram, Duloxetine, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, Venlafaxine, Venlafaxine ER

   Diagnosis:
   a. Major depressive disorder;
      OR
   Other FDA approved indication(s)

   Specialist: No restriction

   Criteria:
   a. Age restriction safety edit is applied to members under the age of 18 except when prescribed by a psychiatric specialist. Prior authorization is required when the age restriction safety edit applied;

      i. Major depressive disorder:
         1. Providers must submit depression screening documentations (i.e. results of a standardized depression tool such as PHQ-9 modified for teens) demonstrating evidence of moderate to severe depression (e.g. PHQ-9 score of 10 or above).
         2. Formulary antidepressants (e.g. SSRI, SNRI, mirtazapine) are the preferred agents.
ii. Other FDA approved indication(s):
   1. Clinical review by IEHP pharmacist

Formulary Status: Formulary, age restriction safety edit applies

C. Drugs: Fetzima (levomilnacipran), Pristiq (desvenlafaxine)*, Khedezla (desvenlafaxine)*

Diagnosis:
   a. Major depressive disorder

Specialist: Psychiatrist

Criteria:
   a. Failure or clinically significant adverse effects to at least a 6-week treatment course of formulary duloxetine or venlafaxine
      AND
   b. Failure or clinically significant adverse effects to at least a 6-week treatment course of one additional formulary antidepressant alternative (e.g. citalopram, escitalopram, fluoxetine, mirtazapine, paroxetine, sertraline, etc.)

Authorization Duration: 12 months

Formulary Status: Non-formulary, PA applies

D. Drug: Irenka (duloxetine DR)

Diagnosis:
   a. Major depressive disorder
      OR
   b. Generalized anxiety disorder
      OR
   c. Diabetic peripheral neuropathy
      OR
   d. Chronic musculoskeletal pain

Specialist: No restriction

Criteria:
   a. Major depressive disorder:
      i. Failure or clinically significant adverse effects to at least a 6-week treatment course of formulary duloxetine
         AND
i. Failure or clinically significant adverse effects to at least a 6-week treatment course of one additional formulary antidepressant alternative (e.g. citalopram, escitalopram, fluoxetine, mirtazapine, paroxetine, sertraline, etc.)

b. Generalized anxiety disorder
   i. Failure or clinically significant adverse effects to at least a 4-week treatment course of formulary duloxetine
   AND
   ii. Failure or clinically significant adverse effects to one additional formulary alternative: buspirone, escitalopram, paroxetine or venlafaxine

c. Diabetic peripheral neuropathy
   i. Failure or clinically significant adverse effects to formulary duloxetine AND gabapentin (≥ 1200mg/day)

d. Chronic musculoskeletal pain
   i. Failure or clinically significant adverse effects to formulary duloxetine

Authorization Duration: 12 months

Formulary Status: Non-formulary, PA applies

E. Drug: Paxil CR (paroxetine)*

Diagnosis:
   a. Major depressive disorder;
      OR
   b. Panic disorder;
      OR
   c. Social anxiety disorder;
      OR
   d. Premenstrual dysphoric disorder

Specialist: Psychiatrist

Criteria:
   b. Major depressive disorder, Panic disorder, or Social anxiety disorder:
      i. Failure or clinically significant adverse effects to at least a 6-week treatment course of formulary paroxetine
      AND
      ii. Failure or clinically significant adverse effects to at least a 6-week treatment course of one additional formulary antidepressant alternative (e.g. citalopram, escitalopram, fluoxetine, mirtazapine, sertraline, etc.)

c. Premenstrual dysphoric disorder
i. Failure or clinically significant adverse effects to formulary paroxetine and one additional formulary antidepressant alternative (e.g. citalopram, escitalopram, fluoxetine, mirtazapine, sertraline, etc.)

**Authorization Duration:** 12 months

**Formulary Status:** Non-formulary, PA applies

### F. Drug: Pexeva (paroxetine mesylate)

**Diagnosis:**
- a. Major depressive disorder;
  - OR
- b. Generalized anxiety disorder;
  - OR
- c. Obsessive compulsive disorder;
  - OR
- d. Panic disorder

**Specialist:** Psychiatrist

**Criteria:**
- a. Major depressive disorder, Obsessive compulsive disorder or Panic disorder:
  - i. Failure or clinically significant adverse effects to at least a 6-week treatment course of formulary paroxetine
  - AND
  - ii. Failure or clinically significant adverse effects to at least a 6-week treatment course of one additional formulary antidepressant alternative (e.g. citalopram, escitalopram, fluoxetine, mirtazapine, sertraline, etc.)

- b. Generalized anxiety disorder:
  - i. Failure or clinically significant adverse effects to at least a 6-week treatment course of formulary paroxetine
  - AND
  - ii. Failure or clinically significant adverse effects to at least one additional formulary alternative (e.g. buspirone)

**Authorization Duration:** 12 months

**Formulary Status:** Non-formulary, PA applies

### G. Drugs: Viibryd (vilazodone), Trintellix (vortioxetine)

**Diagnosis:**
a. Major depressive disorder

**Specialist:** Psychiatrist

**Criteria:**

a. Failure or clinically significant adverse effects to at least a 6-week treatment course of two formulary antidepressant alternatives (e.g. bupropion, citalopram, escitalopram, fluoxetine, mirtazapine, paroxetine, sertraline, etc.)

**Authorization Duration:** 12 months

**Formulary Status:** Non-formulary, PA applies

**Clinical Justification:**

*2010 American Psychiatric Association: Practice Guideline for the Treatment of Patients with Major Depressive Disorder*

- Effectiveness of antidepressants is generally comparable between medications.
- Using a selective serotonin reuptake inhibitor (SSRI), serotonin norepinephrine reuptake inhibitor (SNRI), mirtazapine, or bupropion is usually optimal for the treatment of depression.
- Initial selection of an antidepressant medication will largely be based on the tolerability, safety, cost of the medication, patient preference, history of prior medication treatment, potential for drug interactions and presence of co-occurring psychiatric or general medical conditions.
- Nonselective monoamine oxidase inhibitors (MAOIs) should generally be restricted to patients who do not respond to other treatments for depression, due to potentially life-threatening food and drug interactions.
- Initial doses should be incrementally raised as tolerated until a therapeutic dose is reached or the patient achieves remission. For patients who exhibit a partial response to treatment, doses of antidepressant medications should be maximized, side effects permitting, before changing to a different antidepressant medication.
- If moderate improvement in symptoms is not observed with maximally tolerated doses after 4–8 weeks of initial treatment, the treatment plan should be adjusted.

*IEHP Retrospective Analysis on Antidepressants for Adolescents 2011*

- Based on the Clinical Practice Guideline established by the American Academy of Child & Adolescent Psychiatry, patients should be screened for depression before using antidepressants.
Based on the Teen Screen Survey conducted by IEHP, it was shown that screening for depression before prescribing antidepressants is not a common practice. The trend of overutilization and inappropriate use of antidepressants in teens has raised some concerns.

A retrospective analysis (2011 data), 2135 unique Teen Members received antidepressants. A total of 654 prescribers were found who prescribed one or more antidepressants. Approximately 30% of the prescriptions were prescribed by non-specialist.

In order to ensure that all Teens are screened before using antidepressants, prior authorization appears to be the only option.

References:


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