# **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) or at least one generic Selective Serotonin Reuptake Inhibitor (SSRI) combination product 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) or at least one generic Selective Serotonin Reuptake Inhibitor (SSRI) combination product

#### OR

 The patient has a documented contraindication or a potential drug interaction that would prohibit a trial of at least one generic Selective Serotonin Reuptake Inhibitor (SSRI) or at least one generic Selective Serotonin Reuptake Inhibitor (SSRI) combination product

#### OR

• The patient has experienced an intolerance to at least one generic Selective Serotonin Reuptake Inhibitor (SSRI) or at least one generic Selective Serotonin Reuptake Inhibitor (SSRI) combination product

#### Duration of Approval (DOA):

374-D: DOA: 24 months409-D: DOA: 24 months384-D: DOA: 24 months

#### REFERENCES

N/A

GSTP SSRIs Policy 374-D, 409-D, 384-D UDR 07-2023

© 2023 Caremark. All rights reserved. This document contains confidential, privileged and proprietary information of CVS/caremark. It cannot be reproduced, distributed or printed without written permission from CVS/caremark. Clinical criteria may change at any time based on at-risk generic launches, new drug approvals, formulary changes and other market and regulatory events. Updates to the clinical criteria and GSTP may be made quarterly. This page contains prescription brand name drugs that are registered or trademarks of pharmaceutical manufacturers that are not affiliated with CVS/caremark Inc.

1