

MEDICATION COVERAGE POLICY

PHARMACY AND THERAPEUTICS ADVISORY COMMITTEE

POLICY:	Anxiety & Depression	P&T DATE:	5/11/2021
CLASS:	Psychiatric – Anxiety/Depression	REVIEW HISTORY:	5/20, 5/19, 5/18, 2/17, 9/15,
LOB:	MCL	(MONTH/YEAR)	5/15, 5/14, 9/13, 2/12, 11/11

OVERVIEW

Antidepressants have been among the most common classes of prescription drugs taken by Americans. Rate of antidepressant use has been growing over the past two decades with an increase of nearly 400% among individuals of all ages in the United States.¹ Antidepressants are primarily indicated for the treatment of major depressive disorder (MDD). However, many have indications for treatment of other conditions as well. Antidepressants are commonly grouped by their mechanism of action as: selective serotonin reuptake inhibitors (SSRIs), serotonin and norepinephrine reuptake inhibitors (SNRIs), tricyclic antidepressants (TCAs), monoamine oxidase inhibitors (MAOIs). Overall, studies have not demonstrated a distinct clinical superiority in terms of efficacy between different antidepressant drug classes for MDD.

The purpose of this Anxiety & Depression Coverage Policy is to review the coverage criteria of HPSJ's formulary antidepressant and anti-anxiety agents (Table 1).

Table 1. Available Antidepressant/Anti-Anxiety Medications (Current as of 2/2021)

Generic Name (Brand Name)	Available Strengths	Fml Lmt	Avg Cost per Rx*	Notes	
Selective Serotonin Reuptake Inhibitors (SSRI)					
Citalopram (Celexa)	10 mg/5 ml solution	PA	\$13.35	Reserved for inability to use capsules or tablets	
	10 mg tablet	--	\$0.95		
	20 mg tablet	--	\$1.01		
	40 mg tablet	--	\$1.20		
Escitalopram (Lexapro)	5 mg/5 ml solution	PA	\$97.84	Reserved for inability to use capsules or tablets	
	5 mg tablet	--	\$1.86		
	10 mg tablet	--	\$1.98		
	20 mg tablet	--	\$4.06		
Fluoxetine (Prozac)	20 mg/5 ml solution	PA	\$67.88	Reserved for inability to use capsules or tablets.	
	10 mg capsule	--	\$1.44		
	20 mg capsule	--	\$1.27		
	40 mg capsule	--	\$2.61	Long half-life: consider in patients who have partial non-compliance issues.	
	90 mg DR capsule	NF	--		
	10 mg tablet	NF	\$11.26		Formulary alternative = 10 mg capsule
	20 mg tablet	NF	\$24.98		Formulary alternative = 20 mg capsule
60 mg tablet	NF	--	Formulary alternative = 20 mg + 40 mg capsule		
Fluvoxamine (Luvox)	25 mg tablet	--	\$16.04	Formulary alternative = fluvoxamine tablets	
	50 mg tablet	--	\$17.98		
	100 mg tablet	--	\$14.81		
	100 mg ER capsule	NF	\$559.32		
	150 mg ER capsule	NF	\$557.38		
Paroxetine hydrochloride (Paxil/Paxil CR)	10 mg/5 ml suspension	PA	\$385.75	Reserved for inability to use capsules or tablets	
	10 mg tablet	QL	\$2.10		
	20 mg tablet	QL	\$2.29	Limit 30 per 30 days	
	30 mg tablet	QL	\$3.49		
	40 mg tablet	QL	\$3.63		
	12.5 mg ER tablet	PA; QL	\$44.66		
	25 mg ER tablet	PA; QL	\$70.95	Reserved for failure of 2 months of dose-optimized paroxetine. Limit 30 per 30 days.	
	37.5 mg ER tablet	PA; QL	\$64.19		
Paroxetine mesylate (Brisdelle, Pexeva)	7.5 mg capsule	NF	--	Formulary alternative = Paroxetine HCl	
	30 mg tablet	NF	--		
	40 mg tablet	NF	--		
Sertraline (Zoloft)	20 mg/ml oral concentrate	PA; QL	\$22.39	Reserved for inability to use capsules or tablets. Limit 300 ml per 30 days	
	25 mg tablet	QL	\$2.14	Limit 60 per 30 days	
	50 mg tablet	QL	\$1.62		
	100 mg tablet	QL	\$2.58		

