

Louisiana Medicaid Depression - Selective Serotonin-Reuptake Inhibitors (SSRIs)

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request prior authorization for non-preferred SSRIs for recipients **76** years of age and older **AND** to request clinical authorization for **all** preferred and non-preferred SSRIs for recipients younger than **76** years of age.

Additional Point-of-Sale edits may apply.

NOTE: Some medications in this therapeutic category may have **Black Box Warnings** and/or may be subject to **Risk Evaluation and Mitigation Strategy (REMS)** under FDA safety regulations. Please refer to individual prescribing information for details.

- Brisdelle (Depression; SSRIs) requires an acceptable diagnosis code for moderate-to-severe vasomotor symptoms associated with menopause (E28.310, E89.41, N95.1) at point-of-sale.

Approval Criteria for Initial and Reauthorization Requests for Non-Preferred SSRIs for Recipients **76** Years of Age and Older

ALL of the following are required:

- There is no preferred alternative that is the exact same chemical entity, formulation, strength, etc.; **AND**
- The requested medication has been prescribed for an approved diagnosis (if applicable); **AND**
- Previous use of a preferred product - **ONE** of the following is required:
 - The recipient has had a *treatment failure* with at least one preferred product; **OR**
 - The recipient has had an *intolerable side effect* to at least one preferred product; **OR**
 - The recipient has *documented contraindication(s)* to the preferred products that are appropriate to use for the condition being treated; **OR**
 - There is *no preferred product that is appropriate* to use for the condition being treated; **OR**
 - The prescriber states that the recipient is currently using the requested medication; **AND**
- By submitting the authorization request, the prescriber attests to the following:
 - The prescribing information for the requested medication has been thoroughly reviewed, including any Black Box Warning, Risk Evaluation and Mitigation Strategy (REMS), contraindications, minimum age requirements, recommended dosing, and prior treatment requirements; **AND**
 - All laboratory testing and clinical monitoring recommended in the prescribing information have been completed as of the date of the request and will be repeated as recommended; **AND**
 - The recipient has no concomitant drug therapies or disease states that limit the use of the requested medication and will not be receiving the requested medication in combination with any other medication that is contraindicated or not recommended per FDA labeling.

Approval Criteria for Initial and Reauthorization Requests for ALL SSRIs (Preferred and Non-Preferred) When Requested for Behavioral Health for Recipients Younger Than 76 Years of Age:

- **ONE** of the following is true and is **stated on the request**:
 - The recipient has been treated in the past or is *currently receiving treatment with the requested medication with a positive response to treatment without evidence of adverse effects*, and this information is stated on the request; **OR**
 - The recipient has not previously used this medication; however, the prescriber is citing references supporting the use of the medication for the recipient's age and diagnosis (for example, a peer-reviewed journal article demonstrating the safety and efficacy of the requested medication for the indication); **OR**
 - **ALL** medication options that are appropriate for both the age and diagnosis of this recipient:
 - have been tried, resulting in **EITHER** *treatment failure* **OR** *intolerable side effects*; **OR**
 - have not been tried because of a *documented contraindication to the remaining medication options that are appropriate for the age and condition being treated*; **AND**
- For a non-preferred agent, the following conditions apply:
 - There is no preferred alternative that is the exact same chemical entity, formulation, strength, etc.; **AND**
 - The recipient has had treatment failure with at least one preferred product; **OR**
 - The recipient has had an intolerable side effect to at least one preferred product; **OR**
 - The recipient has a documented contraindication to all of the preferred products that are appropriate for the condition being treated; **OR**
 - There is no preferred product that is appropriate to use for the condition being treated; **OR**
 - The recipient is established on the medication with positive clinical outcomes; **AND**
- By submitting the authorization request, the prescriber attests to the following:
 - The prescribing information for the requested medication has been thoroughly reviewed, including any Black Box Warning, Risk Evaluation and Mitigation Strategy (REMS), contraindications, minimum age requirements, recommended dosing, and prior treatment requirements; **AND**
 - All laboratory testing and clinical monitoring recommended in the prescribing information have been completed as of the date of the request and will be repeated as recommended; **AND**
 - If the requested medication is being added to any other behavioral health medication, the recipient has been adherent to the established medication therapy without adequate resolution of symptoms; **AND**
 - The recipient has no concomitant drug therapies or disease states that limit the use of the requested medication and will not be receiving the requested medication in combination with any other medication that is contraindicated or not recommended per FDA labeling.

Duration of Initial and Reauthorization Approval: 12 months

References

Brisdelle® (paroxetine) [package insert]. Roswell, GA: Sebela Pharmaceuticals Inc.; 2017. Retrieved from https://brisdelle.com/pdf/Brisdelle_PI_0417.pdf

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; Retrieved from <https://www.clinicalkey.com/pharmacology/>

DiPiro JT, Talbert RL, Yee GC, Matzke GR, Wells BG, Posey L. eds. Pharmacotherapy: A Pathophysiologic Approach, 10e New York, NY: McGraw-Hill; Retrieved from <https://accesspharmacy.mhmedical.com/book.aspx?bookid=1861>

Revision	Date
Single PDL Implementation	May 2019
Added wording for POS diagnosis code requirement for Brisdelle®	July 2019
Separated “Select Therapeutic Classes (Established)” into individual therapeutic class documents	November 2019
Modified to apply new age requirement for behavioral health clinical authorization	September 2020