

# Quick Reference Drug List:

## Antidepressant Medications



**P**each State Health Plan has compiled a list of available products used to treat this condition. This reference will help identify preferred products, in addition to some limitations or step-therapies when a product requires a prior authorization. Any non-PDL product will require the trial and failure of two PDL agents be documented on a prior authorization review. **Generic products are preferred.**

Prior Authorizations should be sent to **Pharmacy Services:**

Prior Authorization Phone: 866-399-0928 Prior Authorization Fax: 833-582-2342

DRUG NAME	INGREDIENT	DOSAGE FORM/STRENGTH	MEDICAID PDL STATUS	LIMITS & RESTRICTIONS
<b>Monoamine Oxidase Inhibitors (MAOI)</b>				
Emsam®	Selegiline Hydrochloride	TD Patch: 6mg/24hr, 9mg/24hr, 12 mg/24hr	No	PA Required
Marplan®	Isocarboxazid	Tabs: 10mg	No	PA Required
Nardil®	Phenelzine Sulfate	Tabs: 15mg	Yes	None
Parnate®	Tranlycypromine Sulfate	Tabs: 10mg	Yes	None
<b>Tricyclic Antidepressants (TCA)</b>				
Amoxapine	Amoxapine	Tabs: 25mg, 50mg, 100mg, 150 mg	Yes	None
Anafranil®	Clomipramine Hydrochloride	Caps: 25mg, 50mg, 75mg	Yes (75mg only)	None (75mg only); PA required (25mg, 50mg)
Doxepin	Doxepin Hydrochloride	Caps: 10mg, 25mg, 50mg, 75mg, 100mg, 150mg Sol: 10mg/ml	Yes	None
Elavil®	Amitriptyline Hydrochloride	Tabs: 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	Yes	None
Norpramin®	Desipramine Hydrochloride	Tabs: 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	Yes	QL=2 per day (25 mg tab only)
Pamelor®	Nortriptyline Hydrochloride	Caps: 10mg, 25mg, 50mg, 75mg Sol: 10mg/5ml	Yes	QL=20 ml per day (solution only)
Surmontil®	Trimipramine Maleate	Caps: 25mg, 50mg, 100mg	No	PA Required
Tofranil®	Imipramine Hydrochloride	Tabs: 10mg, 25mg, 50mg	Yes	None
Tofranil PM®	Imipramine Pamoate	Caps: 75mg, 100mg, 125mg, 150mg	No	PA Required
Vivactil®	Protriptyline Hydrochloride	Tabs: 5mg, 10mg	No	PA Required
<b>TCA Combinations</b>				
Triavil®	Perphenazine/Amitriptylline	Tabs: 2mg/10mg, 2mg/25mg, 4mg/10mg, 4mg/25mg, 4mg/50mg	Yes	QL=4 per day
<b>Selective Serotonin Reuptake Inhibitors (SSRI)</b>				

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Celexa®	Citalopram Hydrobromide	Tabs: 10mg, 20mg, 40mg; Sol: 10 mg/5ml	Yes	QL=4 per day (10mg), 2 per day(20mg), 1 per day(40mg)
Lexapro®	Escitalopram Oxalate	Tabs: 5mg, 10mg, 20mg; Sol: 5mg/5ml	Yes (except solution)	AL=at least 12 years old; QL=1 per day(20mg), 2 per day(10mg), 4 per day(5mg); PA Required for solution
Luvox®	Fluvoxamine Maleate	Tabs: 25mg, 50mg, 100mg	Yes	QL=2 per day (25mg and 50mg tabs);QL=3 per day (100mg tab)
Luvox CR®	Fluvoxamine Maleate	ER Caps: 100mg, 150mg	No	PA Required
Paxil®	Paroxetine Hydrochloride	Tabs: 10mg, 20mg, 30mg, 40mg Susp: 10mg/5ml	Yes	PA Required and QL=40ml per day (suspension only); QL=6 per day(10mg tabs), 3 per day(20mg tabs), 2 per day(30mg tabs and 40mg tabs)
Paxil CR®	Paroxetine Hydrochloride	ER Tabs: 12.5mg, 25mg, 37.5mg	Yes	None
Pexeva®	Paroxetine Mesylate	Tabs: 10mg, 20mg, 30mg, 40mg	No	PA Required
Prozac®	Fluoxetine Hydrochloride	Caps: 10mg, 20mg, 40mg; Tabs: 10mg, 20mg, 60mg Sol: 20 mg/5ml	Yes (except 60mg tabs)	QL=4 per day (10mg and 20mg caps);QL=2 per day and AL= at least 7 years old (40mg caps only);QL=600ml per 30 days retail and AL=at up to 6 year old (solution only);QL=1 per day and AL=at least 7 years old (10mg tab only):QL=4 per day(20mg tabs only); PA Required (60mg tabs)
Prozac Weekly®	Fluoxetine Hydrochloride	DR Caps: 90 mg	No	PA Required
Zoloft®	Sertraline Hydrochloride	Tabs: 25mg, 50mg, 100mg tabs Sol: 20mg/ml	Yes	QL=4 per day(25mg and 50mg tab);QL=2 per day(100mg tab);QL= 6ml per day (solution only)
<b>SSRI Combinations</b>				
Symbyax®	Olanzapine/Fluoxetine	Caps:3mg/25mg, 6mg/25mg,6mg/50mg, 12mg/25mg,12mg/50mg	No	PA Required
<b>Selective Serotonin-Norepinephrine Reuptake Inhibitor (SNRI)</b>				
Cymbalta®	Duloxetine	DR Caps: 20mg, 30mg, 40mg, 60mg	Yes (except for 40mg)	AL=at least 7 years old; QL=1 per day
Pristiq®	Desvenlafaxine Succinate	ER Tabs: 25mg, 50mg, 100mg	Yes	ST; QL=1 per day (25mg, 50mg) 4 daily(100mg)

