

Initial Pediatric SSRI Antidepressant – Daily Dose Limit

Goals:

- Approve only for covered OHP diagnoses.
- Limit risk of new-onset of deliberate self-harm thoughts and behaviors, or suicidality associated with initiation of antidepressant therapy at above recommended doses

Length of Authorization:

- Up to 12 months

Requires PA:

- Any SSRI in children 0-4 years of age.
- Any daily SSRI dose higher than maximum dose in the table below for patients <25 years of age on date of first antidepressant claim (i.e. no claim for any antidepressant in Specific Therapeutic Classes H2H, H2S, H2U, H7B, H7C, H7D, H7E, H7J, H8P or H8T in the 102 days prior)

GSN	SSRI	Age-specific Maximum Initial Daily Dose (mg)			
		Age range (years)			
		5-9	10-15	16-19	20-24
70991, 46206, 46204, 46203, 46205	citalopram	10	10	20	20
50712, 51642, 51698, 50760	escitalopram	5	10	10	10
46219, 46216, 46217, 47571, 46215, 46214, 46213	fluoxetine	10	10	20	20
46222, 46224, 46225, 46223, 46226, 53387, 53390, 53389, 53388,	paroxetine (immediate release)	10	10	20	20
46229, 46228, 46227, 46230	sertraline	25	25	50	50

Note: Paroxetine extended release and fluvoxamine are restricted to use in adults

Approval Criteria

1. What diagnosis is being treated?	Record ICD10 code.	
2. Is the patient under 5 years of age?	Yes: Go to #3	No: Go to #4
3. Is the request from a child psychiatrist or was the regimen developed in consultation with a child psychiatrist?	Yes: Approve for 12 months	No: Pass to RPH; Deny Recommend provider seek a consultation with a child psychiatrist, such as the no-cost/same-day consultation service of OPAL-K. www.ohsu.edu/OPALK

Approval Criteria		
4. Is the patient being treated for funded diagnosis on the OHP List of Prioritized Services?	Yes: Go to #5	No: Pass to RPH; Deny, (Diagnosis not funded by OHP)
5. Has the patient been treated previously (within the last 6 months) with a SSRI and is the dose at or below the maximum recommended daily dose listed above?	Yes: Approve for 12 months.	No: Go to #6
6. Is the requested dose above the recommended initial dose listed in the table above for the patient's age (i.e. was the days' supply entered correctly, is the patient's age accurate)?	Yes: Pass to RPh. Go to #7.	No: Direct Pharmacy to correct and reprocess
7. Are there clinical circumstances that justify an increased dose?	Yes: RPh to evaluate on a case-by-case basis.	No: Deny for medical appropriateness Recommend provider consider lowering the initial dose and/or seek a consultation with a child psychiatrist, such as the no-cost/same-day consultation service of OPAL-K. www.ohsu.edu/OPALK

P&T/DUR Review: 9/15 (TW); 7/15; 5/15; 11/14
Implementation: 10/15