

**Who is eligible?**

Adults 18 years of age and older with a diagnosis of major depression who were newly treated with antidepressant medication.

**Why it matters?**

Major depression can lead to serious impairment in daily functioning, including change in sleep patterns, appetite, concentration, energy and self-esteem, and can lead to suicide, the 10th leading cause of death in the United States each year. Clinical guidelines for depression emphasize the importance of effective clinical management in increasing patients' medication compliance, monitoring treatment effectiveness and identifying and managing side effects.

Effective medication treatment of major depression can improve a person's daily functioning and well-being and can reduce the risk of suicide. With proper management of depression, the overall economic burden on society can be alleviated, as well.<sup>1</sup>

**Measurement Description:**

The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment.

Two rates are reported.

**1. Effective Acute Phase Treatment** – The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).

**2. Effective Continuation Phase Treatment** – The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

**Best Practices:**

- Provide written and verbal education to members on:
  - Taking medication as prescribed for at least six months.
  - Continuing their medication even if they feel better.
  - Possible side effects
  - Expected length of time for the medication to have the desired effect.
  - Coming in for an appointment with the prescribing provider prior to stopping their medication.
  - The value of psychotherapy, counseling, stress management, sleep, social support, diet, and exercise to enhance medication effectiveness.
  - Automatic refills, medication delivery, and other tools to avoid delay in receiving medication refills.
- Schedule a follow up to assess for side effects and response to treatment within 30 days.
- When appropriate, consider 90-day supplies of medication to prevent gaps in adherence.
- Monitor for response to treatment with a standardized tool such as the [Patient Healthcare Questionnaire \(PHQ-9\)](#).
- Consider non-adherence or inadequate dosing as contributing factors if there is limited or no response to treatment.
- Be aware that medication samples, discount programs, or VA benefits are not captured through pharmacy claims and therefore will not close gaps.

**Major Depression Codes**

<b>ICD-10</b>	F32.0, F32.1, F32.2, F32.3, F32.4, F32.9, F33.0, F33.1, F33.2, F33.3, F33.41, F33.9
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**Antidepressant Medications**

<b>Description</b>	<b>Prescription</b>
Miscellaneous antidepressants	Bupropion, Vilazodone, Vortioxetine
Monoamine oxidase inhibitors	Isocarboxazid, Phenelzine, Selegiline, Tranylcypromine
Phenylpiperazine antidepressants	Nefazodone, Trazodone
Psychotherapeutic combinations	Amitriptyline-chlordiazepoxide, Amitriptyline-perphenazine, Fluoxetine-olanzapine
SNRI antidepressants	Desvenlafaxine, Duloxetine, Levomilnacipran, Venlafaxine
SSRI antidepressants	Citalopram, Escitalopram, fluoxetine, Fluvoxamine, Paroxetine, Sertraline
Tetracyclic antidepressants	Maprotiline, Mirtazapine
Tricyclic antidepressants	Amitriptyline, Amoxapine, Clomipramine, Desipramine, Doxepin (>6 mg), Imipramine, Nortriptyline, Protriptyline, Trimipramine

<sup>1</sup> "Antidepressant Medication Management (AMM)." NCQA, 1 Jan. 2024, [www.ncqa.org/hedis/measures/antidepressant-medication-management/](http://www.ncqa.org/hedis/measures/antidepressant-medication-management/)