BOSTON MEDICAL CENTER HEALTHNet PLAN

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WELL SENSE HEALTH PLAN

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Pharmacy Policy

Antidepressants

Policy Number: 9.502
Version Number: 2
Version Effective Date: 6/1/2021

Product Applicability	☐ **All Plan[+] Products**
Well Sense Health Plan	**Boston Medical Center HealthNet Plan**
☐ New Hampshire Medicaid	☒ MassHealth - MCO ☒ MassHealth - ACO ☐ Qualified Health Plans/ConnectorCare/Employer Choice Direct ☐ Senior Care Options

Note: Disclaimer and audit information is located at the end of this document.

Prior Authorization Policy

Products Affected:

- **fluoxetine tablet (Prozac®)**
- **paroxetine mesylate cap 7.5mg (Brisdelle®)**
- **venlafaxine ER tablets (Effexor XR®)**
- **Emsam**

The Plan may authorize coverage of the above products for members meeting the following criteria:

Covered Use	All FDA approved indications not otherwise excluded
Exclusion Criteria	None
Required Medical	**paroxetine mesylate cap 7.5mg (Brisdelle®)** 1. A diagnosis of vasomotor symptoms associated with menopause; ***AND***

[+] *Plan* refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

Information	2. An inadequate response, intolerance or contraindication to estrogen therapy; ***AND*** 3. Attestation of an inadequate response to a 1-month trial of, a decline in clinical status with a trial of, an intolerance to, or a contraindication to two covered SSRIs **fluoxetine tablet (Prozac®)** 1. An allergy to an inactive ingredient in fluoxetine capsules and fluoxetine oral solution that is not found in fluoxetine tablets; ***OR*** 2. Clinical rationale why the fluoxetine tablet is medically necessary over the fluoxetine capsules and fluoxetine oral solution ***Please note: Fluoxetine 10mg tablet is covered for member < 18 years of age*** **venlafaxine extended release tablets (Effexor XR®)** 1. Trial and failure of the equivalent dosage in capsule formulation; ***OR*** 2. An allergy to an inactive ingredient in venlafaxine extended release capsules that is not found in venlafaxine extended release tablets; ***OR*** 3. Clinical rationale why the venlafaxine extended release tablet is medically necessary over the venlafaxine extended release capsule **Emsam (selegiline patch)** **One of the following:** • A diagnosis of major depressive disorder • Clinical rationale why the transdermal formulation is medically necessary over the capsule and tablet formulations; ***OR*** • An inadequate response to a trial of, a decline in clinical status with a trial of, an intolerance to, or a contraindication to any two covered antidepressants
Age Restriction	None
Prescriber Restriction	None
Coverage Duration	1 year
Quantity Limit	See Appendix 1
Other criteria	None

Appendix 1 – Quantity Limitations

Medication Name	Maximun Quantity
Aplenzin	1 per day
Brisdelle®	1 per day
bupropion IR 75mg, 100mg	3 per day
bupropion SR (12HR) 100mg, 200mg	2 per day

