

Drug Name: Paxil and Paxil CR

Common Use: Treatment of depression

Coverage Requirement: A trial of one or more of the following generic antidepressants prior to the use of brand-name Paxil or Paxil CR:

bupropion* (generic for Wellbutrin (IR/SR/XL))

citalopram* (generic for Celexa)

fluoxetine* (generic for Prozac)

fluvoxamine (generic for Luvox)

mirtazapine (generic for Remeron)

paroxetine* (generic for Paxil)

sertraline* (generic for Zoloft)

venlafaxine (generic for Effexor)

*If your plan includes GenericSampleSM, the first 30-day fill of this medication will be free. GenericSample is only offered at participating retail pharmacies and is not available on HealthSaveSM plans or under the 90-day maintenance drug benefit.

Coverage Rationale: There is no clinical evidence that one medication in this class is more effective than another. Generic and preferred medications should be considered first.

*If your doctor would like an exception to step therapy, he or she may request preauthorization by calling SelectHealth Pharmacy Services at **801-442-4912** (Salt Lake area) or **800-442-3129** weekdays, from 7:00 a.m. to 8:00 p.m., and Saturdays, from 9:00 a.m. to 3:00 p.m.*