Selective Serotonin Reuptake Inhibitors (SSRIs)/Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)

Policy # 00360
Original Effective Date: 08/21/2013
Current Effective Date: 07/13/2020

Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc.(collectively referred to as the "Company"), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

When Services May Be Eligible for Coverage

Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:

- *Benefits are available in the member's contract/certificate, and*
- *Medical necessity criteria and guidelines are met.*

For Patients With "Step Therapy" (generic before brand) ONLY:

Based on review of available data, the Company may consider brand name selective serotonin reuptake inhibitor (SSRI) or serotonin-norepinephrine reuptake inhibitor (SNRI) products (including, but not limited to Paxil® [paroxetine], Paxil® CR [paroxetine], Zoloft® [sertraline], Prozac® [fluoxetine], Prozac® Weekly [fluoxetine], Luvox CR® [fluvoxamine], Celexa® [citalopram], Effexor® [venlafaxine], Effexor® XR [venlafaxine], Lexapro® [escitalopram], Pexeva® [paroxetine], Pristiq® [desvenlaxafine succinate], Fetzima® [levomilnacipran], Khedezla® [desvenlafaxine], Trintellix® [vortioxetine], Drizalma Sprinkle™ [duloxetine] or Viibryd® [vilazodone])‡ to be **eligible for coverage**** when one of the below patient selection criteria is met:

Patient Selection Criteria

Coverage eligibility for brand name selective serotonin reuptake inhibitor (SSRI) or serotonin-norepinephrine reuptake inhibitor (SNRI) products will be considered when one of the following criteria is met:

- Requested drug is ANY brand name selective serotonin reuptake inhibitor (SSRI) or serotonin-norepinephrine reuptake inhibitor (SNRI) product: There is clinical evidence or patient history that suggests the generically available products will be ineffective or cause an adverse reaction to the patient; OR
- Requested drug is ANY brand name selective serotonin reuptake inhibitor (SSRI) or serotonin-norepinephrine reuptake inhibitor (SNRI) product: Patient has tried and failed one generic selective serotonin reuptake inhibitor (SSRI) or one generic serotonin-

norepinephrine reuptake inhibitor (SNRI) (e.g. citalopram, escitalopram, sertraline, fluoxetine, venlafaxine); OR

- Requested drug is an selective serotonin reuptake inhibitor (SSRI) or serotonin-norepinephrine reuptake inhibitor (SNRI) that is not available as a generic product (e.g. Pexeva, Viibryd, Trintellix, Khedezla, Fetzima, Drizalma Sprinkle): Patient meets one of the following:
    - Patient is currently taking the requested medication in the form of samples OR the patient has been paying 100% out of pocket for at least 4 weeks and is stabilized on the requested drug; OR
    - Patient was on the requested drug on a previous occasion; OR
    - Prescribing physician is a psychiatrist; OR
    - Patient is a child or adolescent less than or equal to 18 years of age; OR
    - Patient has suicidal ideations.

When Services Are Considered Not Medically Necessary

Based on review of available data, the Company considers the use of brand name selective serotonin reuptake inhibitor (SSRI) or serotonin-norepinephrine reuptake inhibitor (SNRI) products when the patient selection criteria are not met to be **not medically necessary.****

When Services May Be Eligible for Coverage

Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:

- *Benefits are available in the member's contract/certificate, and*
- *Medical necessity criteria and guidelines are met.*

For Patients With "Prior Authorization" ONLY:

Based on review of available data, the Company may consider Drizalma Spinkle (duloxetine) to be **eligible for coverage**** when the below patient selection criteria are met.

Patient Selection Criteria

Coverage eligibility will be considered for Drizalma Spinkle (duloxetine) when the following criteria are met:

- Patient has a gastrostomy tube (G-tube) or is otherwise unable to swallow tablets and/or capsules; AND
- Patient is not currently taking any medication in tablet or capsule form; AND
- Patient has tried and failed (e.g., intolerance or inadequate response) at least TWO generic alternative antidepressants unless there is clinical evidence or patient history that suggests the generic alternative antidepressants will be ineffective or cause an adverse reaction to the patient. Note: generic alternative antidepressants that can be administered in a liquid or suspension form (e.g., opened and mixed with applesauce or liquid formulations) include citalopram solution, escitalopram solution, sertraline solution/concentrate, or venlafaxine capsules.

When Services Are Considered Not Medically Necessary

Based on review of available data, the Company considers the use of Drizalma Spinkle (duloxetine) when the patient selection criteria are not met to be **not medically necessary.****

When Services May Be Eligible for Coverage

Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:

- *Benefits are available in the member's contract/certificate, and*
- *Medical necessity criteria and guidelines are met.*

For Patients With BOTH "Prior Authorization" AND "Step Therapy":

Based on review of available data, the Company may consider brand name selective serotonin reuptake inhibitor (SSRI) or serotonin-norepinephrine reuptake inhibitor (SNRI) products (including, but not limited to Paxil [paroxetine], Paxil CR [paroxetine], Zoloft [sertraline], Prozac [fluoxetine], Prozac Weekly [fluoxetine], Luvox CR [fluvoxamine], Celexa [citalopram], Effexor [venlafaxine], Effexor XR [venlafaxine], Lexapro [escitalopram], Pexeva [paroxetine], Pristiq [desvenlaxafine succinate], Fetzima [levomilnacipran], Khedezla [desvenlafaxine], Trintellix [vortioxetine], Drizalma Sprinkle [duloxetine], or Viibryd [vilazodone]) to be **eligible for coverage**** when the patient selection criteria for the requested drug is met:

- For Drizalma Sprinkle requests:

- Patient has a gastrostomy tube (G-tube) or is otherwise unable to swallow tablets and/or capsules; AND
- Patient is not currently taking any medication in tablet or capsule form; AND
- Patient has tried and failed (e.g. intolerance or inadequate response) at least TWO generic alternative antidepressants unless there is clinical evidence or patient history that suggests the generic alternative antidepressants will be ineffective or cause an adverse reaction to the patient. Note: generic alternative antidepressants that can be administered in a liquid or suspension form (e.g. opened and mixed with applesauce or liquid formulations) include citalopram solution, escitalopram solution, sertraline solution/concentrate, or venlafaxine capsules.

