

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

Policy # 00360

Original Effective Date: 08/21/2013

Current Effective Date: 04/01/2026

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.

Investigational or experimental services are not covered. This includes any drug, device, procedure, or service provided under the investigational arm of a clinical trial or clinical study. These services are excluded from coverage under benefits.

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.*

For Patients With "Step Therapy" (generic before brand) ONLY:

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], Sertraline 150 mg and 200 mg capsules, Prozac[®] [fluoxetine], Prozac[®] Weekly [fluoxetine], Luvox CR[®] [fluvoxamine], Celexa[®] [citalopram], Citalopram 30 mg capsules, Effexor[®] [venlafaxine], Effexor[®] XR [venlafaxine], Venlafaxine ER 112.5 mg tablets, Lexapro[®] [escitalopram], Pexeva[®] [paroxetine], Pristiq[®] [desvenlafaxine succinate], Fetzima[®] [levomilnacipran], Khedezla[®] [desvenlafaxine], Trintellix[®] [vortioxetine], Drizalma Sprinkle[™] [duloxetine] 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

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- Requested drug is a selective serotonin reuptake inhibitor (SSRI) or serotonin-norepinephrine reuptake inhibitor (SNRI) that is not available as a generic product (e.g. Pexeva, Trintellix, Khedezla, Fetzima, Drizalma Sprinkle): 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.

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 the patient selection criteria are not met to be **not medically necessary**.**

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.*

For Patients With "Prior Authorization" ONLY:

Based on review of available data, the Company may consider Drizalma Sprinkle (duloxetine), Sertraline 150 mg and 200 mg capsules, Citalopram 30 mg capsules, Venlafaxine ER 112.5 mg tablets, or Exxua^{TM†} (gepirone) to be **eligible for coverage**** when the below patient selection criteria are met for the requested drug.

Patient Selection Criteria

Coverage eligibility will be considered for Drizalma Sprinkle (duloxetine), Sertraline 150 mg and 200 mg capsules, Citalopram 30 mg capsules, Venlafaxine ER 112.5 mg tablets, or Exxua (gepirone) when the following criteria are met for the requested drug:

- For **Drizalma Sprinkle** requests:
 - Patient has a gastrostomy tube (G-tube) or is otherwise unable to swallow tablets and/or capsules; AND
 - Patient is not currently taking any medication in tablet or capsule form; AND
 - Patient has tried and failed (e.g., intolerance or inadequate response) at least TWO generic alternative antidepressants unless there is clinical evidence or patient history that suggests the generic alternative antidepressants will be ineffective or cause an adverse reaction to the patient. Note: generic alternative antidepressants that can be

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administered in a liquid or suspension form (e.g., opened and mixed with applesauce or liquid formulations) include citalopram solution, escitalopram solution, sertraline solution/concentrate, or venlafaxine capsules.

*(Note: These specific patient selection criteria are additional Company requirements for coverage eligibility and will be denied as not medically necessary** if not met.)*

- For **Sertraline 150 mg or 200 mg capsule** requests:
 - Patient has been receiving sertraline at a dose of 100 mg or 125 mg for at least 1 week; AND
 - Patient is unable to achieve the desired dose of sertraline using the generically available sertraline tablets.
*(Note: This specific patient selection criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met.)*
- For **Citalopram 30 mg capsule** requests:
 - Patient has been receiving citalopram at a dose of 20 mg or 40 mg for at least one week; AND
 - Patient is unable to achieve the desired dose of citalopram using the generically available citalopram tablets.
*(Note: This specific patient selection criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met.)*
- For **Venlafaxine ER 112.5 mg tablet** requests:
 - Patient has received at least 75 mg of another venlafaxine extended-release product for at least 4 days; AND
 - Patient is unable to achieve the desired dose of venlafaxine using the generically available venlafaxine extended-release capsules.
*(Note: This specific patient selection criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met.)*
- For **Exxua** requests:
 - Patient has a diagnosis of major depressive disorder; AND
 - Patient is 18 years of age or older; AND
 - Patient has tried and failed (for example, intolerance or inadequate response) at least THREE other formulary drugs to treat major depressive disorder, which includes citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, desvenlafaxine, duloxetine, venlafaxine, bupropion, vilazodone, and Trintellix, unless there is clinical evidence or patient history that suggests the use of the alternative agents will be ineffective or cause an adverse reaction to the patient.
*(Note: This specific patient selection criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met.)*

