PHARMACY POLICY – 5.01.520
Antidepressants: Pharmacy Medical Necessity Criteria for Brands

Effective Date: Jan. 1, 2020
Last Revised: Dec. 10, 2019
Replaces: N/A

RELATED MEDICAL POLICIES:
5.01.521 Pharmacologic Treatment of Neuropathy, Fibromyalgia, and Seizure Disorders
5.01.605 Medical Necessity Criteria for Pharmacy Edits

Select a hyperlink below to be directed to that section.

POLICY CRITERIA | CODING | RELATED INFORMATION
EVIDENCE REVIEW | REFERENCES | HISTORY

∞ Clicking this icon returns you to the hyperlinks menu above.

Introduction

Drugs are grouped into classes. Drugs can be in the same class because they work in the same way, have a similar chemical structure, or are used for the same purpose. There are a number of drug classes for antidepressant drugs. These include monoamine oxidase inhibitors (MAOIs), tricyclic antidepressants (TCAs), selective serotonin reuptake inhibitors (SSRIs), and serotonin-norepinephrine reuptake inhibitors (SNRIs). MAOIs and TCAs were the first drugs developed in the 1950s and are considered first-generation antidepressants. Because antidepressants like SSRIs and SNRIs were developed later they are considered second-generation antidepressants. Like most drugs, second-generation antidepressants come in both brand and generic form. The active ingredients in generic drugs are chemically identical to the active ingredients in brand name drugs. Because generic drugs have the same active ingredients as brand name drugs, they are usually tried first. This policy describes when brand-name second-generation antidepressants may be considered medically necessary.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.
## Policy Coverage Criteria

### Purpose

<table>
<thead>
<tr>
<th>To treat depression</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical Necessity</strong></td>
</tr>
<tr>
<td>Branded selective serotonin reuptake inhibitor (SSRI), serotonin/norepinephrine reuptake inhibitor (SNRI), and any second generation antidepressant, when used to treat depression, may be considered medically necessary when there has been a trial and failure of at least two generically available second generation antidepressants.</td>
</tr>
</tbody>
</table>

**Note:** For diagnosis of diabetic peripheral neuropathy, chronic musculoskeletal pain or fibromyalgia, see Related Policies.

### Additional Requirements

**Single Source Branded SSRI, SNRI and any other Single Source Brand (SSB) second generation antidepressants may be covered under the following circumstances:**

- Patients with Depressive Disorders that have had a trial and failure of at least two generically available second generation antidepressants. Examples include but are not limited to:
  - fluoxetine, sertraline, venlafaxine, bupropion, mirtazapine
- Patients with Anxiety Disorders that have had a trial and failure of at least two generically available SSRIs, or at least one generically available SSRI and one generically available SNRI. Examples include but are not limited to:
  - SSRI: citalopram, escitalopram, paroxetine, fluoxetine, sertraline
  - SNRI: duloxetine, venlafaxine

### Coding

N/A

### Related Information
Benefit Application

This policy applies to all pharmacy benefit contracts that include Pharmacy Prior Authorization Edits.

This policy is managed through the Pharmacy benefit.

Evidence Review

Description

Pathophysiology of Depression

While the pathology of depression is far from completely understood, it is apparent that both heredity and environmental factors play a part. Genetic microarray techniques are being used to identify candidate genes, with the hope of developing a pharmacogenomic approach to predicting which drugs will be most effective in each patient. However, this knowledge is still in its infancy, and its practical application will be some time in the future. For now, practitioners must continue using empiric approaches to treatment, both pharmacologic and otherwise.

Disease Burden

More than 18 million Americans suffer from depression. Over 15% will experience at least one major depressive episode during their lifetimes. Exact prevalence rates are difficult to determine because of the extent to which depression goes unreported. It occurs twice as frequently in women as in men. A recent meta-analysis showed that depressed persons have a 1.5-2 fold increased risk of mortality.

In 2000, the economic burden of depression in the U.S. was estimated to be $83.1 billion. Indirect costs include related mortality and morbidity, as well as significant amounts of absenteeism and presenteeism that can impact workplace productivity. Quality of life of patients and those around them also suffer.
Pharmacotherapy

A recent overview of the various treatment modalities used in depression was provided in Lancet by Ebmeier et al. Treatments include a variety of cognitive behavioral approaches, psychotherapy, treatment with antidepressant medications and in severely resistant cases, electroconvulsive therapy. Of the nonpharmacologic treatment modalities, cognitive behavioral approaches have the best supporting evidence. Drugs used to treat depression include selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs), monoamine oxidase inhibitors (MAOIs) and several agents with combinations of serotonergic, noradrenergic and dopaminergic activity.

