

Clinical Policy: SSRI/SNRI Duplicate Therapy

Reference Number: CP.PMN.60

Effective Date: 05.01.14

Last Review Date: 08.23

Line of Business: Medicaid

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

Due to similarities in mechanism of action, concurrent use of selective serotonin reuptake inhibitor (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs) may lead to additive adverse effects, including serotonin syndrome. Serotonin syndrome is characterized by rapid development of hyperthermia, hypertension, myoclonus, rigidity, autonomic instability, mental status changes (e.g., delirium or coma), and in rare cases, death. In its most severe form, serotonin syndrome can resemble neuroleptic malignant syndrome.

FDA Approved Indication(s)

Many SSRIs and SNRIs are indicated for the treatment of depression. Refer to each product's prescribing information for specific indications.

Policy/Criteria

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of health plans affiliated with Centene Corporation[®] that therapeutic duplication of SSRIs and SNRIs is **not medically necessary**.

There are currently no controlled clinical studies to support the use of two SSRIs or the concomitant use of an SSRI and SNRI; members are therefore restricted to the use of only 1 SSRI or 1 SNRI at a time.

I. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

FDA: Food and Drug Administration

SNRI: serotonin-norepinephrine reuptake inhibitor

SSRI: selective serotonin reuptake inhibitor

Appendix B: Therapeutic Alternatives

Not applicable

Appendix C: Contraindications/Boxed Warnings

Refer to each product's prescribing information.

II. References

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; 2023. Available at: <https://www.clinicalkey.com/pharmacology/>. Updated periodically. Accessed April 27, 2023.
2. Micromedex[®] Healthcare Series [Internet database]. Greenwood Village, Colo: Thomson Healthcare. Updated periodically. Accessed April 27, 2023.
3. McQuaid JR, Lin EH, Barber JP, et al. Clinical Practice Guideline for the Treatment of Depression across Three Age Cohorts. American Psychological Association, Adopted as APA Policy Feb. 16, 2019. Available at: <https://www.apa.org/depression-guideline/guideline.pdf>. Accessed April 27, 2023.
4. Gelenberg AJ, Freeman MP, Markowitz JC, et al. Practice guideline for the treatment of patients with major depressive disorder. Third edition. American Psychiatric Association. Available at: https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/mdd.pdf. Accessed April 27, 2023.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
3Q 2019 annual review: no significant changes; references reviewed and updated.	05.06.19	08.19
3Q 2020 annual review: no significant changes; references reviewed and updated.	04.29.20	08.20
3Q 2021 annual review: no significant changes; references reviewed and updated.	04.29.20	08.21
3Q 2022 annual review: no significant changes; references reviewed and updated.	05.12.22	08.22
3Q 2023 annual review: no significant changes; references reviewed and updated.	04.27.23	08.23

Important Reminder

Note:

For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

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