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Fetzima®	Levomilnacipran	ER Caps: 20mg, 40mg, 80mg, 120mg; Titration Pack: 20mg/40mg	No	PA Required
Effexor®	Venlafaxine Hydrochloride	Tabs: 25mg, 37.5mg, 50mg, 75mg, 100mg	Yes	None
Effexor XR®	Venlafaxine Hydrochloride	ER Caps: 37.5mg, 75mg, 150mg	Yes	QL=4 per day(37.5mg), 5 per day(75mg), 2 per day(150mg)
Venlafaxine ER®	Venlafaxine Hydrochloride	ER Tabs: 37.5mg, 75mg, 150mg, 225 mg	Yes	QL=1 per day; QL=2 per day (150mg tab only)
<b>Serotonin Receptor Agonist</b>				
Exxua®	Gepirone	ER Tabs: 18.2mg, 36.3mg, 54.5mg, 72.6mg	No	PA Required
<b>N-Methyl-D-Aspartate (NMDA) Receptor Antagonist</b>				
Spravato®	Esketamine	Spray: 28mg per device	Yes	SP: PA Required
<b>Gamma-Aminobutyric Acid A (GABA-A) Receptor Modulator</b>				
Zulresso®	Brexanolone	Inj: 100mg/20ml vial	Yes	SP: PA Required
Zurzuvae®	Zuranolone	Caps: 20mg, 25mg, 30mg	No	PA Required
<b>Miscellaneous</b>				
Aplenzin®	Bupropion Hydrobromide	ER Tabs (24hr): 174mg, 348mg, 522mg	No	PA Required
Auvelity®	Dextromethorphan/bupropion hydrochloride	ER Tabs: 45/105mg	No	PA Required
Forfivo XL®	Bupropion Hydrochloride	ER Tabs (24hr): 450mg	No	PA Required
Desyrel®	Trazodone Hydrochloride	Tabs: 50mg, 100mg, 150mg, 300mg	Yes	QL=2 per day (300 mg tab only)
Remeron®	Mirtazapine	Tabs: 7.5mg, 15mg, 30mg, 45mg	Yes	QL= 1 per day(7.5mg and 45mg), 1.5 per day(30mg), 3 per day(15mg)
Remeron Soltab®	Mirtazapine	ODT: 15mg, 30mg, 45mg	Yes	QL= 1 per day(45mg), 1.5 per day(30mg), 3 per day(15mg)
Serzone®	Nefazodone Hydrochloride	Tabs: 50mg, 100mg, 150mg, 200mg, 250mg	Yes	None
Trintellix®	Vortioxetine	Tabs: 5mg, 10mg, 20mg	Yes	PA Required; QL (1 per day);AL=at least 18 years old
Viibryd®	Vilazodone Hydrochloride	Tabs: 10mg, 20mg, 40mg; Starter Kit: 10mg/20mg	Yes	PA Required; QL=1 per day
Wellbutrin®	Bupropion Hydrochloride	Tabs: 75mg, 100mg	Yes	QL=3 per day
Wellbutrin SR®	Bupropion Hydrochloride	ER Tabs (12hr): 100mg, 150mg, 200mg	Yes	QL= 2 per day (200mg), 3 per day(150mg), 4 per day(100mg)
Wellbutrin XL®	Bupropion Hydrochloride	ER Tabs (24hr): 150mg, 300 mg	Yes	QL= 1 per day (300mg) and 3 per day(150mg)

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Aero=Aerosol, AL=Age Limits, Act=Actuation, C= Custom restrictions, Caps=Capsules, Chew= Chewable, CR= Controlled Release, DR= Delayed Release, ER=Extended Release, Elix=Elixer, GL=Gender Limit, GM=Gram, HR=Hour, IM=Intramuscular, Inh=Inhaler, Inj=Injection, IR=Immediate-release, LA= Long-Acting, MCG=Microgram, MDI=Metered Dose Inhaler, MDD=Max Daily Dose, MDS=Max Days' Supply, MFL= Max Fill Limit, MG=Milligram, MPL=Max Package Limit, Neb=Nebulizer, PA=Prior Authorization, Pack=Packets, PFS=Pre-Filled Syringe, QL=Quantity Limits, Oint=Ointment, ODT=Oral Disintegrating Tablet, RTL=Retail, SP= Specialty Drug, Sol=Solution, SC=Subcutaneous, SR=Sustained Release, SL=Sublingual, ST=Step Therapy, Susp=Suspension, Syr=Syrup, Tabs=Tablets, TD=Transdermal, TM= Transmucosal, TR=timed Release, XL= Extended Release, XR=Extended Release

*For the most current program description you may call Member Services at 1-800-704-1484 (TTY/TTD 1-800-255-0056) or visit the Peach State Health Plan website at [www.pshp.com](http://www.pshp.com)*