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

Policy # 00360
Original Effective Date: 08/21/2013
Current Effective Date: 08/20/2014

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.

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® [desvenlafaxine succinate], Fetzima® [levomilnacipran], Khedezla® [desvenlafaxine], Brintellix® [vortioxetine], 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, Pristiq, Vilymb, Brintellix, Khedezla, Fetzima): 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 patient selection criteria are not met or for usage not included in the above patient selection criteria to be not medically necessary.**

Background/Overview
Selective serotonin reuptake inhibitors 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
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.

References
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Search terms: Viibryd.

Policy History
Original Effective Date: 08/21/2013
Current Effective Date: 08/20/2014
08/01/2013 Medical Policy Committee review
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.
Next Scheduled Review Date: 08/2015

**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: 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.