NF = Non-Formulary; PA = Prior Authorization required; QL = Quantity Limit

*Cost per Rx based on HPSJ utilization historical data

Generic Name (Brand Name)	Available Strengths	Fml Lmt	Avg Cost per Rx*	Notes
Selective Serotonin Reuptake Inhibitors (SSRI)				
Nefazodone (Serzone)	50 mg tablet	QL	\$114.11	Limit 90 per 30 days
	100 mg tablet	QL	\$47.66	
	150 mg tablet	QL	\$65.71	
	200 mg tablet	QL	\$44.63	
	250 mg tablet	QL	\$141.37	
Trazodone	50 mg tablet	--	\$1.51	Can be used in comorbid insomnia.
	100 mg tablet	--	\$2.89	
	150 mg tablet	--	\$5.13	
	300 mg tablet	--	\$88.24	
Vortioxetine (Trintellix)	5 mg tablet	PA	\$423.15	Reserved for treatment failure of two different dose optimized formulary antidepressants for 2 months each
	10 mg tablet	PA	\$440.88	
	20 mg tablet	PA	\$413.93	
Vilazodone (Viibryd)	10 mg tablet	PA	\$256.86	Reserved for treatment failure of two different dose optimized formulary antidepressants for 2 months each
	20 mg tablet	PA	\$296.69	
	40 mg tablet	PA	\$288.84	
	10-20 mg starter pack	NF	\$291.57	
Serotonin Norepinephrine Reuptake Inhibitors (SNRI)				
Venlafaxine (Effexor/Effexor XR)	25 mg tablet	QL	\$7.82	Limit 90 per 30 days
	37.5 mg tablet	QL	\$6.26	Limit 90 per 30 days
	50 mg tablet	QL	\$10.54	Limit 90 per 30 days
	75 mg tablet	QL	\$5.75	Limit 90 per 30 days
	100 mg tablet	QL	\$10.23	Limit 90 per 30 days
	37.5 mg XR capsule	QL	\$4.39	Limit 60 per 30 days
	75 mg XR capsule	QL	\$8.00	Limit 60 per 30 days
	150 mg XR capsule	QL	\$6.11	Limit 60 per 30 days
	37.5 mg XR tablet	NF	\$116.59	Formulary alternative = 37.5 mg XR capsule
	75 mg XR tablet	NF	--	Formulary alternative = 75 mg XR capsule
	150 mg XR tablet	NF	--	Formulary alternative = 150 mg XR capsule
Duloxetine (Cymbalta)	225 mg XR tablet	NF	\$175.39	Formulary alternative = 150 mg + 75 mg XR capsule
	20 mg DR capsule	QL	\$6.20	Limit 60 capsules per 30 days
	30 mg DR capsule	QL	\$5.59	Limit 60 capsules per 30 days
	40 mg DR capsule	NF	\$97.47	Formulary alternative = Two 20 mg XR capsules
	60 mg DR capsule	QL	\$6.08	Limit 30 capsules per 30 days
Desvenlafaxine (Khedezla)	50 mg ER tablet	NF	--	Formulary alternative = Desvenlafaxine succinate 50mg, 100mg ER tablets
	100 mg ER tablet	NF	--	
Desvenlafaxine fumarate	50 mg ER tablet	NF	--	
	100 mg ER tablet	NF	--	
Desvenlafaxine succinate (Pristiq)	25 mg ER tablet	NF	\$25.97	Reserved for patients diagnosed with MDD who have failed dose optimized venlafaxine and duloxetine
	50 mg ER tablet	PA	\$21.67	
	100 mg ER tablet	PA	\$24.70	
Milnacipran (Savella)	12.5 mg tablet	PA	--	Reserved for treatment failure of dose-optimized Venlafaxine for at least 2 months
	25 mg tablet	PA	\$355.77	
	50 mg tablet	PA	\$341.12	
	100 mg tablet	PA	\$241.06	
	12.5 mg-25 mg-50 mg titration pack	PA	\$311.98	Reserved for treatment failure of dose-optimized Venlafaxine for at least 2 months. Limit 1 fill per 180 days.
Levomilnacipran (Fetzima)	20 mg ER capsule	PA	\$423.32	Reserved for treatment failure of dose optimized venlafaxine and duloxetine for 2 months each
	40 mg ER capsule	PA	\$425.95	
	80 mg ER capsule	PA	\$400.66	
	120 mg ER capsule	PA	\$422.69	
	20 mg-40 mg titration pack	PA; FL	--	Reserved for treatment failure of dose optimized venlafaxine and duloxetine for 2 months each. Limit 1 fill per 180 days.

