AN OVERVIEW OF ANTIDEPRESSANT USE IN CHILDREN AND ADOLESCENTS WITH A FOCUS ON TRICYCLIC ANTIDEPRESSANTS

BACKGROUND

Antidepressant use in children and adolescents are a safety concern. Antidepressant agents have a FDA boxed warning for increased risk of suicidal thoughts and behaviors in pediatric and young adult patients[1] with many not approved for use in children. Albeit seemingly low, there is a risk of suicidality when initiating antidepressants; there is also risk in not treating depressed patients with antidepressants in whom they are indicated. Clinicians must be cognizant of this risk and monitor high-risk patients per the Food and Drug Administration (FDA) recommended guidelines.[2] Below is the updated FDA Boxed Warning language for antidepressants:[3]

Suicidality and Antidepressant Drugs

Antidepressants increased the risk compared to placebo of suicidal thinking and behavior (suicidality) in children, adolescents, and young adults in short-term studies of major depressive disorder (MDD) and other psychiatric disorders. Anyone considering the use of [Insert established name] or any other antidepressant in a child, adolescent, or young adult must balance this risk with the clinical need. Short-term studies did not show an increase in the risk of suicidality with antidepressants compared to placebo in adults beyond age 24; there was a reduction in risk with antidepressants compared to placebo in adults aged 65 and older. Depression and certain other psychiatric disorders are themselves associated with increases in the risk of suicide. Patients of all ages who are started on antidepressant therapy should be monitored appropriately and observed closely for clinical worsening, suicidality, or unusual changes in behavior. Families and caregivers should be advised of the need for close observation and communication with the prescriber. [Insert Drug Name] is not approved for use in pediatric patients. [The previous sentence would be replaced with the sentence, below, for the following drugs: Prozac: Prozac is approved for use in pediatric patients with MDD and obsessive compulsive disorder (OCD). Zoloft: Zoloft is not approved for use in pediatric patients except for patients with obsessive compulsive disorder (OCD). Fluvoxamine: Fluvoxamine is not approved for use in pediatric patients except for patients with obsessive compulsive disorder (OCD).] (See Warnings: Clinical Worsening and Suicide Risk, Precautions: Information for Patients, and Precautions: Pediatric Use)

A summary of antidepressants available in the US is provided in Attachment A. Mississippi Medicaid includes many antidepressants on its Universal Preferred Drug List (UPDL) along with

[1] US Food and Drug Administration. Suicidality in Children and Adolescents Being Treated With Antidepressant Medications. https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/suicidality-children-and-adolescents-being-treated-antidepressant-medications. Accessed November 12, 2019.

[2] Christopher Noel (2015) Antidepressants and suicidality: History, the black-box warning, consequences, and current evidence. Mental Health Clinician: September 2015, Vol. 5, No. 5, pp. 202-211 https://mhc.cpnp.org/doi/full/10.9740/mhc.2015.09.202

[3] FDA. Revisions to Product Labeling. https://www.fda.gov/media/77404/download. Accessed November 19, 2019

associated FDA age restrictions (Attachment B). However, tricyclic antidepressants (TCAs) are not listed on the UPDL and FDA age restrictions have not been previously implemented. TCAs are rarely recommended for use in children due to safety concerns, potential for adverse events, and limited efficacy data.

MS-DUR conducted an evaluation of antidepressant prescribing patterns in children, adolescents, and young adults in the Mississippi Medicaid population with particular focus on the utilization of TCAs.

METHODS

A retrospective database analysis of Mississippi Medicaid beneficiaries was conducted related to the use of antidepressants in beneficiaries less than 21 years of age. Pharmacy point-of-sale (POS) and medical claims for fee-for-service (FFS) and coordinated care organizations [CCOs: UnitedHealthcare (UHC), Magnolia Health (Mag) and Molina Healthcare (MOL)] from January 1, 2018 to June 30, 2019 were reviewed. The index event was defined as the first paid claim in the study period. Beneficiaries with prior use of antidepressants were included in this analysis. A six month lookback period for prior antidepressant use and diagnoses was used in the study. Details regarding the beneficiaries' demographic characteristics (Table 1), antidepressant use by pharmacologic class and by beneficiary age (Table 2), and the type of provider prescribing the antidepressant (Table 3) are provided.

