

Antidepressant Medication Management



Learn how to improve Healthcare Effectiveness Data and Information Set (HEDIS®) rates. This tip sheet gives key details about the Antidepressant Medication Management (AMM) HEDIS measure and best practices.

Major depression is one of the most common mental health conditions in the United States, and can result in suicide, the 10th leading cause of death each year.^{1,2} Although antidepressant medications are an effective treatment to help patients manage their condition, early discontinuation of antidepressants is common – approximately 30% of patients discontinue antidepressants within one month.³



	Patients ages 18 and older who were newly treated with an antidepressant medication, had a diagnosis of major depression, and remained on an antidepressant medication treatment. Two rates are reported: ⁴	
Measure	Rate 1 Effective acute phase treatment	The percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks)
	Rate 2 Effective continuation phase treatment	The percentage of patients who remained on an antidepressant medication for at least 180 days (6 months)
Exclusions	<ul style="list-style-type: none"> • Patients who did not have an encounter with a diagnosis of major depression during a 121-day period: from 60 days prior to the Index Prescription Start Date (IPSD), through the IPSD, and 60 days after the IPSD. • Patients who filled a prescription for an antidepressant medication 105 days before the IPSD. 	

(continued)

Antidepressant Medication Management (continued)

Anti-depressant medications	Miscellaneous antidepressants	<ul style="list-style-type: none"> Bupropion Vilazodone 	<ul style="list-style-type: none"> Vortioxetine
	Monoamine oxidase inhibitors	<ul style="list-style-type: none"> Isocarboxazid Phenelzine 	<ul style="list-style-type: none"> Selegiline Tranylcypromine
	Phenylpiperazine antidepressants	<ul style="list-style-type: none"> Nefazodone 	<ul style="list-style-type: none"> Trazodone
	Psychotherapeutic combinations	<ul style="list-style-type: none"> Amitriptyline-chlordiazepoxide Amitriptyline-perphenazine 	<ul style="list-style-type: none"> Fluoxetine-olanzapine
	SNRI antidepressants	<ul style="list-style-type: none"> Desvenlafaxine Duloxetine 	<ul style="list-style-type: none"> Levomilnacipran Venlafaxine
	SSRI antidepressants	<ul style="list-style-type: none"> Citalopram Escitalopram Fluoxetine 	<ul style="list-style-type: none"> Fluvoxamine Paroxetine Sertraline
	Tetracyclic antidepressants	<ul style="list-style-type: none"> Maprotiline 	<ul style="list-style-type: none"> Mirtazapine
	Tricyclic antidepressants	<ul style="list-style-type: none"> Amitriptyline Amoxapine Clomipramine Desipramine Doxepin (> 6 mg) 	<ul style="list-style-type: none"> Imipramine Nortriptyline Protriptyline Trimipramine

Best practices	<ul style="list-style-type: none"> Discuss with patients about their illness, medications and adherence with treatment (for example: discuss length of treatment, proper usage and efficacy, side effects, and remission). Continue working with the patient to monitor medication dosage and assess the need to complement with psychotherapy or supplemental medication. There is a greater likelihood of response to treatment with follow-up from providers within three months of diagnosis or treatment initiation. Consider consulting with or incorporating a behavioral health provider into the patient's treatment regimen, when appropriate (refer to back of patient's member identification (ID) card for behavioral health benefits). Document the following in the patient's medical record: <ul style="list-style-type: none"> Information about the depressive episode (single or recurrent). Severity of the episode. Patient's clinical status.
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¹National Institute of Mental Health. Major Depression. Retrieved from www.nimh.nih.gov/health/statistics/major-depression.shtml, July 9, 2019.

²NCQA. Antidepressant Medication Management (AMM). Retrieved from www.ncqa.org/hedis/measures/antidepressant-medication-management/, July 9, 2019

³Rossum, R.C., Shortreed, S., Coleman, K.J., Beck, A., Waitzfelder, B.E., Stewart, C., Ahmendani, B., Zeber, J.E., & Simon, G.E. (2016). Antidepressant Adherence across Diverse Populations and Healthcare Settings. *Depress Anxiety*, 33(8). 765-774. doi:10.1002/da.22532.

⁴NCQA. HEDIS 2020 Technical Specifications for Health Plans, Volume 2, Washington, D.C., 2019.