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*Cost per Rx based on HPSJ utilization historical data

Generic Name (Brand Name)	Available Strengths	Fml Lmt	Avg Cost per Rx*	Notes
Norepinephrine and Dopamine Reuptake Inhibitor (NDRI)				
Bupropion hydrochloride (Wellbutrin)	75 mg tablet	--	\$8.07	
	100 mg tablet	--	\$9.94	
Bupropion hydrochloride (Wellbutrin SR, Zyban; 12-hour)	100 mg SR tablet	--	\$8.84	
	150 mg SR tablet	--	\$5.90	Bupropion SR is equivalent to Zyban
	200 mg SR tablet	--	\$18.16	
Bupropion hydrochloride (Wellbutrin XL, Forfivo XL; 24-hour)	150 mg XR tablet	--	\$5.90	
	300 mg XR tablet	--	\$7.16	
	Forfivo XL 450 mg XR tablet	NF	\$298.15	Formulary alternative = bupropion hydrochloride 150 mg + 300 mg XR tablet
Bupropion (12-hour)	100 mg SR tablet	NF	--	Formulary alternative = bupropion hydrochloride SR tablet
	150 mg SR tablet	NF	--	
Bupropion hydrobromide (Aplenzin; 24-hour)	Aplenzin 174 mg XR tablet	NF	--	Formulary alternative = bupropion hydrochloride 150 mg, 300 mg XR tablet
	Aplenzin 348 mg XR tablet	NF	--	
	Aplenzin 522 mg XR tablet	NF	--	
Tricyclic Antidepressants				
Amitriptyline (Elavil)	10 mg tablet	--	\$2.47	Avoid use in members over 65 years old
	25 mg tablet	--	\$3.93	
	50 mg tablet	--	\$8.71	
	75 mg tablet	--	\$14.35	
	100 mg tablet	--	\$16.79	
	150 mg tablet	--	\$29.22	
Clomipramine (Anafranil)	25 mg capsule	NF	\$171.49	Avoid use in members over 65 years old Use in beneficiaries less than 10 years of age requires treatment authorization approval.
	50 mg capsule	NF	\$112.30	
	75 mg capsule	NF	\$263.95	
Desipramine (Norpramin)	10 mg tablet	--	\$14.10	Avoid use in members over 65 years old
	25 mg tablet	--	\$29.69	
	50 mg tablet	--	\$39.08	
	75 mg tablet	--	--	
	100 mg tablet	--	\$16.50	
	150 mg tablet	--	--	
Doxepin (Siquan)	Silenor 3 mg tablet	NF	--	Avoid use in members over 65 years old Use in beneficiaries less than 18 years of age requires treatment authorization approval.
	Silenor 6 mg tablet	NF	--	
	10 mg/5 ml solution	--	\$2.75	Avoid use in members over 65 years old
	10 mg capsule	--	\$13.50	
	25 mg capsule	--	\$15.15	
	50 mg capsule	--	\$18.96	
	75 mg capsule	--	\$32.39	
	100 mg capsule	--	\$33.65	
	150 mg capsule	--	\$16.89	
Imipramine (Tofranil)	10 mg tablet	--	\$2.25	
	25 mg tablet	--	\$3.80	
	50 mg tablet	--	\$5.24	
Nortriptyline (Pamelor)	10 mg/5 ml oral concentrate	PA	\$62.78	Avoid use in members over 65 years old. Reserved for inability to use capsules or tablets.
	10 mg capsule	--	\$4.15	Avoid use in members over 65 years old
	25 mg capsule	--	\$4.42	
	50 mg capsule	--	\$5.32	
	75 mg capsule	--	\$7.89	
Trimipramine	25 mg capsule	NF	--	Formulary alternatives = amitriptyline, desipramine, doxepin, imipramine, nortriptyline
	50 mg capsule	NF	--	
	100 mg capsule	NF	--	

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*Cost per Rx based on HPSJ utilization historical data