Additionally, a subgroup analysis was conducted for beneficiaries initially prescribed TCAs. New starts on TCAs were identified using a 6 month washout period prior to the first TCA claim. Demographic characteristics, provider type, diagnosis information, and prior antidepressant use were all assessed for TCA new starts. A six month lookback for determining diagnoses was also used in the subgroup analysis.

RESULTS

Table 1 depicts demographic characteristics of beneficiaries age less than 21 years prescribed antidepressants (ADs) between January 2018 and June 2019. Medication class for each beneficiary was determined by the medication class of the first AD claim during the study period.

- A total of 17,350 beneficiaries were prescribed ADs.
- Most beneficiaries receiving ADs were age >12 years (71.5%).
- Females and Caucasians were more likely to receive ADs.
- SSRIs were the most commonly prescribed pharmacologic class.
- Nearly 63% of all initial AD prescriptions during the study period were new starts with no recent history of other AD therapy.

* *Medication class was determined by the class of medication for the first AD fill for a beneficiary during the study period. Although not shown in Table 1, MS-DUR conducted additional analyses and determined 89.3% of beneficiaries were prescribed ADs from only 1 medication class during the study period.*

TABLE 1. Demographic Characteristics of Beneficiaries Age < 21 Years Prescribed Antidepressants between Janaury 2018 - June 2019

Characteristic	Number of beneficiaries (N= 17,350)
Age Category (yrs)	
0-12	4,940 (28.5%)
13-18	11,020 (63.5%)
19-20	1,390 (8.0%)
Sex	
Female	10,478 (60.4%)
Male	6,872 (39.6%)
Race	
Caucasian	10,491 (60.5%)
African American	5,989 (34.5%)
Hispanic	266 (1.5%)
Other	604 (3.5%)
Plan	
Fee-for-service	4,204 (24.2%)
United Healthcare	6,356 (36.6%)
Magnolia	6,461 (37.2%)
Molina	329 (1.9%)
Medication Class	
SSRI	13,252 (76.4%)
TCA	2,469 (14.2%)
SNRI	207 (1.2%)
Other *	1,422 (8.2%)
History of antidepressant use	
Prior Use**	6,432 (37.1%)
New Start	10,918 (62.9%)

* 'Other' category included tetracyclic antidepressants, monoamine oxidase inhibitors, phenylpiperazine antidepressants, and miscellaneous antidepressants.
** Prior use of antidepressants was evaluated in 6-month period prior to index antidepressant prescription in the study period.

Table 2 further describes the AD use by pharmacologic classes and ages of beneficiaries.

- SSRIs are the most prescribed class of AD across all age categories.
- TCAs are the second most prescribed class of AD in beneficiaries age ≤ 18 years.

TABLE 2. Antidepressant Use by Class and Beneficiary Age

Class	Age Category, N(%)			
	0-12 yrs	13-18 yrs	19-20 yrs	Total
SSRI	3,648 (73.8)	8,631 (78.3)	973 (70.0)	**13,252**
TCA	1,067 (21.6)	1,341 (12.2)	61 (4.4)	**2,469**
SNRI	14 (0.3)	149 (1.3)	44 (3.2)	**207**
Other	211 (4.3)	899 (8.2)	312 (22.4)	**1,422**
Total	**4,940**	**11,020**	**1,390**	**17,350**

SSRI - selective serotonin reuptake inhibitor; TCA - tricyclic antidepressant; SNRI - serotonin-norepinephrine reuptake inhibitor.

Table 3 identifies provider types by numbers of beneficiaries and pharmacy claims when prescribing antidepressants for beneficiaries age < 21 years during the analysis timeframe.

- Providers identified as practicing in a psychiatric or pediatric setting were the most frequent prescribers of ADs to beneficiaries age < 21 years.

TABLE 3. Provider Types for Antidepressants in Beneficiaries < 21 Years between January 2018 - June 2019

Provider Type	Number of Beneficiaries*	Number of Claims
MD-Psychiatry	4,000	16,953
MD-Pediatrics	3,288	15,721
NP-Psychiatry	3,541	15,600
NP-Other	4,206	15,039
MD-Family Physician	1,762	6,567
Physician Assistant	802	3,997
MD-Other	1,045	2,722
MD-Neurology	475	2,317
Provider-Other	736	2,121
MD-Internal Medicine	301	1,095
MD-Gastroenterology	135	493
MD-Urology	14	46
Mental Health	5	13
MD-Nephrology	3	3
Specialty N/A	3,304	11,469

*Number of beneficiaries is not mutually exclusive. Same beneficiary may have been seen by multiple provider types.

