



Antidepressant Quantity Limit Program Summary

Quantity limits apply to Medicaid.

POLICY REVIEW CYCLE

Effective Date
07-01-2024

Date of Origin
10-01-2015

FDA APPROVED INDICATIONS AND DOSAGE

See package insert for FDA prescribing information: <https://dailymed.nlm.nih.gov/dailymed/index.cfm>

POLICY AGENT SUMMARY QUANTITY LIMIT

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
	Bupropion HCl Tab 100 MG	100 MG	120	Tablets	30	DAYS			
	Bupropion HCl Tab 75 MG	75 MG	60	Tablets	30	DAYS			
	Citalopram Hydrobromide Cap	30 MG	30	Capsules	30	DAYS			
	citalopram hydrobromide oral soln	10 MG/5ML	600	mLs	30	DAYS			
	desvenlafaxine tab er	100 MG ; 50 MG	30	Tablets	30	DAYS			
	Duloxetine HCl Enteric Coated Pellets Cap 40 MG (Base Eq)	40 MG	90	Capsules	30	DAYS			
	escitalopram oxalate soln	5 MG/5ML	600	mLs	30	DAYS			
	Fluoxetine HCl Cap Delayed Release 90 MG	90 MG	4	Capsules	28	DAYS			
	Fluoxetine HCl Solution 20 MG/5ML	20 MG/5ML	600	mLs	30	DAYS			
	Fluoxetine HCl Tab 10 MG	10 MG	30	Tablets	30	DAYS			
	Fluoxetine HCl Tab 20 MG	20 MG	120	Tablets	30	DAYS			
	Fluoxetine HCl Tab 60 MG	60 MG	30	Tablets	30	DAYS			
	fluvoxamine maleate cap er	100 MG ; 150 MG	60	Capsules	30	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
	Fluvoxamine Maleate Tab 100 MG	100 MG	90	Tablets	30	DAYS			
	Fluvoxamine Maleate Tab 25 MG	25 MG	30	Tablets	30	DAYS			
	Fluvoxamine Maleate Tab 50 MG	50 MG	30	Tablets	30	DAYS			
	Sertraline HCl Cap	150 MG	30	Capsules	30	DAYS			
	Sertraline HCl Cap	200 MG	30	Capsules	30	DAYS			
	Venlafaxine Besylate Tab ER	112.5 MG	30	Tablets	30	DAYS			
	venlafaxine hcl tab	100 MG ; 25 MG ; 37.5 MG ; 50 MG ; 75 MG	90	Tablets	30	DAYS			
	Venlafaxine HCl Tab ER ; venlafaxine hcl tab er	37.5 MG	30	Tablets	30	DAYS			
	Venlafaxine HCl Tab ER 24HR 150 MG (Base Equivalent)	150 MG	30	Tablets	30	DAYS			
	Venlafaxine HCl Tab ER 24HR 225 MG (Base Equivalent)	225 MG	30	Tablets	30	DAYS			
	Venlafaxine HCl Tab ER 24HR 75 MG (Base Equivalent)	75 MG	90	Tablets	30	DAYS			
Aplenzin	bupropion hbr tab er	174 MG ; 348 MG ; 522 MG	30	Tablets	30	DAYS			
Auvelity	Dextromethorphan HBr-Bupropion HCl Tab ER	45-105 MG	60	Tablets	30	DAYS			
Celexa	citalopram hydrobromide tab	10 MG ; 20 MG ; 40 MG	30	Tablets	30	DAYS			
Cymbalta	Duloxetine HCl Enteric Coated Pellets Cap 20 MG (Base Eq)	20 MG	60	Capsules	30	DAYS			
Cymbalta	Duloxetine HCl Enteric Coated Pellets Cap 30 MG (Base Eq)	30 MG	60	Capsules	30	DAYS			
Cymbalta	Duloxetine HCl Enteric Coated Pellets Cap 60 MG (Base Eq)	60 MG	60	Capsules	30	DAYS			
Effexor xr	Venlafaxine HCl Cap ER ; venlafaxine hcl cap er	150 MG	30	Capsules	30	DAYS			
Effexor xr	Venlafaxine HCl Cap ER 24HR 37.5 MG (Base Equivalent)	37.5 MG	30	Capsules	30	DAYS			
Effexor xr	Venlafaxine HCl Cap ER 24HR 75 MG (Base Equivalent)	75 MG	90	Capsules	30	DAYS			
Fetzima	levomilnacipran hcl cap er	120 MG ; 20 MG	30	Capsules	30	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