When Services Are Considered Not Medically Necessary

Based on review of available data, the Company considers the use of Drizalma Spinkle (duloxetine) when the patient selection criteria are not met to be **not medically necessary.****

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Based on review of available data, the Company considers the use of Sertraline 150 mg or 200 mg capsules, Citalopram 30 mg capsules, or Venlafaxine ER 112.5 mg tablets when the patient is able to achieve the desired dose of the requested medication using a generically available formulation to be **not medically necessary**.**

Based on review of available data, the Company considers the use of Exxua (gepirone) when the patient has not tried at least 3 other formulary drugs to be **not medically necessary**.**

When Services Are Considered Investigational

Coverage is not available for investigational medical treatments or procedures, drugs, devices or biological products.

Based on review of available data, the Company considers the use of Sertraline 150 mg or 200 mg capsules, Citalopram 30 mg capsules, or Venlafaxine ER 112.5 mg tablets when the patient has not been receiving another dosage form of the requested drug for at least one week to be **investigational**.*

Based on review of available data, the Company considers the use of Exxua (gepirone) for any indication other than major depressive disorder or for patients younger than 18 years of age to be **investigational**.*

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.*

For Patients With BOTH "Prior Authorization" AND "Step Therapy":

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], Sertraline 150 mg or 200 mg capsules, Prozac [fluoxetine], Prozac Weekly [fluoxetine], Luvox CR [fluvoxamine], Celexa [citalopram], Citalopram 30 mg capsules, Effexor [venlafaxine], Effexor XR [venlafaxine], Venlafaxine ER 112.5 mg tablets, Lexapro [escitalopram], Pexeva [paroxetine], Pristiq [desvenlafaxine succinate], Fetzima [levomilnacipran], Khedezla [desvenlafaxine], Trintellix [vortioxetine], Drizalma Sprinkle [duloxetine], or Viibryd [vilazodone]) to be **eligible for coverage**** when the patient selection criteria for the requested drug is met:

- For **Drizalma Sprinkle** requests:
 - Patient has a gastrostomy tube (G-tube) or is otherwise unable to swallow tablets and/or capsules; AND
 - Patient is not currently taking any medication in tablet or capsule form; AND

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- Patient has tried and failed (e.g. intolerance or inadequate response) at least TWO generic alternative antidepressants unless there is clinical evidence or patient history that suggests the generic alternative antidepressants will be ineffective or cause an adverse reaction to the patient. Note: generic alternative antidepressants that can be administered in a liquid or suspension form (e.g. opened and mixed with applesauce or liquid formulations) include citalopram solution, escitalopram solution, sertraline solution/concentrate, or venlafaxine capsules.

*(Note: These specific patient selection criteria are additional Company requirements for coverage eligibility and will be denied as not medically necessary** if not met.)*

- For **Sertraline 150 mg or 200 mg capsule** requests:
 - Patient has been receiving sertraline at a dose of 100 mg or 125 mg for at least 1 week; AND
 - Patient is unable to achieve the desired dose of sertraline using the generically available sertraline tablets.
*(Note: This specific patient selection criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met.)*
- For **Citalopram 30 mg capsule** requests:
 - Patient has been receiving citalopram at a dose of 20 mg or 40 mg for at least one week; AND
 - Patient is unable to achieve the desired dose of citalopram using the generically available citalopram tablets.
*(Note: This specific patient selection criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met.)*
- For **Venlafaxine ER 112.5 mg tablet** requests:
 - Patient has received at least 75 mg of another venlafaxine extended-release product for at least 4 days; AND
 - Patient is unable to achieve the desired dose of venlafaxine using the generically available venlafaxine extended-release capsules.
*(Note: This specific patient selection criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met.)*
- For **Exxua** requests:
 - Patient has a diagnosis of major depressive disorder; AND
 - Patient is 18 years of age or older; AND
 - Patient has tried and failed (for example, intolerance or inadequate response) at least THREE other formulary drugs to treat major depressive disorder, which includes citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, desvenlafaxine, duloxetine, venlafaxine, bupropion, vilazodone, and Trintellix, unless there is clinical evidence or patient history that suggests the use of the alternative agents will be ineffective or cause an adverse reaction to the patient.
*(Note: This specific patient selection criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met.)*