Table 4 examines AD use by FDA-approved diagnosis. A beneficiary was considered as having a FDA-approved diagnosis if any of the diagnoses included in Table 4 were present in claims data in a 6-month period prior to the first antidepressant fill during the study period.

- Of the 17,350 beneficiaries prescribed antidepressants during the study period, diagnosis information was present for 15,945 (91.9%) beneficiaries.
    - Among beneficiaries with diagnosis information available, 69.5% (n=9528) of beneficiaries prescribed antidepressants in the SSRI, SNRI, and other categories had FDA-approved indications present in claims data.
    - For beneficiaries prescribed TCAs, only **27.7%** (n=619) had FDA-approved indications present in claims data.

TABLE 4. Antidepressant Use by FDA-approved Diagnosis (N = 15,945)ǂ

Indication	Class							
	SSRI (N=12,177)		TCA (N=2,234)		SNRI (N=190)		Other (N=1,344)	
	Beneficiaries*	%	Beneficiaries*	%	Beneficiaries*	%	Beneficiaries*	%
Any of the FDA-approved indications listed below	**8,591**	**70.6**	**619**	**27.7**	**150**	**78.9**	**787**	**58.6**
Depression	4,867	40.0	191	8.6	92	48.4	444	33.0
Anxiety and Panic disorder	4,010	32.9	289	12.9	94	49.5	286	21.3
Bipolar Disorder	762	6.3	34	1.5	18	9.5	156	11.6
Adjustment Reactions	2,636	21.7	192	8.6	28	14.7	222	16.5
Other FDA-approved indication**	762	6.3	133	6.0	36	19.0	140	10.4
Non FDA-approved indication	**3,586**	**29.4**	**1,615**	**72.3**	**40**	**21.1**	**557**	**41.4**

Note: Diagnoses were evaluated in a 6-month period prior to the first antidepressant precription fill in study period.
ǂOf the 17,350 beneficiaries, corresponding diagnosis information was not available for 1,405 beneficiaries within a 6-month period prior to first antidepressant prescription fill in study period.
*Beneficiaries with multiple diagnoses may be counted more than once.
** Includes bulimia nervosa and eating disorders, premenstrual dysphoric disorder/tension syndromes, OCD, diabetic neuropathy, fibromyalgia, chronic pain (SNRIs), and nocturnal enuresis (TCAs).

TRICYCLIC ANTIDEPRESSANT SUB-GROUP ANALYSIS

Due to the lack of demonstrated clinical efficacy of TCAs in children and adolescents and safety concerns associated with these medications, a review of this specific pharmacologic category was conducted.[4,5] For a subgroup analysis, MS-DUR examined the use of TCAs in beneficiaries < 21 years of age. A small proportion of beneficiaries (n=2469, 14.2%) received TCAs between January 2018 – June 2019.

[4] Leonte K, Puliafico A, Na P, Rynn M. Pharmacotherapy for anxiety disorders in children and adolescents. UpToDate. https://www.uptodate.com/contents/pharmacotherapy-for-anxiety-disorders-in-children-and-adolescents. Accessed November 20, 2019
[5] National Institute for Health and Care Excellence. Depression in children and young people: identification and management. Clinical Guideline. September 2017. Available at: www.NICE.org.uk. Accessed: November 20, 2019.

- A total of 2,045 beneficiaries age < 21 years were initiated on TCAs during the study period.

  The demographic information (Table 5) regarding beneficiaries initiated on TCAs is similar, by percentage breakdown, to the demographics presented in Table 1 for beneficiaries prescribed any AD.

TABLE 5. Demographic Characteristics of Beneficiaries Age <21 Years Initiated on Tricyclic Antidepressants (TCA) between

Characteristic	Number of beneficiaries (N=2,045)
Age Category	
0-12	816 (39.9%)
13-18	1,160 (56.7%)
19-20	69 (3.4%)
Sex	
Female	1,219 (58.9%)
Male	826 (39.9%)
Race	
Caucasian	1,115 (53.9%)
African American	845 (40.8%)
Hispanic	47 (2.3%)
Other	38 (1.9%)
Plan	
Fee-for-service	469 (22.7%)
United Healthcare	789 (38.1%)
Magnolia	745 (36.0%)
Molina	42 (2.0%)

Similar to the provider types who prescribed any antidepressant to beneficiaries < age 21 years, pediatricians and psychiatrists were the most common provider types to initiate TCAs. (Table 6)

TABLE 6. Provider Types for the Initiation of TCAs in Beneficiaries Age < 21 Years between January 2018 - June 2019.