		; 40 MG ; 80 MG							
Fetzima titration pack	levomilnacipran hcl cap er	20 & 40 MG	28	Capsules	180	DAYS			
Forfivo xl ; Wellbutrin xl	bupropion hcl tab er	150 MG ; 300 MG ; 450 MG	30	Tablets	30	DAYS			
Lexapro	escitalopram oxalate tab	10 ; 10 MG ; 20 MG ; 5 MG	30	Tablets	30	DAYS			
Paxil	paroxetine hcl oral susp	10 MG/5ML	900	mLs	30	DAYS			
Paxil	Paroxetine HCl Tab 10 MG	10 MG	30	Tablets	30	DAYS			
Paxil	Paroxetine HCl Tab 20 MG	20 MG	30	Tablets	30	DAYS			
Paxil	Paroxetine HCl Tab 30 MG	30 MG	60	Tablets	30	DAYS			
Paxil	Paroxetine HCl Tab 40 MG	40 MG	30	Tablets	30	DAYS			
Paxil cr	Paroxetine HCl Tab ER 24HR 12.5 MG	12.5 MG	30	Tablets	30	DAYS			
Paxil cr	Paroxetine HCl Tab ER 24HR 25 MG	25 MG	60	Tablets	30	DAYS			
Paxil cr	Paroxetine HCl Tab ER 24HR 37.5 MG	37.5 MG	60	Tablets	30	DAYS			
Pexeva	Paroxetine Mesylate Tab 10 MG (Base Equiv)	10 MG	30	Tablets	30	DAYS			
Pexeva	Paroxetine Mesylate Tab 20 MG (Base Equiv)	20 MG	30	Tablets	30	DAYS			
Pexeva	Paroxetine Mesylate Tab 30 MG (Base Equiv)	30 MG	60	Tablets	30	DAYS			
Pexeva	Paroxetine Mesylate Tab 40 MG (Base Equiv)	40 MG	30	Tablets	30	DAYS			
Pristiq	desvenlafaxine succinate tab er	100 MG ; 25 MG ; 50 MG	30	Tablets	30	DAYS			
Prozac	Fluoxetine HCl Cap 10 MG	10 MG	30	Capsules	30	DAYS			
Prozac	Fluoxetine HCl Cap 20 MG	20 MG	120	Capsules	30	DAYS			
Prozac	Fluoxetine HCl Cap 40 MG	40 MG	60	Capsules	30	DAYS			
Remeron	mirtazapine tab	15 MG ; 30 MG ; 45 MG ; 7.5 MG	30	Tablets	30	DAYS			
Remeron soltab	mirtazapine orally disintegrating tab	15 MG ; 30 MG ; 45 MG	30	Tablets	30	DAYS			
Trintellix	vortioxetine hbr tab	10 MG ; 20 MG ; 5 MG	30	Tablets	30	DAYS			
Viiibryd	vilazodone hcl tab	10 MG ; 20 MG ; 40 MG	30	Tablets	30	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Viibryd starter pack	vilazodone hcl tab starter kit	10 & 20 MG	1	Kit	180	DAYS			
Viibryd starter pack	Vilazodone HCl Tab Starter Kit 10 (7) & 20 (23) MG	10 & 20 MG	1	Kit	180	DAYS			
Wellbutrin sr	Bupropion HCl Tab ER ; bupropion hcl tab er	100 MG ; 150 MG ; 200 MG	60	Tablets	30	DAYS			
Zoloft	Sertraline HCl Oral Concentrate for Solution 20 MG/ML	20 MG/ML	300	mLs	30	DAYS			
Zoloft	Sertraline HCl Tab 100 MG	100 MG	60	Tablets	30	DAYS			
Zoloft	Sertraline HCl Tab 25 MG	25 MG	30	Tablets	30	DAYS			
Zoloft	Sertraline HCl Tab 50 MG	50 MG	30	Tablets	30	DAYS			
Zurzuvae	zuranolone cap	20 MG	28	Capsules	365	DAYS	*Quantity limit is cumulative for the 20mg and 25 mg strengths.		
Zurzuvae	zuranolone cap	25 MG	28	Capsules	365	DAYS			
Zurzuvae	zuranolone cap	30 MG	14	Capsules	365	DAYS			

ADDITIONAL QUANTITY LIMIT INFORMATION

Wildcard	Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Additional QL Information	Targeted NDCs When Exclusions Exist	Effective Date	Term Date
58060090000120	Zurzuvae	zuranolone cap	20 MG	*Quantity limit is cumulative for the 20mg and 25 mg strengths.			

CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
	Bupropion HCl Tab 100 MG	100 MG	Medicaid
	Bupropion HCl Tab 75 MG	75 MG	Medicaid
	Citalopram Hydrobromide Cap	30 MG	Medicaid
	citalopram hydrobromide oral soln	10 MG/5ML	Medicaid
	desvenlafaxine tab er	100 MG ; 50 MG	Medicaid
	Duloxetine HCl Enteric Coated Pellets Cap 40 MG (Base Eq)	40 MG	Medicaid
	escitalopram oxalate soln	5 MG/5ML	Medicaid
	Fluoxetine HCl Cap Delayed Release 90 MG	90 MG	Medicaid
	Fluoxetine HCl Solution 20 MG/5ML	20 MG/5ML	Medicaid

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
	Fluoxetine HCl Tab 10 MG	10 MG	Medicaid
	Fluoxetine HCl Tab 20 MG	20 MG	Medicaid
	Fluoxetine HCl Tab 60 MG	60 MG	Medicaid
	fluvoxamine maleate cap er	100 MG ; 150 MG	Medicaid
	Fluvoxamine Maleate Tab 100 MG	100 MG	Medicaid
	Fluvoxamine Maleate Tab 25 MG	25 MG	Medicaid
	Fluvoxamine Maleate Tab 50 MG	50 MG	Medicaid
	Sertraline HCl Cap	200 MG	Medicaid
	Sertraline HCl Cap	150 MG	Medicaid
	Venlafaxine Besylate Tab ER	112.5 MG	Medicaid
	venlafaxine hcl tab	100 MG ; 25 MG ; 37.5 MG ; 50 MG ; 75 MG	Medicaid
	Venlafaxine HCl Tab ER ; venlafaxine hcl tab er	37.5 MG	Medicaid
	Venlafaxine HCl Tab ER 24HR 150 MG (Base Equivalent)	150 MG	Medicaid
	Venlafaxine HCl Tab ER 24HR 225 MG (Base Equivalent)	225 MG	Medicaid
	Venlafaxine HCl Tab ER 24HR 75 MG (Base Equivalent)	75 MG	Medicaid
Aplenzin	bupropion hbr tab er	174 MG ; 348 MG ; 522 MG	Medicaid
Auvelity	Dextromethorphan HBr-Bupropion HCl Tab ER	45-105 MG	Medicaid
Celexa	citalopram hydrobromide tab	10 MG ; 20 MG ; 40 MG	Medicaid
Cymbalta	Duloxetine HCl Enteric Coated Pellets Cap 20 MG (Base Eq)	20 MG	Medicaid
Cymbalta	Duloxetine HCl Enteric Coated Pellets Cap 30 MG (Base Eq)	30 MG	Medicaid
Cymbalta	Duloxetine HCl Enteric Coated Pellets Cap 60 MG (Base Eq)	60 MG	Medicaid
Effexor xr	Venlafaxine HCl Cap ER ; venlafaxine hcl cap er	150 MG	Medicaid
Effexor xr	Venlafaxine HCl Cap ER 24HR 37.5 MG (Base Equivalent)	37.5 MG	Medicaid
Effexor xr	Venlafaxine HCl Cap ER 24HR 75 MG (Base Equivalent)	75 MG	Medicaid
Fetzima	levomilnacipran hcl cap er	120 MG ; 20 MG ; 40 MG ; 80 MG	Medicaid
Fetzima titration pack	levomilnacipran hcl cap er	20 & 40 MG	Medicaid
Forfivo xl ; Wellbutrin xl	bupropion hcl tab er	150 MG ; 300 MG ; 450 MG	Medicaid
Lexapro	escitalopram oxalate tab	10 ; 10 MG ; 20 MG ; 5 MG	Medicaid
Paxil	paroxetine hcl oral susp	10 MG/5ML	Medicaid
Paxil	Paroxetine HCl Tab 10 MG	10 MG	Medicaid
Paxil	Paroxetine HCl Tab 20 MG	20 MG	Medicaid
Paxil	Paroxetine HCl Tab 30 MG	30 MG	Medicaid
Paxil	Paroxetine HCl Tab 40 MG	40 MG	Medicaid
Paxil cr	Paroxetine HCl Tab ER 24HR 12.5 MG	12.5 MG	Medicaid
Paxil cr	Paroxetine HCl Tab ER 24HR 25 MG	25 MG	Medicaid
Paxil cr	Paroxetine HCl Tab ER 24HR 37.5 MG	37.5 MG	Medicaid
Pexeva	Paroxetine Mesylate Tab 10 MG (Base Equiv)	10 MG	Medicaid

