

Reference number(s)

384-D

# Initial Step Therapy; Post Step Therapy Prior Authorization Selective Serotonin Reuptake Inhibitors (SSRIs)

**Generic Step Therapy Plans (GSTP)** 

## **Products Referenced by this Document**

Brand Name	
Trintellix	

## **Initial Step Therapy**

If the patient has filled a prescription for at least a 30 day supply of at least one generic Selective Serotonin Reuptake Inhibitor (SSRI) or at least one generic Selective Serotonin Reuptake Inhibitor (SSRI) combination product within the past 730 days under a prescription benefit administered by CVS/Caremark, then the requested branded drug will be paid under that prescription benefit. If the patient does not meet the initial step therapy criteria, then the claim will reject with a message indicating that a prior authorization (PA) is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

## **Coverage Criteria**

Authorization may be granted for the requested drug when ONE of the following criteria are met:

• The patient has experienced an inadequate treatment response after at least a 30 day trial of at least ONE generic SSRI or at least ONE generic SSRI combination product.

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- The patient has a documented contraindication or a potential drug interaction that would prohibit a trial of at least ONE generic SSRI or at least ONE generic SSRI combination product.
- The patient has experienced an intolerance to at least ONE generic SSRI or at least ONE generic SSRI combination product.

# **Duration of Approval (DOA)**

• 384-D: DOA: 24 months

### References

N/A