

ANTIDEPRESSANTS BHP MEDICAID COVERAGE



Generic	Dosage Form	Strength	Medicaid Coverage
Selective Serotonin Reuptake Inhibitor			
*Citalopram (Celexa®)	Tablet	10mg, 20mg	Covered, MDD: 1.5 per day
		40mg	Covered, MDD: 1 per day
	Solution	10mg/5mL	Covered
*Escitalopram (Lexapro®)	Tablet	5mg, 10mg, 20mg	Covered, MDD: 1 per day
	Solution	5mg/5mL	PA
*Fluoxetine (Prozac®)	Capsule	10mg, 20mg 40mg	Covered, MDD: 4 per day Covered, MDD: 2 per day
	Capsule DR	90mg	PA
	Tablet	10mg 20mg	Covered, MDD: 1 per day Covered, MDD: 4 per day
	Solution	20mg/5mL	Covered, 120mL in 30 days
*Fluvoxamine (Luvox®)	Capsule ER	100mg, 150mg	PA
	Tablet	25mg, 50mg 100mg	Covered, MDD: 2 per day Covered, MDD: 3 per day
*Paroxetine (Paxil®)	Tablet	10mg, 20mg, 30mg, 40mg	Covered, MDD: 2 per day
	Tablet ER	12.5mg, 25mg, 37.5mg	PA
	Suspension	10mg/5mL	Covered, MDD: 40 per day
*Sertraline (Zoloft®)	Tablet	25mg, 50mg 100mg	Covered, MDD: 1.5 per day Covered, MDD: 2 per day
	Solution Concentrate	20mg/mL	Covered
Vortioxetine (Trintellix®)	Tablet	5mg, 10mg, 20mg	PA
Vilazodone (Viibryd®)	Tablet	10mg, 20mg, 40mg	PA
		10mg, 20mg, 40 mg KIT	PA under Medicaid coverage
Serotonin-Norepinephrine Reuptake Inhibitor			
*Desvenlafaxine (Pristiq®)	Tablet ER (fumarate)	50mg, 100mg	PA
	Tablet ER (succinate)	25mg, 50mg, 100mg	PA
*Duloxetine (Cymbalta®)	Capsule	20mg, 30mg, 60mg	Covered, MDD: 2 per day
Levomilnacipran (Fetzima®)	Capsule ER	20mg, 40mg, 80mg, 120mg	PA
Milnacipran (Savella®)	Tablet	12.5mg, 25mg, 50mg, 100mg	PA
*Venlafaxine (Effexor®)	Capsule ER	37.5mg, 75mg, 150mg	Covered, MDD: 1 per day
	Tablet	25mg, 37.5mg, 50mg, 75mg, 100mg	Covered
	Tablet ER	37.5mg, 75mg, 150mg, 225mg	MDD: 1 per day

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ANTIDEPRESSANTS BHP MEDICAID COVERAGE
continued



Generic	Dosage Form	Strength	Medicaid Coverage
Tricyclic Antidepressant			
*Amitriptyline (Elavil®)	Tablet	10mg, 25mg, 50mg, 75mg, 100mg, 150mg	Covered
*Desipramine (Norpramin®)	Tablet	10mg, 50mg, 75mg, 100mg, 150mg	Covered
		25mg	Covered, MDD: 2 per day
*Doxepin (Silenor®)	Capsule	10mg, 25mg, 50mg, 75mg, 100mg, 150mg	Covered
	Tablet	3mg, 6mg	PA
	Solution concentrate	10mg/mL	Covered
*Imipramine (Tofranil®)	Capsule	75mg, 100mg, 125mg	Covered
	Tablet	10mg, 25mg, 50mg	Covered
*Nortriptyline (Pamelor®)	Capsule	10mg, 25mg, 50mg, 75mg	Covered
	Solution	10mg/5mL	Covered, MDD: 20mL per day
Trimipramine (Surmontil®)	Capsule	25mg, 50mg, 100mg	PA
Other Agents			
*Bupropion (Wellbutrin®)	Tablet	75mg, 100mg	Covered, MDD: 3 per day
	Tablet ER 12H	100mg, 150mg, 200mg	Covered, MDD: 2 per day
	Tablet ER 24H	150mg, 300mg	Covered, MDD: 1 per day
*Mirtazapine (Remeron®)	Tablet	7.5mg, 15mg, 30mg, 45mg	Covered, MDD: 1 per day
	Tablet ODT	15mg, 30mg, 45mg	Covered, MDD: 1 per day
*Trazodone (Desyrel®)	Tablet	50mg, 100mg, 150mg 300mg	Covered Covered, MDD: 2 per day

Covered = Medication on preferred drug list (PDL) without requirement of prior authorization. Restrictions may apply such as quantity limits.

*Generic equivalent available

ABBREVIATIONS: ER = extended-release, MDD = max daily dose, ODT = oral disintegrating tablet, PA = prior authorization required