

Depression – Antidepressants, Other

Point-of-Sale (POS) edits are safety limitations that are automatically verified through computer programming at the time that a prescription claim is submitted at the pharmacy. These edits can be applied to *any* medication, whether or not it is listed in the Preferred Drug List / Non-Preferred Drug List (PDL/NPDL). The first section of this document is organized to follow the order of the therapeutic classes in the PDL/NPDL and explains the POS edits for those medications.

POS Abbreviations

AL – Age Limit	DS – Maximum Days’ Supply Allowed	PU – Prior Use of Other Medication is Required
BH – Behavioral Health Clinical Authorization for Children Younger than 7 Years of Age	DT – Duration of Therapy Limit	QL – Quantity Limit
BY – Diagnosis Codes Bypass Some Requirements	DX – Diagnosis Code Requirement	RX – Specific Prescription Requirement
CL – Additional Clinical Information is Required	ER – Early Refill	TD – Therapeutic Duplication
CU – Concurrent Use with Other Medication is Restricted	MD – Maximum Dose Limit	YQ – Yearly Quantity Limit
DD – Drug-Drug Interaction	MME – Maximum Morphine Milligram Equivalent is Restricted	

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POS Edits

BH – Additional behavioral-health related clinical information (trial of behavioral therapy, etc.) is required for all agents (except, Spravato®, Zulresso™ and Zurzuvae™) when requested for recipients who are younger than 7 years of age.

CL – Additional clinical information (age, diagnosis, etc.) is required for brexanolone (Zulresso™), esketamine (Spravato®) and zuranolone (Zurzuvae™).

	<u>Generic (Brand Example)</u>	<u>Quantity Limit</u>
	<u>Zuranolone (Zurzuvae™) 20 mg</u>	<u>28 capsules per 14 days</u>
	<u>Zuranolone (Zurzuvae™) 25 mg</u>	<u>28 capsules per 14 days</u>
	<u>Zuranolone (Zurzuvae™) 30 mg</u>	<u>14 capsules per 14 days</u>

QL – Some agents have quantity limits as listed in the chart to the right.

Revision / Date	Implementation Date
Created POS Document	February 2020

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Modified to apply new age requirement for behavioral health clinical authorization / September 2020	January 2021
Policy clarification / July 2022	October 2022
Policy clarification / February 2023	April 2023
Formatting changes / August 2023	October 2023
Added Zurzuvae™ / May 2024	July 2024
<u>Added QL for Zurzuvae™ / May 2024</u>	<u>October 2024</u>