AHCCCS Behavioral Drug List Prior Authorization Guidelines

Concomitant Antidepressant Treatment

Effective Date: July 1, 2015

Approved Indication:
Treatment Resistant Depression
Obsessive Compulsive Disorder (clomipramine with fluvoxamine)
For other uses, please submit the required prior authorization and supporting documentation. These shall be processed in conjunction with the AHCCCS Medical Policy Manual Policy 310-V.

Special Considerations:
Cross tapers may be approved for up to 60 days. For greater than 60 days, Providers must submit a prior authorization request for continued utilization of dual antidepressant therapy (excluding trazodone, mirtazapine or bupropion) in the following combinations:

1. Two SSRIs
2. An SSRI in combination with an SNRI
3. Two SNRIs
4. An SNRI in combination with Atomoxetine
5. Two Tricyclics (TCAs)
6. TCA with SSRI/SNRI

This policy excludes trazodone, mirtazapine and bupropion.

Guidelines

1. Approval will be granted when a member 18 years of age and older is cross tapering while transitioning from one medication to another over the course of 60 days.
2. Evidence of adequate trials of at least three (3) individual antidepressant agents listed on the AHCCCS Behavioral Health Drug List from at least two (2) different therapeutic classes, for 4-6 weeks at maximum tolerated doses.
   Failure is due to:
   a. An inadequate response at maximum tolerated doses,
   b. Adverse reaction(s), or
   c. Break through symptoms.

Additional Requirements:

1. Provider must provide supporting documentation that:
   a. Adherence to the treatment regimen is not a contributing factor to the inadequate response to the medication trials.
   b. Appropriate clinical monitoring has been completed for TCAs, which includes but is not limited to, TCA levels and/or an ECG at baseline and follow up.
   c. Appropriate clinical monitoring of target symptoms, adverse reactions including but not limited to signs and symptoms of serotonin syndrome, adherence to treatment, suicide risk, heart rate, blood pressure, and weight has been completed.

Concomitant Antidepressant Treatment continued

Coverage is <u>Not Authorized</u> for:

1. Members with known hypersensitivity to the requested agent(s).
2. Members not meeting the above stated criteria.
3. Members currently taking an MAOI medication.
4. Members with significant polypharmacy or concomitant psychiatric/medical co-morbidities that have a potential for adverse effects
5. Members on medication combinations, doses, or for identified indications that do not meet published practice guidelines or treatment protocols.
6. Members on medication regimens that do not have adequate safeguards or monitoring to ensure safety and reasonable expectation of response to regimen.

References:

2. American Psychiatric Association Practice Guideline for the Treatment of patients with Major Depressive Disorder, 3rd. edition. American Psychiatric Association; October 2010. http://psychiatryonline.org/content.aspx?bookid=28&sectionid=1667485 accessed 7/2/13
3. Sequenced Treatment Alternatives to Relieve Depression (STAR*D) Study
4. Rush AJ; Trivedi MH; Stewart JW; et al. Combining Medications to Enhance Depression Outcomes (CO-MED): Acute and Long-Term Outcomes of a Single-Blind Randomized Study. Am J Psychiatry 2011; 168:689-701.
5. Trivedi MH, Fava M, Wisniewski SR, et al. Medication augmentation after the failure of SSRIs for depression. N Engl J Med. 2006;354(12):1243-52.
6. Debonnel G; Saint-Andre E; Hebert C; et al. Differential Physiological Effects of a Low Dose and High Doses of Venlafaxine in Major Depression. Int J Neuropsychopharmacol. 2007 Feb; 10(1):51-61