Provider Type	Number of beneficiaries*	Number of claims
MD-Pediatrics	583	1,594
NP-Other	418	1,028
MD-Psychiatry	149	565
MD-Neurology	219	544
MD-Family Physician	243	528
MD-Other	139	332
MD-Gastroenterology	92	263
NP-Psychiatry	62	174
Provider-Other	85	158
Physician Assistant	51	129
MD-Internal Medicine	36	93
MD-Urology	9	26
MD-Nephrology	1	1
Specialty N/A	212	470

*Number of beneficiaries is not mutually exclusive. Same beneficiary may have been seen by multiple provider types

As with other antidepressants, TCAs are used in the treatment of a variety of medical conditions. The different TCAs along with FDA-approved and compendia supported indications are provided in Figure 1.

FIGURE 1 – TCA FDA-approved and compendia supported indications

MICROMEDEX Recommendations for TCA Medications		
Generic (Brand) Products	**FDA Indications (Age)**	**Compendia Approved Indications***
Amitriptyline (Elavil, Vanatrip)	Depression (≥12 yrs)	Fibromyalgia (A)
		Headache (A)
		Irritable bowel syndrome (A)
		Pain (A)
		Postherpetic neuralgia (A)
		Subjective tinnitus (A)
Amoxapine (Amoxapine)	Depression (A)	None
	Endogenous depression (A)	
	Major depression with psychotic features (A)	
Clomipramine (Anafranil)	Obsessive-compulsive disorder (≥10 yrs)	Autism spectrum disorder (A)
		Depression (A,P)
		Disorder of ejaculation (A)
		Panic disorder (A)
Desipramine (Norpramin)	Depression (A)	Attention deficit hyperactivity disorder (P)
		Diabetic neuropathy (A)
		Postherpetic neuralgia (A)
Doxepin (Silenor, Sinequan)	Alcoholism (≥12 yrs)	Urticaria (A)
	Anxiety (≥12 yrs)	
	Depression (≥12 yrs)	
	Depression - psychotic disorder (≥12 yrs)	
	Insomnia - sleep maintenance (A)	
	Pruritus (A)	
Imipramine (Tofranil)	Depression (A)	Binging (A)
	Nocturnal enuresis (≥6 yrs)	Diabetic neuropathy (A)
		Panic disorder (A)
		Urinary incontinence (A)
Imipramine pamoate (Tofranil PM)	Depression (A)	Diabetic neuropathy (A)
		Panic disorder (A)
Nortriptyline (Pamelor, Aventyl)	Depression(≥12 yrs)	Attention deficit hyperactivity disorder (P)
		Diabetic neuropathy (A)
		Neurogenic bladder (A)
		Nocturnal enuresis (P)
		Postherpectic neuralgia (A)
		Smoking cessation assistance (A)
Protriptyline (Vivactil)	Depression(≥12 yrs)	Cataplexy (A)
Trimipramine (Surmontil)	Depression(≥12 yrs)	None

*"Strength of Recommendation" rating of at least IIB and "Efficacy" rating of at least IIA are considered a "medically-accepted indication."
(A) - Adult; (P) - Pediatrics

As a note of reference, under the current electronic prior authorization process (SmartPA®), the primary compendia resource for the DOM for establishing medically accepted indications is Thompson Micromedex DrugDex® (Micromedex). This is one of the official compendia approved by the Centers for Medicare and Medicaid Services. The criteria used for determining medically accepted indications are:

- *"Strength of Recommendation" rating of at least IIB (Recommended, In Some Cases)* ***and***
- *"Efficacy" rating of at least IIA (Evidence Favors Efficacy).*

TABLE 7. Diagnoses Associated with TCA Prescriptions in Beneficiaries < 21 Years by Age Category between January 2018 - June 2019

