

# 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.<sup>1,2</sup> 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.<sup>3</sup>



	<p>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:<sup>4</sup></p>	
<p><b>Measure</b></p>	<p><b>Rate 1</b> <b>Effective acute phase treatment</b></p>	<p>The percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks)</p>
	<p><b>Rate 2</b> <b>Effective continuation phase treatment</b></p>	<p>The percentage of patients who remained on an antidepressant medication for at least 180 days (6 months)</p>
<p><b>Exclusions</b></p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Patients who filled a prescription for an antidepressant medication 105 days before the IPSD.</li> </ul>	

(continued)

## Antidepressant Medication Management (continued)

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

<b>Best practices</b>	<ul style="list-style-type: none"> <li>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).</li> <li>Continue working with the patient to monitor medication dosage and assess the need to complement with psychotherapy or supplemental medication.</li> <li>There is a greater likelihood of response to treatment with follow-up from providers within three months of diagnosis or treatment initiation.</li> <li>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).</li> <li>Document the following in the patient's medical record:             <ul style="list-style-type: none"> <li>Information about the depressive episode (single or recurrent).</li> <li>Severity of the episode.</li> <li>Patient's clinical status.</li> </ul> </li> </ul>
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<sup>1</sup>National Institute of Mental Health. Major Depression. Retrieved from [www.nimh.nih.gov/health/statistics/major-depression.shtml](http://www.nimh.nih.gov/health/statistics/major-depression.shtml), July 9, 2019.

<sup>2</sup>NCQA. Antidepressant Medication Management (AMM). Retrieved from [www.ncqa.org/hedis/measures/antidepressant-medication-management/](http://www.ncqa.org/hedis/measures/antidepressant-medication-management/), July 9, 2019

<sup>3</sup>Rosson, 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.

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