This policy applies to the following medications:

- Single Source Branded (SSB) selective serotonin reuptake inhibitor (SSRI), serotonin/norepinephrine reuptake inhibitor (SNRI) and any other Single Source Brand (SSB) second generation antidepressants (antidepressants other than tricyclic and MAOIs).

Summary of Evidence

Current evidence from head-to-head comparative trials of second-generation antidepressants, systematic reviews, and meta-analyses indicates these agents are of comparable efficacy and effectiveness as measured by HAM-D or MADRS response (>50% improvement), though one study reported a statistically superior but modest improvement in MADRS score with escitalopram compared to citalopram. Overall, the data support for a meaningful difference is not compelling.

Evidence from four small comparative effectiveness trials failed to provide compelling evidence of the superiority of escitalopram. In the one study that showed a statistically significant difference in the primary endpoint (change from baseline in MADRS score), the effect size was modest, and p value was barely significant.

Two longer-term (≥6 month) efficacy and safety studies of duloxetine (Cymbalta) have been published, and the manufacturer supplied data on two unpublished trials. Although not compelling, evidence now supports the relative safety of longer-term (6 month to 1 year) use of duloxetine for the treatment of major depressive disorder. Other evidence also shows comparable efficacy with venlafaxine and comparable onset of effect with escitalopram.

A meta-analysis of 117 small randomized controlled trials including 25,928 patients compared 12 “new generation” antidepressants for efficacy and tolerability. The authors concluded that
escitalopram and sertraline offered the best combination of efficacy and patient acceptability. Of the two, they felt that sertraline might be the best choice when starting treatment, because it has the best balance between efficacy, safety and cost. Although well-designed, this study is limited by the size and heterogeneity of the individual trials that were included. In particular, the evidence supporting superiority of escitalopram over citalopram is based on 5 small trials, all of which were manufacturer-sponsored. There is no clinical reason to expect a meaningful difference between these two agents, assuming that the doses of the S-isomer are equal.

A similar meta-analysis of 203 studies yielded no substantial differences among agents. The authors concluded that the body of existing evidence does not favor selection of one particular antidepressant over the others based on efficacy or effectiveness.

U.S. guidelines for the treatment of adults with depression from the American Psychiatric Association recommend use of antidepressants as preferred initial treatment or as a part of a preferred initial treatment regimen for most patients with any level of severity of MDD. Initial choice of medication should consider anticipated side effects, safety or tolerability of side effects for individual patients, patient preference, quantity and quality of clinical trial data, and cost. Based on these factors, the APA indicates SSRIs, desipramine, nortriptyline, bupropion, venlafaxine, and mirtazapine are likely to be effective for most patients.

2009 Update

A literature search was performed for March 2009 through December 2009. No published randomized studies were found that would change the policy statements.

2011 Update

Updated to incorporate reference to newly U.S. Food and Drug Administration (FDA-approved indication for Cymbalta in chronic musculoskeletal pain). No other significant updates to the literature were found.

2012 Update

Updated to allow for recent availability of generic escitalopram; thus, trial of generic citalopram is no longer a specific requirement for access to Lexapro. No other significant updates to the literature were found.
2014 Update

Updated to include newly available generic duloxetine and Khedezla, a new venlafaxine extended release product. No other significant changes to the literature were found at this time.

2015 Update

Expanded the indication of Major Depressive Disorder to Depressive Disorders; Expanded the indication of Generalized Anxiety Disorder to Anxiety Disorders. Updated these new expanded indications with separate criteria: For patients with Depressive Disorders, trial and failure of at least two generically available second generation antidepressants; or patients with Anxiety Disorders, trial and failure of at least two generically available SSRIs, or at least one generically available SSRI and one generically available SNRI.

2016 Update

A literature search was performed for April 1, 2015 through December 6, 2016. No published randomized studies were found that would change existing policy statements.

2017 Update

A literature search was performed for July 1, 2016 through November 2, 2017. No published studies were found that would change existing policy statements.

2019 Update

A literature search was performed for December 1, 2018 through November 30, 2019. No published studies were found that would change existing policy statements.