Diagnoses	Age Category						Total* (N = 1,853)	
	0-12 (N = 745)		13-18 (N = 1,041)		19-20 (N = 67)			
	6 month lookback** n (%)	1 week lookback n (%)	6 month lookback** n (%)	1 week lookback n (%)	6 month lookback** n (%)	1 week lookback n (%)	6 month lookback** n (%)	1 week lookback n (%)
Headache	229 (30.7)	190 (25.5)	462 (44.3)	381 (36.5)	23 (34.3)	15 (22.4)	714 (38.5)	586 (31.6)
Migraine	199 (26.7)	173 (23.2)	366 (35.2)	315 (30.3)	22 (32.8)	14 (20.9)	587 (31.7)	502 (27.1)
Attention-deficit hyperactivity disorder (ADHD)	304 (40.8)	242 (32.5)	200 (19.2)	134 (12.9)	7 (10.5)	6 (9.0)	511 (27.6)	382 (20.6)
Anxiety	77 (10.3)	53 (7.1)	213 (20.5)	151 (14.5)	21 (31.3)	18 (26.9)	311 (16.8)	222 (12.0)
Depression	32 (4.3)	26 (3.5)	194 (18.6)	140 (13.5)	20 (29.9)	13 (19.4)	246 (13.3)	179 (9.7)
Nocturnal enuresis	48 (6.3)	38 (5.0)	19 (1.8)	15 (1.4)	0 (0.0)	0 (0.0)	67 (3.6)	53 (2.8)
Irritable bowel syndrome	13 (1.7)	12 (1.6)	32 (3.1)	23 (2.2)	2 (3.0)	2 (3.0)	47 (2.5)	37 (2.0)
Obsessive compulsive disorder	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Alcohol related disorders	0 (0.0)	0 (0.0)	5 (0.5)	1 (0.1)	1 (1.5)	0 (0.0)	6 (0.3)	1 (0.1)

*Numbers of beneficiaries with diagnoses are not mutually exclusive. Diagnostic information was available for only 1,853 beneficiaries during the study period. Corresponding medical information was not available for 192 beneficiaries.
**Proportion of beneficiaries with diagnoses in a 6 month lookback prior to TCA prescription is inclusive of beneficiaries with diagnoses at 1 week prior to TCA prescription.

Upon analysis of diagnoses information available for beneficiaries < 21 years initiated on TCAs, the following was noted: (Table 7)

- Diagnoses information was present in medical claims for 1,853 out of 2,045 beneficiaries (90.6%) in the 6-month lookback period prior to the initial TCA prescription fill.
- Headache and migraine were the most common diagnoses present, followed by ADHD. Note that **none** of the TCAs have a FDA approved indication for any of these three diagnoses.
- Prescription fills are not routinely associated with a diagnosis code making it difficult to determine the exact diagnosis intended for a medication. However, a high proportion of beneficiaries had a diagnosis present within 1 week prior to the initial TCA fill. This increases the likelihood that a diagnosis is associated with a particular medication.
- Headache, migraine, and irritable bowel syndrome were the only three diagnoses associated with TCA use in children and adolescents that did not have a FDA approved or compendia supported indication to support their use.

CONCLUSIONS

A total of 17,350 beneficiaries age < 21 years were identified as receiving antidepressants between January 2018 – June 2019. While many antidepressant therapies lack FDA-approved indications for use in children, most beneficiaries prescribed antidepressants in categories other than TCAs had a FDA-approved indication associated with their use (69%). Beneficiaries prescribed TCAs did have a FDA-approved indication associated with their use 27.7% of the time. Most of the TCA use was for non FDA-approved indications. The primary diagnoses associated with the use of TCAs were headache and migraine.

RECOMMENDATIONS

1. DOM should implement an electronic edit for the initiation of TCA therapy with age limits corresponding to FDA-approved and compendia supported age limits for each agent. Beneficiaries with ongoing TCA therapy will be automatically grandfathered.

ATTACHMENT A

ANTIDEPRESSANT MEDICATION PHARMACOLOGIC CLASSIFICATION			
Generic Name	**Brand Name**	**Generic Name**	**Brand Name**
SSRI		**Other**	
Citalopram	Celexa	Tetracyclic	
Escitalopram	Lexapro	Maprotiline	Ludiomil
Fluoxetine	Prozac, Rapiflux, Sarafem, Selfemra	Mirtazapine	Remeron
Fluvoxamine	Luvox	Phenylpiperazine	
Paroxetine	Paxil, Brisdelle, Pexeva	Nefazodone	Serzone
Sertraline	Zoloft	Trazodone	Desyrel, Oleptro
SSNRI		Miscellaneous	
Desvenlafaxine	Pristiq, Khedezla	5-HTP	5-HTP
Duloxetine	Cymbalta, Irenka	Brexanolone	Zulresso
Levomilnacipran	Fetzima	Bupropion	Wellbutrin, Forfivo, Zyban
Milnacipran	Savella	Esketamine	Spravato
Venlafaxine	Effexor	St. John's Wort	St. John's Wort
TCA		Vilazodone	Viibryd
Amitriptyline	Elavil, Vanatrip	Vortioxetine	Brintellix, Trintellix
Amoxapine	Amoxapine	MAOI	
Clomipramine	Anafranil	Isocarboxazid	Marplan
Desipramine	Norpramin	Phenelzine	Nardil
Doxepin	Silenor, Sinequan	Selegiline	Eldepryl, Emsam, Zelapar
Imipramine	Tofranil	Tranylcypromine	Parnate
Nortriptyline	Pamelor, Aventyl		
Protriptyline	Vivactil		
Trimipramine	Surmontil		