Medication Name	Maximun Quantity
bupropion SR (12HR) 150mg	3 per day
bupropion XL (24HR)150mg, 300mg	1 per day
citalopram 10, 20mg	1.5 per day
citalopram 40mg	1 per day
desvenlafaxine ER 50mg, 100mg	1 per day
desvenlafaxine succinate ER 25mg, 50mg, 100mg	1 per day
duloxetine 20, 30mg, 60mg	2 per day
escitalopram	1.5 per day
Emsam	1 patch per day
Fetzima dose titration pack	1 titration pack
Fetzima 20 mg, 40 mg, 80 mg, 120 mg	1 per day
fluoxetine 10mg capsules	1 per day
fluoxetine 20mg capsules	3 per day
fluoxetine 40mg capsules	2 per day
fluoxetine Delayed Release 90mg	4 per 28 days
fluoxetine 10mg tablets	1.5 per day
fluoxetine 20mg tablets	2 per day
fluoxetine 60 mg tablet	1 per day
fluoxetine PMDD 10mg, 20mg	1 per day
fluvoxamine IR 25mg, 50mg	2 per day
fluvoxamine IR 100mg	3 per day
fluvoxamine ER 100mg, 150mg	2 per day
Forfivo® XL 450mg	1 per day
Khedezla 50mg 100mg	1 per day
Mirtazapine tablet/ODT	1 per day
olanzapine/fluoxetine capsules	1 per day
paroxetine 10, 20mg	1 per day
paroxetine 30, 40mg	2 per day
paroxetine ER 12.5	1 per day
paroxetine ER 25, 37.5mg	2 per day
Pexeva® 10, 20mg	1 per day
Pexeva® 30, 40mg	2 per day
sertraline 25, 50mg	1.5 per day
sertraline 100mg	2 per day
Trintellix 5 mg, 10 mg, 20 mg tablets	1 per day
venlafaxine IR 25mg, 37.5mg, 50mg, 75mg, 100mg tablets	3 per day
venlafaxine ER 37.5mg, 150mg capsules	2 per day
venlafaxine ER 75mg capsules	3 per day
venlafaxine ER 37.5mg, 75mg, 150mg tablets	2 per day
Viibryd 10mg, 40mg	2 per day
Viibryd 20mg	1 per day
Viibryd Starter Kit	1 kit

Clinical Background Information and References

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4. Wolfe F, Clauw DJ, Fitzcharles M, et al. The American College of Rheumatology Preliminary Diagnostic Criteria for Fibromyalgia and Measurement of Symptom Severity. Arthritis Care Res. 2010 May;62(5):600-610.
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7. Goldenberg DL. Pharmacological treatment of fibromyalgia and chronic musculoskeletal pain. Best Practice & Research Clinical Rheumatology 2007; 21: 499-511.
8. Katon W, Ciechanowski P. Initial treatment of depression in adults. UptoDate®. Accessed August 2013, available at http://www.uptodate.com
9. Casper RF. Menopausal hot flashes. UptoDate®. Accessed August 2013, available at http://www.uptodate.com.
10. Prescribing Information. Trintellix, vortioxetine. Takeda. Deerfield, IL. May 2016.
11. Prescribing Information. Fetzima, levomilnapcipran. Forest Pharmaceuticals. St. Louis, MO. July 2014.

Original Approval Date	Original Effective Date	Policy Owner	Approved by
9/10/2020	1/1/2021	Pharmacy Services	Pharmacy & Therapeutics (P&T) Committee

Policy Revisions History			
Review Date	**Summary of Revisions**	**Revision Effective Date**	**Approved by**
9/10/2020	9.151 Antidepressants Policy retired, new policy created. Moving duloxetine 40mg to NF, removing from policy. Removing documentation language. Added diagnosis requirement for Emsam.	1/1/2021	P&T Committee
2/11/2021	Annual policy review, updated coverage duration from 2 years to 1 year, updated language for venlafaxine tablets.	6/1/2021	P&T Committee

Next Review Date

2/2022

Other Applicable Policies

9.500 Pediatric Behavioral Health Medication Initiative

Reference to Applicable Laws and Regulations, If Any

Disclaimer Information

Medical Policies are the Plan's guidelines for determining the medical necessity of certain services or supplies for purposes of determining coverage. These Policies may also describe when a service or supply is considered experimental or investigational, or cosmetic. In making coverage decisions, the Plan uses these guidelines and other Plan Policies, as well as the Member's benefit document, and when appropriate, coordinates with the Member's health care Providers to consider the individual Member's health care needs.

Plan Policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization standards (including NCQA). Medical Policies are also developed, as appropriate, with consideration of the medical necessity definitions in various Plan products, review of current literature, consultation with practicing Providers in the Plan's service area who are medical experts in the particular field, and adherence to FDA and other government agency policies. Applicable state or federal mandates, as well as the Member's benefit document, take precedence over these guidelines. Policies are reviewed and updated on an annual basis, or more frequently as needed. Treating providers are solely responsible for the medical advice and treatment of Members.

The use of this Policy is neither a guarantee of payment nor a final prediction of how a specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement.