Prior Authorization Guidelines
Concomitant Antidepressant Treatment

Approved Indication:
Treatment Resistant Depression

Special Considerations:
Cross tapers may be approved for up to 60 days per each RBHA’s policy. For greater than 60 days, Providers must submit a prior authorization request for continued utilization of concomitant use of two (2) antidepressants for the following:

1. Two SSRIs
2. An SSRI in combination with an SNRI
3. Two SNRIs
4. Two Tricyclics (TCAs)

Guidelines for Approval:
1. Approval will be granted when a member is transitioning from one medication to another.
2. Evidence of adequate trials of at least three (3) individual formulary antidepressants, from at least two (2) different therapeutic classes, for 4-6 weeks at maximum tolerated doses. Failure is due to:
   a. An inadequate response at maximum tolerated doses,
   b. Adverse reaction(s), or
   c. Break through symptoms.

And
3. Documentation confirming that trials of at least four (4) evidenced based augmentation strategies have been tried for an adequate trial and failed, resulted in significant side effects, or are contraindicated. Examples of augmentation strategies include lithium, thyroid hormone, bupropion, mirtazapine, quetiapine, or aripiprazole). Failure is due to:
   a. Inadequate response at maximum tolerated doses,
   b. Adverse reaction(s), or
   c. Break through symptoms

Additional Requirements:
1. Provider must provide supporting documentation that:
   a. Adherence to the treatment regimen is not a contributing factor to the inadequate response to the medication trials,
   b. Appropriate clinical monitoring of target symptoms, adverse reactions including signs and symptoms of serotonin syndrome, adherence to treatment, suicide risk, heart rate, blood pressure, and weight has been completed, and
   c. Appropriate clinical monitoring has been completed for TCAs, which includes but is not limited to, pupillary reactive response, thyroid function, liver function, abdominal girth, TCA levels and an ECG at baseline and follow up.
Coverage is **Not Authorized for:**
1. Members with known hypersensitivity to the requested agent(s).
2. Members not meeting the above stated criteria.
3. Members currently taking an MAOI medication.

**References:**
1. ADHS/DBHS: [Provider Manual Section 3.15: Psychotropic Medication: Prescribing and Monitoring](#)
3. Sequenced Treatment Alternatives to Relieve Depression (STAR*D) Study