Drug/Drug Class: SSRI Step Therapy Edit
First Implementation Date: October 26, 2005
Revised Date: January 23, 2020
Prepared for: MO HealthNet
Prepared by: MO HealthNet/Conduent
Criteria Status: ☒ Revision of Existing Criteria

Executive Summary

Purpose: Ensure appropriate use of selective serotonin reuptake inhibitor (SSRI) agents

Why Issue Selected: MO HealthNet will assess the usage of SSRI agents in the pharmacy program with a primary goal of patient safety. Participants may have multiple prescribers and/or multiple pharmacies caring for them, and without a clinical edit it is almost impossible to prevent duplication within a drug class, dangerous drug interactions, or overmedication. By using medical evidence guidelines, this clinical edit can flag potentially dangerous duplicate and high dose therapy for SSRI agents. The edit helps to provide an “early warning alert” to the pharmacist filling the prescription and the prescribing physician. As always, if a provider wishes to override a denial for medically necessary reasons, a claim can be approved with further medical input through direct communication with the MHD Hotline.

Program-Specific Information:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Claims</th>
<th>Spend</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSRI agents</td>
<td>225,013</td>
<td>$5,970,507.40</td>
</tr>
</tbody>
</table>

Type of Criteria: ☒ Increased risk of ADE, ☐ Preferred Drug List

Data Sources: ☐ Only Administrative Databases, ☒ Databases + Prescriber-Supplied

Setting & Population

- Drug class for review: selective serotonin reuptake inhibitor (SSRI) agents
- Age range: all appropriate MO HealthNet participants aged 5 years and older
Approval Criteria

Reference Products: Citalopram, Escitalopram, Fluoxetine, Fluvoxamine, Paroxetine and Sertraline

- Participant aged 5 years or older AND
- Documented compliance to current SSRI therapy regimen (90 days in the past 120 days) OR
- Documented adequate initial therapeutic intervention with 1 or more reference products OR
- Documented ADE/ADR to reference products AND
- Documented appropriate diagnosis required for:
  - participants < 18 years of age OR
  - participants < 26 years of age who are also enrolled in foster care

Denial Criteria

- Therapy will be denied if no approval criteria are met
- Dose exceeds maximum dosage limits (see Appendix A)
- For participants < 18 years of age: history of > 2 SSRI agents for more than 30 days in the past 90 days
- For participants ≥ 18 years of age: history of > 2 SSRI agents for more than 60 days in the past 90 days
- Participant is on more than one SSRI agent and one SNRI agent concurrently for more than 30 days

Required Documentation

Laboratory Results:
MedWatch Form:
Other:

Disposition of Edit

Denial: Exception code “681” (Step Therapy)

Appendix A

<table>
<thead>
<tr>
<th>Drug Description</th>
<th>Generic Equivalent</th>
<th>Max Daily Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Celexa</td>
<td>Citalopram</td>
<td>60mg</td>
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<tr>
<td>Lexapro</td>
<td>Escitalopram</td>
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<tr>
<td>Prozac</td>
<td>Fluoxetine</td>
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<td>Luvox</td>
<td>Fluvoxamine</td>
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<td>Paroxetine</td>
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<td>Zoloft</td>
<td>Sertraline</td>
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<td>Trintellix</td>
<td>Vortioxetine</td>
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<td>Viibryd</td>
<td>Vilazodone</td>
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</table>

References