

GENERIC STEP THERAPY PLANS (GSTP)

DRUG CLASS **SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)**

PGST SSB:

HPGST SSB: Pexeva, Trintellix

TGST SSB: Pexeva, Trintellix

Status: *CVS Caremark Criteria*

Type: *Initial Step Therapy; Post Step Therapy Prior Authorization*

POLICY

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) drug within the past 365 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

The requested branded Selective Serotonin Reuptake Inhibitor will be covered with post step therapy prior authorization when 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 Selective Serotonin Reuptake Inhibitor (SSRI) drug
OR
- The patient has a documented contraindication or a potential drug interaction that would prohibit a trial with at least one generic Selective Serotonin Reuptake Inhibitor (SSRI) drug
OR
- The patient has experienced an intolerance to at least one generic Selective Serotonin Reuptake Inhibitor (SSRI) drug

REFERENCES

N/A