- For ALL other branded SSRI/SNRI requests (e.g., NOT Drizalma Sprinkle):
  - Requested drug is ANY brand name selective serotonin reuptake inhibitor (SSRI) or serotonin-norepinephrine reuptake inhibitor (SNRI) product EXCEPT Drizalma Sprinkle: There is clinical evidence or patient history that suggests the generically available products will be ineffective or cause an adverse reaction to the patient; OR
  - Requested drug is ANY brand name selective serotonin reuptake inhibitor (SSRI) or serotonin-norepinephrine reuptake inhibitor (SNRI) product EXCEPT Drizalma Sprinkle: Patient has tried and failed one generic selective serotonin reuptake inhibitor (SSRI) or one generic serotonin-norepinephrine reuptake inhibitor (SNRI) (e.g. citalopram, escitalopram, sertraline, fluoxetine, venlafaxine); OR
  - Requested drug is an selective serotonin reuptake inhibitor (SSRI) or serotonin-norepinephrine reuptake inhibitor (SNRI) that is not available as a generic product (e.g. Pexeva, Viibryd, Trintellix, Khedezla, Fetzima, but NOT Drizalma Sprinkle): Patient meets one of the following:
    - Patient is currently taking the requested medication in the form of samples OR the patient has been paying 100% out of pocket for at least 4 weeks and is stabilized on the requested drug; OR
    - Patient was on the requested drug on a previous occasion; OR
    - Prescribing physician is a psychiatrist; OR
    - Patient is a child or adolescent less than or equal to 18 years of age; OR
    - Patient has suicidal ideations.

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When Services Are Considered Not Medically Necessary

Based on review of available data, the Company considers the use of brand name selective serotonin reuptake inhibitor (SSRI) or serotonin-norepinephrine reuptake inhibitor (SNRI) products when the patient selection criteria are not met to be **not medically necessary.****

Background/Overview

SSRIs and SNRIs are common drugs used for the treatment of depression. Some of the drugs in these classes have other uses including anxiety management and the treatment of neuropathic pain.

Rationale/Source

In regards to step therapy, the patient selection criteria presented in this policy takes into consideration clinical evidence or patient history that suggests the available generic SSRI or SNRI products will be ineffective or cause an adverse reaction to the patient. This policy also takes into consideration certain reasons for the prescribing of a brand name medication within these two classes. Based on a review of the data, in the absence of the above mentioned caveats, there is no advantage of using a brand name SSRI or SNRI product over the available generic SSRI or SNRI products. Generic drugs are considered to have equal bioavailability and efficacy in comparison to brand name drugs.

In regards to prior authorization, there is no meaningful clinical advantage with the use of Drizalma Sprinkle. There are other anti-depressant products that can be opened and mixed with applesauce or liquid formulations. These include citalopram solution, escitalopram solution, sertraline solution/concentrate, or venlafaxine capsules. These products are available in generic form.

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Policy History

Original Effective Date: 08/21/2013
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08/01/2013 Medical Policy Committee review

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08/21/2013	Medical Policy Implementation Committee approval. New policy.
08/07/2014	Medical Policy Committee review
08/20/2014	Medical Policy Implementation Committee approval. Added new drugs that recently came out (Fetzima, Khedezla, Brintellix). They fall into existing criteria.
08/06/2015	Medical Policy Committee review
08/19/2015	Medical Policy Implementation Committee approval. No change to coverage.
08/04/2016	Medical Policy Committee review
08/17/2016	Medical Policy Implementation Committee approval. Changed Brintellix to Trintellix secondary to the changing of the product's name.
08/03/2017	Medical Policy Committee review
08/23/2017	Medical Policy Implementation Committee approval. Corrected drug name misspelling. Removed Pristiq from portion regarding drugs not having a generic. Pristiq now has a generic.
08/09/2018	Medical Policy Committee review
08/15/2018	Medical Policy Implementation Committee approval. No change to coverage.
08/01/2019	Medical Policy Committee review
08/14/2019	Medical Policy Implementation Committee approval. No change to coverage.
06/04/2020	Medical Policy Committee review
06/10/2020	Medical Policy Implementation Committee approval. Added a new drug, Drizalma Sprinkle, to the policy. Split the policy into step only, PA only, and PA/step sections.

Next Scheduled Review Date: 06/2021

**Medically Necessary (or "Medical Necessity") - Health care services, treatment, procedures, equipment, drugs, devices, items or supplies that a Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

A. In accordance with nationally accepted standards of medical practice;
B. Clinically appropriate, in terms of type, frequency, extent, level of care, site and duration, and considered effective for the patient's illness, injury or disease; and
C. Not primarily for the personal comfort or convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services

at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

For these purposes, "nationally accepted standards of medical practice" means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of Physicians practicing in relevant clinical areas and any other relevant factors.

‡ Indicated trademarks are the registered trademarks of their respective owners.

NOTICE: If the Patient's health insurance contract contains language that differs from the BCBSLA Medical Policy definition noted above, the definition in the health insurance contract will be relied upon for specific coverage determinations.

NOTICE: Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Company recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.