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Pexeva	Paroxetine Mesylate Tab 20 MG (Base Equiv)	20 MG	Medicaid
Pexeva	Paroxetine Mesylate Tab 30 MG (Base Equiv)	30 MG	Medicaid
Pexeva	Paroxetine Mesylate Tab 40 MG (Base Equiv)	40 MG	Medicaid
Pristiq	desvenlafaxine succinate tab er	100 MG ; 25 MG ; 50 MG	Medicaid
Prozac	Fluoxetine HCl Cap 10 MG	10 MG	Medicaid
Prozac	Fluoxetine HCl Cap 20 MG	20 MG	Medicaid
Prozac	Fluoxetine HCl Cap 40 MG	40 MG	Medicaid
Remeron	mirtazapine tab	15 MG ; 30 MG ; 45 MG ; 7.5 MG	Medicaid
Remeron soltab	mirtazapine orally disintegrating tab	15 MG ; 30 MG ; 45 MG	Medicaid
Trintellix	vortioxetine hbr tab	10 MG ; 20 MG ; 5 MG	Medicaid
Viibryd	vilazodone hcl tab	10 MG ; 20 MG ; 40 MG	Medicaid
Viibryd starter pack	vilazodone hcl tab starter kit	10 & 20 MG	Medicaid
Viibryd starter pack	Vilazodone HCl Tab Starter Kit 10 (7) & 20 (23) MG	10 & 20 MG	Medicaid
Wellbutrin sr	Bupropion HCl Tab ER ; bupropion hcl tab er	100 MG ; 150 MG ; 200 MG	Medicaid
Zoloft	Sertraline HCl Oral Concentrate for Solution 20 MG/ML	20 MG/ML	Medicaid
Zoloft	Sertraline HCl Tab 100 MG	100 MG	Medicaid
Zoloft	Sertraline HCl Tab 25 MG	25 MG	Medicaid
Zoloft	Sertraline HCl Tab 50 MG	50 MG	Medicaid
Zurzuvae	zuranolone cap	25 MG	Medicaid
Zurzuvae	zuranolone cap	30 MG	Medicaid
Zurzuvae	zuranolone cap	20 MG	Medicaid

QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
	<p>Quantity limit for the Target Agent(s) will be approved when ONE of the following is met:</p> <ol style="list-style-type: none"> 1. The requested quantity (dose) does NOT exceed the program quantity limit OR 2. The requested quantity (dose) exceeds the program quantity limit AND ONE of the following: <ol style="list-style-type: none"> A. BOTH of the following: <ol style="list-style-type: none"> 1. The requested agent does NOT have a maximum FDA labeled dose for the requested indication AND 2. There is support for therapy with a higher dose for the requested indication OR B. BOTH of the following: <ol style="list-style-type: none"> 1. The requested quantity (dose) does NOT exceed the maximum FDA labeled dose for the requested indication AND 2. There is support for why the requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does NOT exceed the program quantity limit OR C. BOTH of the following: <ol style="list-style-type: none"> 1. The requested quantity (dose) exceeds the maximum FDA labeled dose for the requested indication AND 2. There is support for therapy with a higher dose for the requested indication <p>Length of Approval: up to 12 months</p>