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- For ALL other branded SSRI/SNRI requests:
 - 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
 - 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 a selective serotonin reuptake inhibitor (SSRI) or serotonin-norepinephrine reuptake inhibitor (SNRI) that is not available as a generic product (e.g. Pexeva, Trintellix, Khedezla, Fetzima, but NOT Drizalma Sprinkle):
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.

*(Note: These specific patient selection criteria are additional Company requirements for coverage eligibility and will be denied as not medically necessary** if not met.)*

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 the patient selection criteria are not met to be **not medically necessary.****

Based on review of available data, the Company considers the use of Sertraline 150 mg or 200 mg capsules, Citalopram 30 mg capsules, or Venlafaxine ER 112.5 mg tablets when the patient is able to achieve the desired dose of the requested medication using a generically available formulation to be **not medically necessary.****

When Services Are Considered Investigational

Coverage is not available for investigational medical treatments or procedures, drugs, devices or biological products.

Based on review of available data, the Company considers the use of Sertraline 150 mg or 200 mg capsules, Citalopram 30 mg capsules, or Venlafaxine ER 112.5 mg tablets when the patient has not been receiving another dosage form of the requested drug to be **investigational.***

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Background/Overview

SSRIs 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. Exxua represents a newer class of antidepressant that works by activating specific serotonin receptors. It is approved for the treatment of major depressive disorder in adults.

Rationale/Source

This medical policy was developed through consideration of peer-reviewed medical literature generally recognized by the relevant medical community, U.S. Food and Drug Administration approval status, nationally accepted standards of medical practice and accepted standards of medical practice in this community, technology evaluation centers, reference to regulations, other plan medical policies, and accredited national guidelines.

Regarding step therapy, the patient selection criteria presented in this policy take 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.

Regarding prior authorization, there is no meaningful clinical advantage with the use of Drizalma Sprinkle. There are other anti-depressant products that can be opened and mixed with applesauce or liquid formulations. These include citalopram solution, escitalopram solution, sertraline solution/concentrate, or venlafaxine capsules. These products are available in generic form. The branded Sertraline and Citalopram capsules and Venlafaxine tablets also present no meaningful clinical advantage as these are available in generic formulations of different strengths. Additionally, the package insert for these products requires the patient to have initiated therapy using one of the other formulations.

The criteria for Exxua take into account whether or not patients meet the approved indication for the drug and have tried and failed at least 3 alternative therapies. Because Exxua has not been directly compared with other established treatments for major depressive disorder in clinical trials, there is no evidence demonstrating superiority over available options.

References

1. Facts and Comparisons® Online. Wolters Kluwer Health, Inc.; 2013. Available at: <http://online.factsandcomparisons.com/login.aspx?url=/index.aspx&q=>. Accessed on February 26, 2013. Search terms: SSRIs.
2. Facts and Comparisons® Online. Wolters Kluwer Health, Inc.; 2013. Available at: <http://online.factsandcomparisons.com/login.aspx?url=/index.aspx&q=>. Accessed on February 26, 2013. Search terms: Viibryd.

