

Antidepressants: Serotonin Modulators

Medical policy no. 58.12.00-1

Effective Date: TBD

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): <ol style="list-style-type: none"> 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

	<p>selective serotonin reuptake inhibitors and one norepinephrine-dopamine reuptake inhibitor);</p> <p>a. Apple Health antidepressant subclasses eligible to meet Clinical Criteria 4a include the following:</p> <ol style="list-style-type: none"> 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 <p>If all of the above criteria are met, the request may be approved for as long as the client shows previous history of medication use within the last 60 days.</p> <p>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.</p>
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Dosage and quantity limits

Indication	Dose and Quantity Limits
Major Depressive Disorder	<ul style="list-style-type: none"> • 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
5/27/2021	New policy created

Antidepressants: Serotonin Modulators

Please provide the information below, please print your answer, attach supporting documentation, sign, date, and return to our office as soon as possible to expedite this request. **Without this information, we may deny the request in seven (7) working days.**

Apple Health Preferred Drug list: <https://www.hca.wa.gov/assets/billers-and-providers/apple-health-preferred-drug-list.xlsx>

Date of request:	Reference #:	MAS:	
Patient	Date of birth	ProviderOne ID	
Pharmacy name	Pharmacy NPI	Telephone number	Fax number
Prescriber	Prescriber NPI	Telephone number	Fax number
Medication and strength		Directions for use	Qty/Days supply
<p>1. Is this a continuation of therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, does patient have documented positive clinical response? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Indicate patient's diagnosis: <input type="checkbox"/> Major Depressive Disorder <input type="checkbox"/> Other. Specify:</p> <p>3. Has patient tried and failed three preferred antidepressants which are from at least two of the following Apple Health antidepressant subclasses? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> <input type="checkbox"/> Alpha-2 Receptor Antagonists (Tetracyclics) <input type="checkbox"/> Monoamine Oxidase Inhibitors (MAOI) <input type="checkbox"/> Norepinephrine-Dopamine Reuptake Inhibitors <input type="checkbox"/> Selective Serotonin Reuptake Inhibitors (SSRI) <input type="checkbox"/> Selective Serotonin-Norepinephrine Reuptake Inhibitors (SNRI) <input type="checkbox"/> Tricyclic Agents <p>4. Indicate all antidepressants patient has tried and failed, with length of time tried and reason for discontinuation:</p>			
Chart notes are required with this request			
Prescriber signature	Prescriber specialty	Date	