Washington State Health Care Authority

Antidepressants: Serotonin Modulators

Medical policy no. 58.12.00-1 Effective Date: February 1, 2022

Note: *New-to-market drugs included in this class based on the Apple Health Preferred Drug List are non-preferred and subject to this prior authorization (PA) criteria. Non-preferred agents in this class require an inadequate response or documented intolerance due to severe adverse reaction or contraindication to at least TWO preferred agents. If there is only one preferred agent in the class documentation of inadequate response to ONE preferred agent is needed. If a drug within this policy receives a new indication approved by the Food and Drug Administration (FDA), medical necessity for the new indication will be determined on a case-by-case basis following FDA labeling.*

To see the list of the current Apple Health Preferred Drug List (AHPDL), please visit: https://www.hca.wa.gov/assets/billers-and-providers/apple-health-preferred-drug-list.xlsx

Background

Major depressive disorder is a common and serious medical illness that can cause feelings of sadness, loss of interest in activities, and lower productivity. Antidepressants are medications that can help relieve symptoms of depression by correcting chemical imbalances of neurotransmitters in the brain. Serotonin modulator antidepressants act by altering the activity of various post-synaptic serotonin receptors in addition to inhibiting the reuptake of serotonin.

Medical necessity

Drug	Medical Necessity
nefazodone vilazodone (Viibryd) vortioxetine (Trintellix)	Serotonin modulators may be considered medically necessary in patients who meet the criteria described in the clinical policy below. If all criteria are not met, but there are documented medically necessary or situational circumstances, based on the professional judgement of the clinical reviewer, requests may be approved on a case-by-case basis up to the initial authorization duration.

Clinical policy:

Clinical Criteria	
Major Depressive Disorder	Serotonin modulators may be authorized when **ALL** of the following are met **OR** when the client is already established on the medication and the request is a continuation of therapy (samples do **NOT** count towards the established requirement): 1. Clients 17 years of age or younger may require a second opinion review with the agency-designated mental health specialist from the Second Opinion Network (SON); **OR** 2. Client is 18 years of age or older; **AND** 3. Diagnosis of major depressive disorder; **AND** 4. Trial and failure of **THREE** preferred antidepressants which are from at least **TWO** different Apple Health antidepressant subclasses (i.e. two

	selective serotonin reuptake inhibitors and one norepinephrine-dopamine reuptake inhibitor); a. Apple Health antidepressant subclasses eligible to meet **Clinical Criteria 4a** include the following: i. Alpha-2 Receptor Antagonists (Tetracyclics) ii. Monoamine Oxidase Inhibitors (MAOI) iii. Norepinephrine-Dopamine Reuptake Inhibitors iv. Selective Serotonin Reuptake Inhibitors (SSRI) v. Selective Serotonin-Norepinephrine Reuptake Inhibitors (SNRI) vi. Tricyclic Agents If all of the above criteria are met, the request may be **approved for 1 year.** Reauthorization is required if the patient has a 60 day or greater break in treatment in the last 114 days. If all criteria are not met, but there are documented medically necessary or situational circumstances, based on the professional judgement of the clinical reviewer, requests may be approved on a case-by-case basis up to the initial authorization duration.

Dosage and quantity limits

Indication	Dose and Quantity Limits
Major Depressive Disorder	• Nefazodone: 600 mg per day, maximum of 4 tablets per day • Vilazodone (Viibryd): 40 mg per day, maximum of 1 tablet per day • Vortioxetine (Trintellix): 20 mg per day, maximum of 1 tablet per day

History

Date	Action and Summary of Changes
4/21/2022	Updated criteria authorization language to clarify length of approvals (1 year) and reauthorization is required if 60 day or greater break in last 114 days.
10/15/2021	Added implementation date of 2/1/2022
08/31/2021	Updating criteria authorization language to clarify reauthorization is only required if the patient has a 60 day or greater break in treatment.
08/18/2021	Approved by DUR Board
5/27/2021	New policy created