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3. Pexeva Paroxetine mesylate tablets [package insert]. New York, NY: JDS Pharmaceuticals; December 2012.
4. Luvox CR extended-release capsules [package insert]. Palo Alto, CA: Jazz Pharmaceuticals, Inc.; October 2012.
5. Viibryd tablets [package insert]. New Haven, CT: Trovis Pharmaceuticals LLC; December 2012.
6. Fluoxetine tablets [package insert]. Austin, TX: Edgemone Pharmaceuticals; October 2011.
7. Gelenberg A, Freeman MP, Markowitz JC, et al. Practice guideline for the treatment of patients with major depressive disorder, third edition. American Psychiatric Association, November 2010. Available at: http://www.psychiatryonline.com/pracGuide/pracGuideTopic_7.aspx. Accessed on: February 26, 2013.
8. American Medical Association. Report 10 of the council on scientific affairs (A-05). Safety and efficacy of selective serotonin reuptake inhibitors (SSRIs) in children and adolescents. April 18, 2007.
9. Robinson D, Kajdasz D, Gallipoli S, et al. A 1-year open-label study assessing the safety and tolerability of vilazodone in patients with major depressive disorder [abstract NR4-22]. Presented at: the 163rd Annual Meeting of the American Psychiatric Association; New Orleans, LA; May 22 to 26, 2010.
10. Halberg P, Sjoblom V. The use of selective serotonin reuptake inhibitors during pregnancy and breastfeeding: a review and clinical aspects. J Clin Psychopharmacol. 2005;25:59-73.
11. Effexor XR extended-release capsules [package insert]. Philadelphia, PA: Wyeth Pharmaceuticals Inc; August 2012.
12. Effexor tablets [package insert]. Philadelphia, PA: Wyeth Pharmaceuticals Inc; November 2011.
13. Pristiq extended-release tablets [package insert]. Philadelphia, PA: Wyeth Pharmaceuticals Inc; October 2011.
14. Venlafaxine extended-release tablets [package insert]. Rochester, NY: Upstate Pharma; March 2012.
15. Savella™ tablets [package insert]. Saint Louis, MO: Forest Pharmaceuticals, Inc.; October 2012.
16. Facts and Comparisons® Online. Wolters Kluwer Health, Inc.; 2012. Available at: <http://online.factsandcomparisons.com/login.aspx?url=/index.aspx&qqs=>. Accessed on November 20, 2012. Search terms: SRIs.
17. Facts and Comparisons® Online. Wolters Kluwer Health, Inc.; 2012. Available at: <http://online.factsandcomparisons.com/login.aspx?url=/index.aspx&qqs=>. Accessed on November 20, 2012. Search terms: Viibryd.
18. American Psychiatric Association. Practice guideline for the treatment of patients with major depressive disorder, third edition. November 2010. Available at: http://www.psychiatryonline.com/pracGuide/pracGuideTopic_7.aspx. Accessed on: November 20, 2012.
19. Perahia DGS, Pritchett YL, Kajdasz DK, et al. A randomized, double-blind comparison of duloxetine and venlafaxine in the treatment of patients with major depressive disorder. J Psychiatr Res. 2008;42:22-34.

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20. Schueler YB, Koesters M, Wieseler B, et al. A systematic review of duloxetine and venlafaxine in major depression, including unpublished data. *Acta Psychiatr Scand*. 2011;123:247-265.
21. American Academy of Child and Adolescent Psychiatry and American Psychiatric Association: Joint statement for the record for the publication and disclosure issues in pediatric antidepressant clinical trials hearing. September 9, 2004. U.S. House of Representatives.
22. American College of Neuropsychopharmacology. Preliminary report of the task force on SSRIs and suicidal behavior in youth. January 21, 2004.
23. American Medical Association. Report 10 of the council on scientific affairs (A-05). Safety and efficacy of selective serotonin reuptake inhibitors (SSRIs) in children and adolescents. April 18, 2007.
24. Desvenlafaxine extended-release tablets [package insert]. Gujarat, India: Alembic Pharmaceuticals Limited; March 2013.
25. Drizalma Sprinkle [package insert]. Sun Pharmaceutical Industries, Inc. Cranbury, New Jersey. Updated July 2019.
26. Sertraline HCL capsule [package insert]. Almatica Pharma LLC, Morristown, NJ. Updated October 2021.
27. Citalopram capsule [package insert]. Almatica Pharma LLC, Morristown, NJ. Updated February 2022.
28. Venlafaxine tablet, extended release [package insert]. Almatica Pharma LLC, Morristown, NJ. Updated February 2022.
29. Exxua [package insert]. Aytu Therapeutics, LLC. Denver, CO. Updated October 2025.

