

# PHARMACY PRE-AUTHORIZATION CRITERIA



<b>DRUG (S)</b>	<p><u>Antidepressants</u></p> <p><u>Selective Serotonin Reuptake Inhibitor (SSRI)</u></p> <p>Fluoxetine 60mg                      Luvox CR (fluvoxamine)                      Pexeva (paroxetine)                      Prozac Weekly (fluoxetine)                      Viibryd (vilazodone)</p> <p><u>Serotonin and Norepinephrine Reuptake Inhibitors (SNRI)</u></p> <p>Desvenlafaxine Fumarate                      Fetzima (levomilnacipran)                      Khedezia (desvenlafaxine)</p>							
<b>POLICY #</b>	11126							
<b>INDICATIONS</b>	<p><b>Luvox CR</b></p> <ul style="list-style-type: none"> <li>• Obsessive-Compulsive Disorder</li> </ul> <p><b>Pexeva</b></p> <ul style="list-style-type: none"> <li>• Major depressive disorder</li> <li>• General anxiety disorder</li> <li>• Panic Disorder</li> <li>• Obsessive compulsive disorder</li> </ul> <p><b>Viibryd, Fluoxetine 60mg, Prozac Weekly, Desvenlafaxine Fumarate, Fetzima, and Khedezla</b></p> <ul style="list-style-type: none"> <li>• Major Depressive Disorder</li> </ul>							
<b>CRITERIA</b>	<p><b>First-line agents:</b> escitalopram, citalopram, fluoxetine, fluvoxamine immediate-release, paroxetine IR or CR, and sertraline</p> <p><b>Second-line agents:</b> Luvox CR, Pexeva, Prozac Weekly, Viibryd</p> <p><b>Third-line agents:</b> Desvenlafaxine Fumarate, Fetzima, Khedezla</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">DRUG</th> <th style="width: 35%;">FREEDOM DRUG LIST Step Requirements</th> <th style="width: 35%;">COMMERCIAL DRUG LIST Step Requirements</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">Fluoxetine 60mg &amp; Prozac Weekly</td> <td style="vertical-align: top;"> <p><u>One of these:</u></p> <ul style="list-style-type: none"> <li>• Failure of <b>two</b> first-line agents</li> <li>• Previous use of this agent with success and discontinued use</li> </ul> </td> <td style="vertical-align: top;"> <p><u>One of these:</u></p> <ul style="list-style-type: none"> <li>• Failure of <b>one</b> first-line agent</li> <li>• Previous use of this agent with success and discontinued use</li> </ul> </td> </tr> </tbody> </table>		DRUG	FREEDOM DRUG LIST Step Requirements	COMMERCIAL DRUG LIST Step Requirements	Fluoxetine 60mg & Prozac Weekly	<p><u>One of these:</u></p> <ul style="list-style-type: none"> <li>• Failure of <b>two</b> first-line agents</li> <li>• Previous use of this agent with success and discontinued use</li> </ul>	<p><u>One of these:</u></p> <ul style="list-style-type: none"> <li>• Failure of <b>one</b> first-line agent</li> <li>• Previous use of this agent with success and discontinued use</li> </ul>
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<b>Viibryd &amp; Luvox CR</b>	<u>One of these:</u> <ul style="list-style-type: none"> <li>• Failure of <b>one</b> first-line agent</li> <li>• Previous use of this agent with success and discontinued use</li> </ul>	<u>One of these:</u> <ul style="list-style-type: none"> <li>• Failure of <b>one</b> first-line agent</li> <li>• Previous use of this agent with success and discontinued use</li> </ul>
<b>Fetzima, Khedezla, &amp; Desvenlafaxine Fumarate (Not Pristiq),</b>	<u>One of these:</u> <ul style="list-style-type: none"> <li>• Failure or intolerance to Effexor XR</li> <li>• Failure or intolerance to Duloxetine</li> <li>• Previous use of this agent with success and discontinued use</li> </ul>	<u>One of these:</u> <ul style="list-style-type: none"> <li>• Failure or intolerance to Effexor XR</li> <li>• Failure or intolerance to Duloxetine</li> <li>• Previous use of this agent with success and discontinued use</li> </ul>
<b>Pexeva</b>	<u>One of these:</u> <ul style="list-style-type: none"> <li>• Failure of <b>two</b> first-line agents</li> <li>• Previous use of this agent with success and discontinued use</li> </ul>	<u>One of these:</u> <ul style="list-style-type: none"> <li>• Failure of <b>one</b> first-line agents</li> <li>• Previous use of this agent with success and discontinued use</li> </ul>

### LIMITATIONS

Note: ConnectiCare does not consider poor metabolism of CYP2D6 to be a clinical reason to use one antidepressant over another.

In 2007, the independent Evaluation of Genomic Applications in Practice and Prevention (EGAPP™) Working Group determined that there was not enough evidence to state whether CYP450 genotyping should or should not be used to help health care providers make decisions about beginning SSRI treatment in adults with non-psychotic depression. They discouraged use of such testing until more studies evaluating potential harms and benefits are conducted.

Based on the maximum daily dose the following quantities will be limited to:  
 Prozac Weekly-quantity limited to 4 capsules per month  
 Pristiq-quantity limited to 1 capsule/day

### REFERENCES

1. Pristiq prescribing information, Pfizer pharmaceuticals
2. Viibryd prescribing information, Merck KGaA, Darmstadt, Germany
3. Hansen RA, Gartlehner G, Lohr KN, et al. Efficacy and safety of second-generation antidepressants in the treatment of major depressive disorder. *Ann Intern Med.* 2005;143:415-426.
4. Burke WJ. Selective versus multi-transmitter antidepressants: are two mechanisms better

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	<p>than one? <i>J Clin Psychiatry</i>. 2004;65 Suppl 4:37-45.</p> <p>5. Dunn, Jeffrey D., Tierney, John G. A Step Therapy Algorithm for the Treatment and Management of Chronic Depression. <i>The American Journal of Managed Care</i>. 2006;12 (12 supplement):335-342.</p> <p>6. Facts &amp; Comparisons Online</p>
<b>P&amp;T REVIEW HISTORY</b>	<p>12/06, 6/07, 3/08, 6/08, 9/08, 3/09, 6/09, 9/09, 9/10, 4/11, 12/11, 10/12, 10/13, 10/14, 11/15, 5/16, 2/17, 5/17, 1/18</p>
<b>REVISION RECORD</b>	<p>6/07, 3/08, 8/08, 3/09, 6/09, 12/09, 12/10, 4/11, 12/11, 6/12, 11/13, 12/13, 4/14, 5/14, 12/14, 9/15, 12/15, 2/16, 5/17</p>