Clinical Policy: SSRI/SNRI Duplicate Therapy

Reference Number: IN.CP.PMN.60
Effective Date: 04.01-21
Last Review Date: 03-22.21
Line of Business: Medicaid

Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description
Due to similarities in mechanism of action, concurrent use of selective serotonin reuptake inhibitor (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs) may lead to additive adverse effects, including serotonin syndrome. Serotonin syndrome is characterized by rapid development of hyperthermia, hypertension, myoclonus, rigidity, autonomic instability, mental status changes (e.g., delirium or coma), and in rare cases, death. In its most severe form, serotonin syndrome can resemble neuroleptic malignant syndrome.

FDA Approved Indication(s)
Many SSRIs and SNRIs are indicated for the treatment of depression. Refer to each product's prescribing information for specific indications.

Policy/Criteria
Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of health plans affiliated with Centene Corporation® that therapeutic duplication of SSRIs and SNRIs is **medically necessary.**

I. Approval Criteria
A. Must meet one of the following:
   a. History of paid claim of the requested SSRI/SNRI agent for 90 days of the past 120 days.
   b. The agent in history is being discontinued or there are plans to discontinue it.
   c. The agent(s) involved in therapeutic duplication are being cross tapered (new agent requested must have FDA-approved or approved compendia indication for diagnosis requested)
B. Must meet all utilization edits

Approval duration: 90 days for cross taper or discontinuation; 6 months for initial approval; 12 months for renewal approval.

II. Appendices/General Information
Appendix A: Abbreviation/Acronym Key
FDA: Food and Drug Administration
SNRI: serotonin-norepinephrine reuptake inhibitor
SSRI: selective serotonin reuptake inhibitor

Appendix B: Targeted Products

TARGETED PRODUCTS
Drug Name
Citalopram Hydrobromide
Desvenlafaxine Succinate
Desvenlafaxine ER
Duloxetine
Escitalopram oxalate
Fluoxetine hydrochloride
Fluvoxamine maleate
Levomilnacipran
Milnacipran
Olanzapine/fluoxetine hydrochloride
Paroxetine hydrochloride
Sertraline hydrochloride
Venlafaxine hydrochloride
Vilazodone
Vortioxetine

Appendix C: Contraindications/Boxed Warnings
Refer to each product's prescribing information.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Converted Corporate policy CP.PMN.60 into local policy	03-22-21	

Important Reminder
This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering

benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note:
For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.