74. Criteria reviewed and approved by the P&T Committee September 26, 2006.


<table>
<thead>
<tr>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/13/05</td>
<td>Add to Prescription Drug Section - New Policy—effective January 1, 2006.</td>
</tr>
<tr>
<td>08/08/06</td>
<td>Replace Policy - Policy reviewed with literature search by Pharmacy and Therapeutic Committee on July 25, 2006. Policy statement updated with exenatide and thiazolidinediones added as medically necessary; Policy Guidelines and Rationale sections updated; references added.</td>
</tr>
<tr>
<td>05/08/07</td>
<td>Replace Policy - Policy statement for exenatide updated with additional criteria; Policy Guidelines updated to reflect addition to policy statement. Reviewed by P&amp;T on March 27, 2007.</td>
</tr>
<tr>
<td>06/12/07</td>
<td>Replace Policy - Policy statement on coverage criteria for exenatide (Byetta®), sitagliptin and esomeprazole (Nexium®) expanded; medically necessary indications for 5HT3 antagonists, Actiq® and Fentora™ added to policy statement. Policy Guidelines updated and Rationale updated; references added.</td>
</tr>
<tr>
<td>12/11/07</td>
<td>Replace Policy - Policy reviewed with literature search by Pharmacy and Therapeutic Committee on May 15, 2007. Policy statement updated to include Pregabalin as either medically necessary or investigational under the criteria. Acyclovir, famciclovir and valacyclovir as medically necessary under criteria. References added.</td>
</tr>
<tr>
<td>04/08/08</td>
<td>Replace Policy - Policy updated with literature search by Pharmacy. Policy statement was updated to include fibromyalgia as a medically necessary indication under Pregabalin. References added.</td>
</tr>
<tr>
<td>12/16/08</td>
<td>Replace Policy - Policy updated with literature search by Pharmacy. Policy statement updated to include the use of leukotrience modifiers for the treatment of allergic rhinitis refractory to nasal corticosteroids under the medically necessary indication.</td>
</tr>
<tr>
<td>02/10/09</td>
<td>New PR Policy PR.5.01.520 - Policy information regarding antidepressants deleted from PR.5.01.605 and addressed in this new policy.</td>
</tr>
<tr>
<td>01/12/10</td>
<td>Replace Policy - Policy reviewed with literature search; no change to the policy statement. References added.</td>
</tr>
<tr>
<td>05/10/11</td>
<td>Replace Policy - Medically necessary policy statement on branded SSRI, SSNI and second generation antidepressants updated to require trial and failure two generic antidepressants as a condition to be met, where it was previously only one; chronic musculoskeletal pain has been added as an exception to the investigational indications for use of duloxetine (Cymbalta®). Title changed to “Antidepressants: Pharmacy Medical Necessity Criteria for Brands.” Reviewed by P&amp;T in March 2011.</td>
</tr>
<tr>
<td>09/11/12</td>
<td>Replace policy. Policy updated with literature review. Policy Guidelines section updated to allow for recent availability of generic escitalopram; thus, trial of generic citalopram is no longer a specific requirement for access to Lexapro.</td>
</tr>
<tr>
<td>07/08/13</td>
<td>Replace policy. Policy Guidelines updated with Desvenlafaxine, a recently released second-generation SSRI used for treating depression, which may be approved following the failure of two generics, one being venlafaxine. Clarification was added to the policy that it is managed through the member’s pharmacy benefit; this is now</td>
</tr>
</tbody>
</table>
**Date** | **Comments**
--- | ---
12/04/13 | Replace policy. Policy section updated with Khedezla™ added to the list of SSRIs which may be approved when criteria are met.
03/10/14 | Replace policy. Cymbalta removed from the scope of policy; prior authorization is no longer required. (NOTE: This is a non-formulary medication; therefore, prior authorization would be required for closed formulary.)
10/13/14 | Interim update. Clarification made that policy applies to branded SSRI (selective serotonin reuptake inhibitor) and second generation antidepressants (antidepressants other than tricyclic and MAOI agents) from a single source.
07/14/15 | Annual Review. Policy updated with literature review. The following updates were performed: Expanded the indication of Major Depressive Disorder to Depressive Disorders; Expanded the indication of Generalized Anxiety Disorder to Anxiety Disorders; Updated these new expanded indications with separate criteria: For patients with Depressive Disorders, trial and failure of at least two generically available second generation antidepressants, and for patients with Anxiety Disorders, trial and failure of at least two generically available SSRIs, or at least one generically available SSRI and one generically available SNRI.
10/13/15 | Interim Update. Requirements of venlafaxine trial for Pristiq, Khedezla or Desvenlafaxine were removed. All brand antidepressants will have same criteria of any 2 generics first. No change to policy statement.
01/01/17 | Annual Review, approved December 13, 2016. No published randomized studies were found that would change existing policy statements. Minor correction was made to the 2015 update, ie, addition of “trial and failure of a generically available SNRI.”
12/01/17 | Annual Review, approved November 21, 2017. No published randomized studies were found that would change existing policy statements.
11/01/18 | Annual Review, approved October 26, 2018. No changes to policy.
01/01/20 | Annual Review, approved December 10, 2019. No changes to policy statement.