Policy History

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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.
08/06/2015	Medical Policy Committee review
08/19/2015	Medical Policy Implementation Committee approval. No change to coverage.
08/04/2016	Medical Policy Committee review
08/17/2016	Medical Policy Implementation Committee approval. Changed Brintellix to Trintellix secondary to the changing of the product's name.
08/03/2017	Medical Policy Committee review
08/23/2017	Medical Policy Implementation Committee approval. Corrected drug name misspelling. Removed Pristiq from portion regarding drugs not having a generic. Pristiq now has a generic.
08/09/2018	Medical Policy Committee review
08/15/2018	Medical Policy Implementation Committee approval. No change to coverage.
08/01/2019	Medical Policy Committee review
08/14/2019	Medical Policy Implementation Committee approval. No change to coverage.

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06/04/2020	Medical Policy Committee review
06/10/2020	Medical Policy Implementation Committee approval. Added a new drug, Drizalma Sprinkle, to the policy. Split the policy into step only, PA only, and PA/step sections.
06/03/2021	Medical Policy Committee review
06/09/2021	Medical Policy Implementation Committee approval. No change to coverage.
06/02/2022	Medical Policy Committee review
06/08/2022	Medical Policy Implementation Committee approval. Added new single source brand Sertraline 150 and 200 mg capsules and Citalopram 30 mg capsules to policy with relevant criteria.
01/05/2023	Medical Policy Committee review
01/11/2023	Medical Policy Implementation Committee approval. Added in new single source brand venlafaxine besylate ER to policy with relevant criteria and removed Viibryd from section for brands without available generics since generic is now available.
01/04/2024	Medical Policy Committee review
01/10/2024	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
01/02/2025	Medical Policy Committee review
01/08/2025	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
01/05/2026	Medical Policy Committee review
01/07/2026	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
03/05/2026	Medical Policy Committee review
03/11/2026	Medical Policy Implementation Committee approval. Added new drug, Exxua, with relevant criteria and background information.

Next Scheduled Review Date: 03/2027

*Investigational – A medical treatment, procedure, drug, device, or biological product is Investigational if the effectiveness has not been clearly tested and it has not been incorporated into standard medical practice. Any determination we make that a medical treatment, procedure, drug, device, or biological product is Investigational will be based on a consideration of the following:

- A. Whether the medical treatment, procedure, drug, device, or biological product can be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and whether such approval has been granted at the time the medical treatment, procedure, drug, device, or biological product is sought to be furnished; or
- B. Whether the medical treatment, procedure, drug, device, or biological product requires further studies or clinical trials to determine its maximum tolerated dose, toxicity, safety, effectiveness, or effectiveness as compared with the standard means of treatment or diagnosis, must improve health outcomes, according to the consensus of opinion among experts as shown by reliable evidence, including:
 - 1. Consultation with technology evaluation center(s);

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2. Credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community; or
3. Reference to federal regulations.

****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: If the Patient’s health insurance contract contains language that differs from the BCBSLA Medical Policy definition noted above, the definition in the health insurance contract will be relied upon for specific coverage determinations.

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.

NOTICE: Federal and State law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage.

NOTICE: If an authorization for an ongoing course of treatment has been provided to a member and the member changes from one health plan to another health plan (e.g., a member moves from carrier A to Louisiana Blue), Louisiana Blue may honor the previous health plan’s authorization for the same service under the same type of in-network benefit for a 90-day transition period. Documentation of the authorization for the ongoing course of treatment from the previous health plan must be provided to us by the member or their provider and the services provided for the course of treatment must otherwise be a covered service under the Louisiana Blue health plan. This provision does not apply to medications covered under the plan’s pharmacy benefit.