ATTACHMENT B

MISSISSIPPI DIVISION OF MEDICAID

MISSISSIPPI DIVISION OF MEDICAID
UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

EFFECTIVE 11/01/2019
Version 2019.1
Updated: 10-31-2019

Conduent's SmartPA Pharmacy Application (SmartPA) is a proprietary electronic prior authorization system used for Medicaid fee for service claims. MSCAN plans may/may not -have electronic PA functionality. However, they must adhere to Medicaid's PA criteria.

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
ANTIDEPRESSANTS, OTHER SmartPA			
	bupropion bupropion SR bupropion XL TRINTELLIX (vortioxetine) mirtazapine trazodone venlafaxine venlafaxine ER capsules VIIBRYD (vilazodone)	APLENZIN (bupropion HBr) desvenlafaxine ER desvenlafaxine fumarate ER DESYREL (trazodone) EFFEXOR (venlafaxine) EFFEXOR XR (venlafaxine) EMSAM (selegiline transdermal) FETZIMA ER (levomilnacipran) FORFIVO XL (bupropion) KHEDEZLA ER (desvenlafaxine) MARPLAN (isocarboxazid) NARDIL (phenelzine) nefazodone OLEPTRO ER (trazodone) PARNATE (tranylcypromine) phenelzine PRISTIQ (desvenlafaxine) REMERON (mirtazapine) tranylcypromine venlafaxine XR	**Minimum Age Limit** • **18 years** - all drugs • **Cymbalta** – automatic approval for ages 7-17 with a diagnosis of GAD (Generalized Anxiety Disorder) **Non-Preferred Criteria** • Have tried 2 different preferred '*Antidepressants, Other' Class* in the past 6 months **OR** • Have tried BOTH a preferred '*Antidepressant, SSRI' and 'Antidepressants, Other'* in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days **Cymbalta (see Fibromyalgia Agents)**
		venlafaxine ER tablets WELLBUTRIN (bupropion) WELLBUTRIN SR (bupropion) WELLBUTRIN XL (bupropion HCl)	

MISSISSIPPI DIVISION OF MEDICAID

MISSISSIPPI DIVISION OF MEDICAID
UNIVERSAL PREFERRED DRUG LIST

(For All Medicaid, MSCAN and CHIP Beneficiaries)

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THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	PA CRITERIA
ANTIDEPRESSANTS, SSRIs SmartPA			
	citalopram escitalopram fluoxetine fluvoxamine paroxetine CR paroxetine IR sertraline	CELEXA (citalopram) fluoxetine DR fluvoxamine ER LEXAPRO (escitalopram) LUVOX (fluvoxamine) LUVOX CR (fluvoxamine) paroxetine suspension PAXIL CR (paroxetine) PAXIL SUPENSION (paroxetine) PAXIL Tablets (paroxetine) PEXEVA (paroxetine) PROZAC (fluoxetine) SARAFEM (fluoxetine) ZOLOFT (sertraline)	**Minimum Age Limits** • **6 years** - Zoloft • **7 years** – Prozac • **8 years** - Luvox • **12 years** - Lexapro • **18 years –** Celexa, Luvox CR, Paxil, Pexeva, Prozac 90 mg **Citalopram Criteria** • <18 years and 90 consecutive days on citalopram in the past 105 days **OR** • < 60 years **AND** max daily dose ≤ 40 mg/day **OR** • ≥ 60 years **AND** max daily dose ≤ 20 mg/day **Non-Preferred Criteria** • Have tried 2 different preferred agents in the past 6 months **OR** • 90 consecutive days on the requested agent in the past 105 days