

**SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRI)  
PA SUMMARY**

<b>PREFERRED</b>	citalopram, fluoxetine capsules, fluvoxamine maleate, Lexapro tablets/oral solution, paroxetine immediate-release, sertraline
<b>NON-PREFERRED</b>	escitalopram tablets/oral solution, fluoxetine tablets, fluoxetine weekly, fluoxetine [PMDD] capsules, Luvox CR, paroxetine extended-release tablets, Paxil CR, Pexeva, Prozac Weekly, Sarafem,

**LENGTH OF AUTHORIZATION:** 1 year

**NOTE:** *If fluoxetine weekly is approved, the PA will be issued for the brand product, Prozac weekly. If Paxil CR/paroxetine extended-release is approved, the PA will be issued for the brand product, Paxil CR.*

**PA CRITERIA:**

*For all non-preferred SSRIs (except escitalopram generic, fluoxetine tablets, fluoxetine Weekly/Prozac Weekly, fluoxetine [PMDD] capsules, Luvox CR, Paxil CR/paroxetine ER, and Sarafem)*

- ❖ Claims history reviewed for the use of 2 preferred agents within the last 12 months.
- ❖ If no preferred agents in profile, physician should submit documentation of ineffectiveness, allergies, contraindications, drug-to-drug interactions, or history of intolerable side effects to 2 of the preferred products

*For escitalopram generic tablets or oral solution*

- ❖ Provider must submit a written letter of medical necessity stating the reason(s) that brand-name Lexapro and at least one other preferred medication are not appropriate for the member.

*For fluoxetine tablets*

- ❖ Member must require daily dosing with the tablets that cannot be obtained with the capsules.

*For fluoxetine weekly/Prozac Weekly*

- ❖ Provider must submit a written letter of medical necessity stating the reason(s) that generic fluoxetine capsules and at least one other preferred medication are not appropriate for the member.

*For Luvox CR*

- ❖ For the diagnosis of social anxiety disorder, provider should submit documentation of ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to paroxetine and sertraline.
- ❖ For other diagnoses, provider must submit a written letter of medical necessity stating the reason(s) that generic fluvoxamine maleate and at least on other preferred product are not appropriate for the member.

*For Paxil CR/paroxetine extended-release*

- ❖ Provider must submit a written letter of medical necessity stating the reason(s) that generic paroxetine immediate-release and at least one other preferred product are not appropriate for the member.

*For Sarafem or fluoxetine [PMDD] capsules*

- ❖ Provider must submit a written letter of medical necessity stating the reason(s) that generic fluoxetine capsules and sertraline are not appropriate for the member.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limit please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.