Generic Name (Brand Name)	Available Strengths	Fml Lmt	Avg Cost per Rx*	Notes
Miscellaneous Antidepressants/Antianxiety agents				
Mirtazapine (Remeron, Remeron SolTab)	7.5 mg tablet	QL	\$26.07	Limit 30 per 30 days
	15 mg tablet	QL	\$2.30	
	30 mg tablet	QL	\$3.11	
	45 mg tablet	QL	\$4.27	
	15 mg ODT	QL	\$19.57	
	30 mg ODT	QL	\$11.22	
Buspirone (Buspar)	5 mg tablet	--	\$1.67	Can be used adjunctively in depression
	7.5 mg tablet	--	\$22.39	
	10 mg tablet	--	\$3.00	
	15 mg tablet	--	\$4.07	
	30 mg tablet	--	\$12.52	
Hydroxyzine (Atarax, Vistaril)	HCl 10 mg/5 ml syrup	--	\$7.43	
	HCl 10 mg tablet	--	\$2.73	
	Pamoate 25 mg capsule	--	\$4.36	
	HCl 25 mg tablet	--	\$3.28	
	Pamoate 50 mg capsule	--	\$4.58	
	HCl 50 mg tablet	--	\$4.83	
	Pamoate 100 mg capsule	--	\$28.20	
Meprobamate	200 mg tablet	NF	--	
	400 mg tablet	NF	--	
Benzodiazepines				
Alprazolam (Xanax)	0.25 mg tablet	--	\$0.86	Short term use only
	0.5 mg tablet	--	\$1.24	
	1 mg tablet	--	\$1.67	
	2 mg tablet	--	\$14.54	
Lorazepam (Ativan)/ Lorazepam Intensol)	0.5 mg tablet	--	\$1.04	Short term use only
	1 mg tablet	--	\$1.53	
	2 mg tablet	--	\$3.55	
	2 mg/ml oral solution	--	\$18.62	
Chlordiazepoxide (Librium)	5 mg capsule	--	\$2.21	Short term use only
	10 mg capsule	--	\$2.14	
	25 mg capsule	--	\$1.79	
Diazepam (Valium)	2 mg tablet	NF	\$0.52	
	5mg tablet	NF	\$1.79	
	10mg tablet	NF	\$1.99	
	5mg/5ml oral solution	NF	\$7.96	
	5 mg/ml injection	NF	--	
	2.5 mg rectal gel	NF	--	
	10 mg rectal gel	NF	--	
20 mg rectal gel	NF	--		

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⊕ EVALUATION CRITERIA FOR APPROVAL/EXCEPTION CONSIDERATION

Below are the coverage criteria and required information for each agent. These coverage criteria have been reviewed approved by the HPSJ Pharmacy & Therapeutics (P&T) Advisory Committee. For conditions not covered under this Coverage Policy, HPSJ will make the determination based on Medical Necessity as described in HPSJ Medical Review Guidelines (UM06).

SSRI

Citalopram (Celexa) tablets; Escitalopram (Lexapro) tablets; Fluoxetine (Prozac) capsules; Fluvoxamine (Luvox) tablets; Trazodone

- Coverage Criteria:** None
- Limits:** None
- Required Information for Approval:** N/A
- Non-Formulary:** Fluoxetine tablets, Fluoxetine DR capsules, Fluvoxamine ER capsules

Paroxetine HCl (Paxil) immediate-release (IR) tablets; extended-release (ER) tablets

- Coverage Criteria:** Paroxetine ER tablets are reserved for failure of 2 months of dose-optimized paroxetine IR tablets.

- Limits:** 30 tablets per 30 days
- Required Information for Approval:** N/A
- Non-Formulary:** Paroxetine mesylate (Brisdelle, Pexeva)

Citalopram solution; Escitalopram (Lexapro) solution; Fluoxetine solution; Paroxetine (Paxil) suspension; Sertraline (Zoloft) oral concentrate

- Coverage Criteria:** Reserved for patients with inability to swallow tablets or capsules.
- Limits:** None
- Required Information for Approval:** Documented inability to use capsules or tablets by mouth.

Sertraline (Zoloft) tablets

- Coverage Criteria:** None
- Limits:** 60 tablets per 30 days
- Required Information for Approval:** N/A

Sertraline (Zoloft) oral concentrate

- Coverage Criteria:** Sertraline oral concentrate is reserved for patients with inability to swallow tablets or capsules.
- Limits:** 300 ml per 30 days
- Required Information for Approval:** Documented inability to use capsules or tablets by mouth.

Nefazodone (Serzone)

- Coverage Criteria:** None
- Limits:** 90 tablets per 30 days
- Required Information for Approval:** N/A
- Other Notes:** Avoid in patients with history of liver disease. BBW: Hepatotoxicity

Vortioxetine (Trintellix), Vilazodone (Viibryd)

- Coverage Criteria:** Reserved for treatment failure of two different dose-optimized formulary antidepressants for 2 months each.
- Limits:** None
- Required Information for Approval:** Chart notes and pharmacy fill history documenting treatment failure of an “adequate trial” of 2 dose-optimized antidepressants for at least 2 months. Drug intolerance due to side effects does not qualify as an “adequate trial”.

