

NON-PREFERRED SSRI Step

**GPI CODING:**

58160040000360	Fluoxetine 60 mg
581600451070**	Luvox CR
58160060001820	Paxil 10 mg/5 ml Suspension
581600603003**	Pexeva
622060400003**	Sarafem (all dosage forms)
581200881003**	Viibryd

**DESCRIPTION:**

The purpose of this document is to provide approval criteria and guidelines for prior authorization of benefits (PAB) for brand name Selective Serotonin Reuptake Inhibitor (SSRI) antidepressants prior to being a covered benefit. Claims submitted without obtaining prior authorization of benefits will reject on the pharmacy claim system.

**APPROVAL DURATION:**

Approval duration: lifetime

**CRITERIA FOR NON-PREFERRED SSRI STEP**

- I. Patient has had an inadequate treatment response to or an adverse event with a trial of at least two first line agents: citalopram, fluoxetine (not brand Fluoxetine 60 mg), fluvoxamine, paroxetine, paroxetine controlled-release, or sertraline **OR**
- II. Patient is currently being treated with the requested Non-Preferred single source brand name SSRI agent (including brand Fluoxetine 60 mg) in the last 60 days