



# DEPRESSION REFERENCE GUIDE

## Drug Therapy



### Commonly Prescribed Antidepressant Medications

Category	Drug Name Generic (Brand™)	**Cost Tier 1 or 2 Generic Medications	Indications	Starting Dose (mg)	Usual Daily Dose (mg) for Depression
SSRI	<b>Fluoxetine</b> (Prozac™)	\$	Depression, Obsessive Compulsive Disorder (OCD)	20	20-80
SSRI	<b>Sertraline</b> (Zoloft™)	\$	Depression, Obsessive Compulsive Disorder (OCD)	50	50-200
SSRI	<b>Paroxetine</b> (Paxil™)	\$	Depression, Panic Disorder, Obsessive Compulsive Disorder	20	20-60
SSRI	<b>Citalopram</b> (Celexa™)	\$	Depression, Anxiety	20	10-40
SSRI	<b>Escitalopram</b> (Lexapro™)	\$	Depression, Anxiety	10	5-20
SNRI	<b>Venlafaxine</b> (Effexor XR™)	\$	Depression, Panic	75	75-350
SNRI	<b>Desvenlafaxine</b> (Effexor XR™)	\$\$	Depression, Panic	150	50-400
SNRI	<b>Duloxetine</b> (Cymbalata™)	\$	Depression, Anxiety, Fibromyalgia, Neuropathic Pain	20	20-80
Misc.	<b>Bupropion</b> (Wellbutrin™ SR, XL)	\$	Depression, Smoking Cessation	150	150-400
TCA	<b>Amitriptyline</b> (Elavil™)	\$	Depression	75	40-150

\*Not an exhaustive list of covered depression medications.

The above list is intended as a general reference only and should not serve as guidelines for prescribing medications for Depression. Please refer to the manufacturer's product information sheet or the Prescription Drug Reference (PDR) for any changes in dosage or contraindications. Brand names are registered trademarks.

SSRI: Selective Serotonin Reuptake Inhibitors; SNRI: Serotonin and Norepinephrine reuptake inhibitors; SARI: Serotonin Antagonist and Reuptake Inhibitor; Monoamine Oxidase Inhibitors MAOIs; Tricyclic Antidepressants TCAs; Miscellaneous Misc.

\*\*Please refer to member's current formulary for information on member specific covered medications.



## Patient Health Questionnaire (PHQ-9)

### PHQ-9 Assessment Tool in Management of Depression

Symptoms	None – Minimal	Mild	Moderate	Moderately Severe	Severe Depression
<b>PHQ-9 Score</b>	<b>0-4</b>	<b>5-9</b>	<b>10-14</b>	<b>15-19</b>	<b>20-27</b>
Plan of action & follow-up assessment	Yearly screening	Self-management support  Reassess as needed	Assess for mania/suicide  Consider pharmacotherapy  PHQ-9 monthly	Assess for mania/suicide  Initiate pharmacotherapy and psychotherapy	Assess for mania-suicide  Immediate pharmacotherapy and psychotherapy  Consider mental health specialist referral for treatment failure and severe impairment

Source: Patient Health Questionnaire (PHQ) Screeners - Pfizer

### Helpful Tips & Information:

- The PHQ-9 tool helps assess symptoms and severity of depression. Additionally, the HAM-D scale can be used before and during treatment. Other screening tools can be used to identify patients who would benefit from drug and/or talk therapy.
- Educate patients it may take up to 4-6 weeks to see full therapeutic effects.
- In elderly patients, depression and antidepressant therapy can increase the risk of a fall.
- Avoid duplication of therapy in patients with newly prescribed antidepressants.
- Emphasize the importance of medication adherence during the start of treatment and consider extended days supply for maintenance medications where appropriate.
- Refer patients to community and/or employer sponsored support programs where available.
- **Please note:** For moderate to severe depression, refer to an in-network Behavioral Health (BH) Specialist

## Side Effects for Commonly Prescribed Antidepressant Medications:

- Headache
- Nausea
- Constipation
- Diarrhea
- Dry mouth
- Fatigue
- Sweating
- Dizziness
- Vision changes
- Sexual dysfunction
- Sleep changes
- Weight changes (gain and loss)
- Fall risk in those greater than 65 years old

## Management of Side Effects Can Include the Following:

- Educate patient on the difference between adverse effects and depression symptoms.
- Counsel patients on common side effects (i.e., sexual dysfunction, sedation, fatigue, weight changes)
- Review patient history, tolerability, and therapeutic response to previous therapy
- Aim for the lowest effective dose.
- Change antidepressant medication, dose, and schedule where appropriate.
- Refer to therapy to manage common side effects and improve control of depression symptoms.
- Monitor and schedule follow-up visits.
- Educate members and caregivers about the:
  - Increased risk of metabolic health complications from antipsychotic medications
  - Importance of screening blood glucose and cholesterol levels

## CareSource Provider Services

Providers can visit the CareSource Provider Portal to access additional CareSource resource and information on the following:

- [Provider Portal](#)
- [Provider Network Directory](#)
- [Drug Formulary](#)
- [Behavioral Health](#)
- [Care & Disease Management](#)

## National Depression Resources & Organizations

- [American Psychological Association \(APA\) – Depression Resources](#)
- [Centers for Disease Control \(CDC\) Division of Mental Health](#)
- [American Psychological Association \(APA\) – Clinical Practice Guidelines for the Treatment of Depression](#)
- [National Institute of Mental Health \(NIMH\)](#)
- [National Alliance on Mental Illness \(NAMI\) – Depression Resources](#)

# Patient Support

## National Suicide Prevention Lifeline: Call 988

Patients can call or text 988 to reach an available specialized counselor 24/7, if they are feeling overwhelmed, need emotional support, and or/resources for longer-term support.

For provider or patient questions, please call the CareSource RX Solutions Center at 833-230-2073.

If you have a patient who would benefit from our CareSource Care Management Program, please call 844-438-9498 or email us at:

North Carolina:	NC_CM_Team@caresource.com
Kentucky/West Virginia:	CMReferrals_KY_WV@caresource.com
Indiana:	INCasemanagement@caresource.com
Georgia:	Care4U_GA@caresource.com
Ohio:	OHMarketplacecasemanagement@caresource.com

## Resources

- Sienaert P. (2014, July 31). Managing the Adverse Effects of Antidepressants. Psychiatric Times. Vol 31 No 7. <https://www.psychiatrictimes.com/view/managing-adverse-effects-antidepressants>  
*Disclaimer: Recommendation of treatment does not guarantee coverage of services.*