SNRI

Venlafaxine (Effexor), Venlafaxine XR Capsules (Effexor XR)

- Coverage Criteria:** None
- Limits:**
 - **Venlafaxine tablets:** 90 tablets per month
 - **Venlafaxine XR capsules:**
 - Venlafaxine XR 37.5 mg, 150 mg: 60 capsules per month
 - Venlafaxine XR 75 mg: 90 capsules per month
- Required Information for Approval:** N/A
- Other Notes:** Dose optimized Venlafaxine is defined as 150mg - 220mg per day.
- Non-Formulary:** Venlafaxine XR tablets

Duloxetine (Cymbalta) 20 mg, 30 mg, 60 mg DR capsules

- Coverage Criteria:** None
- Limits:**
 - **Duloxetine 20 mg, 30 mg DR capsules:** 60 capsules per 30 days
 - **Duloxetine 60 mg DR capsules:** 30 capsules per 30 days
- Required Information for Approval:** N/A
- Other Notes:** There is no evidence that Duloxetine dosages of more than 60 mg/day confer additional benefit, even in patients who do not respond to a 60 mg dose, and higher doses are associated with a higher rate of adverse reactions.
- Non-Formulary:** Duloxetine 40 mg DR capsules

Desvenlafaxine succinate (Pristiq) 50 mg, 100 mg ER tablets

- Coverage Criteria:** Pristiq is reserved for patients with major depressive disorder who have had treatment failure of dose-optimized Effexor XR and Cymbalta for 2 months each.
- Limits:** None
- Required Information for Approval:** Chart notes and pharmacy fill history documenting treatment failure of dose optimized venlafaxine and duloxetine for at least 2 months each.
- Other Notes:** Desvenlafaxine is the major active metabolite of venlafaxine.² At least 92% of a single dose of venlafaxine is absorbed, and venlafaxine is extensively metabolized by the liver—primarily to ODV—prior to reaching systemic circulation.³ There is no evidence that desvenlafaxine is more effective than venlafaxine.
- Non-Formulary:** Desvenlafaxine (Khedezla), Desvenlafaxine fumarate

NDRI

Bupropion (Wellbutrin IR, SR, Zyban; 150 mg, 300 mg XL tablets)

- Coverage Criteria:** None
- Limits:** None
- Required Information for Approval:** N/A
- Other Notes:** Avoid use in patients with seizure disorders.
- Non-Formulary:** Bupropion hydrochloride (Forfivo XL; 24-hour) 450 mg XL tablets, Bupropion (12-hour), Bupropion hydrobromide (Aplenzin; 24-hour)

TCA

Amitriptyline (Elavil); Nortriptyline (Pamelor) capsules; Imipramine (Tofranil); Desipramine (Norpramine); Doxepin (Sinquan) capsules, solution

- Coverage Criteria:** None
- Limits:** None
- Required Information for Approval:** N/A
- Other Notes:** None
- Non-Formulary:** Clomipramine, Doxepin (Silenor) tablets, Trimipramine

Nortriptyline solution

- Coverage Criteria:** Nortriptyline solution is reserved for patients with inability to swallow tablets or capsules.
- Limits:** None
- Required Information for Approval:** Documented inability to use capsules or tablets by mouth.
- Other Notes:** None

Miscellaneous Antidepressants/Antianxiety Agents

Mirtazapine (Remeron)

- Coverage Criteria:** None
- Limits:** 30 tablets per 30 days
- Required Information for Approval:** N/A
- Other Notes:** None

Buspirone (Buspar), Hydroxyzine (Atarax)

- Coverage Criteria:** None
- Limits:** None
- Required Information for Approval:** N/A
- Other Notes:** None
- Non-Formulary:** Meprobamate

Benzodiazepines

Alprazolam (Xanax), Lorazepam (Ativan), Chlordiazepoxide (Librium)

- Coverage Criteria:** None
- Limits:** None
- Required Information for Approval:** N/A
- Other Notes:** None

Temazepam (Restoril) 15 mg, 30 mg capsules

- Coverage Criteria:** None
- Limits:** 60 Capsules per 75 days
- Required Information for Approval:** N/A
- Other Notes:** For approval over the quantity limit, submit documentation that the member is in a skilled nursing facility, or has an activating mental health issue, such as bipolar disorder.
- Non-Formulary:** 7.5 mg, 22.5 mg capsules