**Disclaimer:** This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2020 Premera All Rights Reserved.

**Scope:** Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member
benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.
Discrimination is Against the Law

Premera Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Premera:
• Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
• Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:
Civil Rights Coordinator - Complaints and Appeals
PO Box 91102, Seattle, WA 98111
Toll free 855-332-4535, Fax 425-918-5592, TTY 800-842-5357
Email AppealsDepartmentInquiries@Premera.com

You can also file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:
U.S. Department of Health and Human Services
200 Independence Avenue SW, Room S09F, HHH Building
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost.
Call 800-722-1471 (TTY: 800-842-5357).

Arabic (Arabic):
لا يجوز لأي من هذه المعلومات أن تكون مأخوذة من قبل أي شخص أو جماعة. قد يحتوي هذا الإشعار على معلومات متعلقة بالرعاية الصحية التي قد تحول إلى عملية حملة على حسابات التأمين الصحي والرعاية الصحية. إذا كنت تعتقد أنك قد تحصل على معلومات عن تقديم خدمات الرعاية الصحية من قبل Premera Blue Cross في هذا الإشعار، فعليك أن تحقق أن المعلومات التي تحصل عليها من قبل Premera Blue Cross هي من المصداقية وليست معلومات غير دقيقة أو مجهولة المصدر. الرجاء الاتصال بنا عبر رقم هاتف 800-722-1471 (TTY: 800-842-5357).

中文 (Chinese):
本通知有重要的讯息。本通知可能有关於您透過 Premera Blue Cross 提交的申請或保障的重要訊息。本通知內可能有重要日期。您可能需要在截止日期之前採取行動。以保留您的健康保險或費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 800-722-1471 (TTY: 800-842-5357).

Oromoo (Cushite):
Japanese (Japanese):
この通知には重要な情報が含まれています。この通知には、Premera Blue Crossの申請または補償範囲に関する重要な情報が含まれている場合があります。この通知には記載されている可能性がある重要な日付をご確認ください。健康保険や無料サポートを維持するには、特定の期限までに行動を取りなされない場合があります。ご自身の言語による情報とサポートが無料で提供されます。800-722-1471 (TTY: 800-842-5357)まで電話ください。

한국어 (Korean):
본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 Premera Blue Cross 및 전문 커버리지를 관할 정보를 포함하고 있음을 수 있습니다. 귀하의 귀하의 행정 커버리지를 계속 유지하거나 비용을 절약하기 위해서 필요한 마감일정 조치를 취해야 할 필요가 있을 수 있습니다. 귀하의 이러한 정보에 관계를 귀하의 만족을 비용 부담없이 줄 수 있는 권리가 있습니다. 800-722-1471 (TTY: 800-842-5357)로 전화하십시오.

Português (Portuguese):
Este aviso contém informações importantes. Este aviso poderá conter informações importantes a respeito de sua aplicação ou cobertura por meio do Premera Blue Cross. Poderão existir datas importantes neste aviso. Talvez seja necessário que você tome providências dentro de determinados prazos para manter sua cobertura de saúde ou ajuda de custos. Você tem o direito de obter esta informação e ajuda em seu idioma e sem custos. Ligue para 800-722-1471 (TTY: 800-842-5357).

Română (Romanian):

Russian (Russian):
Настоящее уведомление содержит важную информацию. Это уведомление может содержать важную информацию о вашем заявлении или страховом покрытии через Premera Blue Cross. В настоящем уведомлении могут быть указаны ключевые даты. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 800-722-1471 (TTY: 800-842-5357).

Español (Spanish):
Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera Blue Cross. Es posible que haya fechas claves en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 800-722-1471 (TTY: 800-842-5357).

Tagalog (Tagalog):

ไทย (Thai):
ประกาศนี้มีข้อมูลสำคัญ ประกาศนี้มีข้อมูลสำคัญเกี่ยวกับการสัมพันธ์ของคุณกับ Premera Blue Cross และข้อมูลที่ใช้ในการคิดค่าคุณค่าของคุณ คุณควรทราบในกสัญญาหรือข้อตกลงที่แสดงไว้ในประกาศนี้สัญญาในการเก็บเกี่ยวของคุณ carácter de que มีไว้ใช้ คุณมีสิทธิ์ให้ได้รับข้อมูลและความช่วยเหลือในการเก็บเกี่ยวไม่มีค่าใช้จ่าย โทร 800-722-1471 (TTY: 800-842-5357).

Український (Ukrainian):
Це повідомлення містить важливу інформацію. Це повідомлення може містити важливу інформацію про Ваше звернення щодо страхувального покриття через Premera Blue Cross. Зверніть увагу на ключові дати, які можуть бути вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретні кінцеві строки для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дозвоніться за номером телефону 800-722-1471 (TTY: 800-842-5357).

Tiếng Việt (Vietnamese):