

PROGRAM: SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRI)

DESCRIPTION

The purpose of this document is to provide approval criteria and guidelines for prior authorization of benefits (PAB) for brand name Selective Serotonin Reuptake Inhibitor (SSRI) antidepressants prior to being a covered benefit. Claims submitted without obtaining prior authorization of benefits will reject on the pharmacy claim system.

FORMULARY

Fluoxetine 60 mg
Luvox CR
Paxil 10 mg/5 ml Suspension
Pexeva
Sarafem (all dosage forms)

APPROVAL DURATION AND QUANTITY LIMITS

Approval Duration: Lifetime

APPROVAL CRITERIA

I. Requests for a *Non-Preferred* brand name SSRI may be approved if the patient meets one of the following criteria:

- A. Patient has had an inadequate treatment response to or an adverse event with a trial of at least two first line agents: citalopram, fluoxetine (not brand Fluoxetine 60 mg), fluvoxamine, paroxetine, paroxetine controlled-release, or sertraline **OR**
- B. Patient is currently being treated with the requested Non-Preferred single source brand name SSRI agent (including brand Fluoxetine 60 mg) in the last 60 days.

LOOK BACK CRITERIA IN CLAIMS SYSTEM

365 day look back for a 5 day supply of two generic SSRI's (not brand Fluoxetine 60 mg) **OR** 60 day look back for continuation of current therapy; if yes, approve, if no, reject for PA.