CLINICAL JUSTIFICATION

According to the American Psychiatric Association guidelines for the treatment of patients with major depressive disorder, an SSRI, SNRI, mirtazapine, or bupropion is optimal for most patients and patients may be changed to an antidepressant from the same pharmacological class or to a different pharmacological class.¹ Augmentation using another non-MAOI antidepressant from a different pharmacological class or lithium, thyroid hormone, or an antipsychotic is another option. These guidelines also recommend 4-8 weeks of treatment before concluding that a patient is partially-responsive or unresponsive to an intervention.¹

Based on the APA guidelines, treatment failure with one antidepressant does not rule out an entire class. Many times patients will respond differently to another drug product within a class. Given the long lead time for efficacy (6-8 weeks), it is important that members give dose-optimized antidepressants a proper trial to determine efficacy. Providers should also give patients clear expectations of treatment goals. Cognitive behavioral therapy is an important part of treating depression and anxiety and greatly increases efficacy of treatment.

Most SSRIs, venlafaxine, mirtazapine, and bupropion are available on formulary without restrictions. In general, quantity limits are in place to ensure dose consolidation. Reduction in the number of tablets or capsules helps to ensure patient compliance by reducing pill burden. Quantity limits on the maximum available strength of these medications (e.g., Duloxetine 60 mg) are in place to ensure maximum effective doses are not exceeded. Specifically, duloxetine has been studied in doses up to 120 mg daily with similar efficacy to the 60 mg daily dose; however, there is no evidence that doses above 60 mg daily provides additional benefits for major depressive disorder. Additionally, incidence of treatment-emergent adverse reactions was significantly greater with 120 mg/day than 60 mg/day.⁴ Prior authorization requirements are in place to ensure the patients first try the available first-line and more cost-effective therapies.

According to the International College of Neuro-Psychopharmacology (CINP) guidelines for generalized anxiety disorder, OCD, and PTSD and the APA guidelines for panic disorder, SSRIs and SNRIs are considered initial treatment for these anxiety-associated disorders.⁵⁻⁷ Benzodiazepine use should be limited to short-term treatment. These agents should be used sparingly, and only in conjunction with agents used for chronic anxiety, such as an SSRI. Benzodiazepines have a high risk for addiction and dependence. While use is not restricted by the HPSJ formulary, physicians should be aware of the potential risks of overuse.

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⊞ REVIEW & EDIT HISTORY

Document Changes	Reference	Date	P&T Chairman
Creation of Policy	Cymbalta 9-06.doc	9/2006	Allen Shek, PharmD, BCPS
Update to Policy	SSRI_11-06.doc	11/2006	Allen Shek, PharmD, BCPS
Update to Policy	SSRI review 9-16-08.doc	9/2008	Allen Shek, PharmD, BCPS
Update to Policy	Venlafaxine ER_11-17-09 final.doc	11/2009	Allen Shek, PharmD, BCPS
Update to Policy	Fibromyalgia review_11-17-09.doc	11/2009	Allen Shek, PharmD, BCPS
Update to Policy	Citalopram FDA warning revision 20120329.pdf	3/2012	Allen Shek, PharmD, BCPS
Update to Policy	Savella Review 9-18-2012.doc	9/2012	Allen Shek, PharmD, BCPS
Update to Policy	Savella Review 11-20-2012.doc	11/2012	Allen Shek, PharmD, BCPS
Update to Policy	Antidepressant Class Review 2014-05-29.docx	5/2014	Jonathan Szkotak, PharmD, BCACP
Update to Policy	HPSJ Coverage Policy - Psychiatric - Depression-Anxiety 2015-05.docx	9/2015	Jonathan Szkotak, PharmD, BCACP
Update to Policy	HPSJ Coverage Policy - Psychiatric - Depression-Anxiety 2017-02.docx	2/2017	Johnathan Yeh, PharmD
Update to Policy	HPSJ Coverage Policy - Psychiatric - Depression-Anxiety 2018-05.docx	5/2018	Johnathan Yeh, PharmD
Update to Policy	HPSJ Coverage Policy - Psychiatric - Depression-Anxiety 2019-05.docx	5/2019	Matthew Garrett, PharmD
Update to Policy	HPSJ Coverage Policy - Psychiatric - Depression-Anxiety 2019-05.docx	5/2020	Matthew Garrett, PharmD
Update to Policy	HPSJ Coverage Policy - Psychiatric - Depression-Anxiety.docx	5/2021	Matthew Garrett, PharmD

Note: All changes are approved by the HPSJ P&T Committee before incorporation into the utilization policy