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)	
Evoluciono	• 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		

• Patients who filled a prescription for an antidepressant medication 105 days before the IPSD.

IPSD, and 60 days after the IPSD.

(continued)

condition, early oproximately 30% month.³

Cal

Exclusions



Coverage for every stage of life™

Antidepressant Medication Management (continued)

Miscellaneous antidepressants Bupropion Vortixxeline Monoamine oxidase inhibitors • Bocarboxazid • Selegiline oxidase inhibitors Phenylpiperazine antidepressants • Nefazodone • Trazodone Phenylpiperazine antidepressants • Nefazodone • Trazodone Psychotherapeutic combinations • Amitriptyline-chlordiazepoxide • Amitriptyline-perphenazine • Eluoxetine-olanzapine SNRI antidepressants • Desvenlafaxine • Duloxetine • Levornilnacipran Bartidepressants • Ottalopram • Eluoxamine SSRI antidepressants • Ottalopram • Eluoxamine Tetracyclic antidepressants • Amitriptyline • Eluoxetine • Mirtazapine Tricyclic antidepressants • Amitriptyline • Clomipramine • Doxepin (> 6 mg) • Imipramine • Doxepin (> 6 mg) • 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). • Contine working with the patient to monitor medication dosage and assess the need to complement with psychotherapy or supplemental medication. Best practices • Obscument the following in the patient's medication dosage and assess the need to complement with psychotherapy or supplemental medication. • Discuss with patientera do						
Anti- oxidase inhibitors isocarboxazid Selegiline Tranyloypromine Phenylpiperazine antidepressants Nefazodone Trazodone Fluoxetine-olanzapine Amitriptyline-perphenazine Amitriptyline-perphenazine Amitriptyline-perphenazine SNRI antidepressants Desvenlafaxine Levomilnacipran Fluoxetine Venlafaxine Venlafaxine SSRI antidepressants Ouloxetine Venlafaxine Fluoxetine Sertraline Fluoxetine Sertraline Fluoxetine Sertraline Fluoxetine Sertraline Compramine Fluoxetine Sertraline Compramine Fluoretine Sertraline Compramine Fluoretine Compramine Fluoxetine Best practices Protriptyline Sizerateril kellibood of respone to transmet with follow-up f		Miscellaneous	Bupropion	Vortioxetine		
Anti- depressant Nefazodone TrayQcypromine Anti- peychotherapeutic combinations Amitriptyline-chlordiazepoxide - Amitriptyline-perphenazine Fluoxetine-olanzapine SNRI antidepressants Desvenlafaxine Levomilnacipran antidepressants Duloxetine Venlafaxine SSRI antidepressants Otloxetine Venlafaxine SSRI antidepressants Otloxetine Venlafaxine Fetracyclic antidepressants Amitriptyline Fluoxetine SSRI antidepressants Amitriptyline Imipramine Fetracyclic antidepressants Amitriptyline Imipramine Tricyclic antidepressants Amitriptyline Imipramine Posping in (> 6 mg) Obsepin (> 6 mg) Overphyline Statigeressants Obsepin (> 6 mg) Overphyline Overphyline Obsepin (> 6 mg) Overphyline Statigeressants Obsepin (> 6 mg) Overphyline Overphyline <		antidepressants	• Vilazodone			
Anti- antidepressants • Nefazodone • Trazodone Anti- fuenciations • Phenylpiperazine antidepressants • Nefazodone • Trazodone Anti- fuenciations • Systemate antidepressants • Amitriptyline-berblendiazepoxide • Amitriptyline-perphenazine • Fluoxetine-olanzapine Anti- fuenciations SNRI antidepressants • Desvenlafaxine • Levomilnacipran SSRI antidepressants • Ottalopram • Fluoxetine • Venlafaxine Tetracyclic antidepressants • Citalopram • Paroxetine • Sertraline Tricyclic antidepressants • Amitriptyline • Mirtazapine • Mirtazapine Tricyclic antidepressants • Amitriptyline • Imipramine • Nortriptyline • Comipramine • Dotouse with patients about their illness, medications and adherence with treatment (for example: discuss length of treatment, proper usage and efficacy, side effects, and remission). • Consider consulting with the patient to monitor medication dosage and assess the need to complement with psychotherapy or supplemental medication. Best practices • 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). • Consider consulting with the patient to monitor medication. Best practices • Discuss with patient			 Isocarboxazid 	• Selegiline		
Anti- depressant • Netrazodone • Irazodone Anti- depressant • Amitriptyline-chlordiazepoxide • Amitriptyline-perphenazine • Fluoxetine-olanzapine Anti- depressant SNRI antidepressants • Desvenlafaxine • Uevomilnacipran • Venlafaxine • Levomilnacipran • Venlafaxine SSRI antidepressants • Olioxetine • Venlafaxine • Venlafaxine Feracyclic antidepressants • Citalopram • Paroxetine Tetracyclic antidepressants • Maprotiline • Mirtazapine Tricyclic antidepressants • Amitriptyline • Imipramine • Nortriptyline • Clomipramine • Designamine • Portiptyline • Designamine • Dorepin(• 6 mg) Best practices • 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). Best practices • Onsider consulting with the patient to monitor medication dosage and assess the need to complement with psychotherapy or supplemental medication. Best practices • 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). Best practices • Document the following in the pati			• Phenelzine	Tranylcypromine		
Anti- depressant medications • Amitriptyline-perphenazine • Fluoxetine-olanzapine Anti- depressant medications SNR antidepressants • Desvenlafaxine • Levomilnacipran SSRi antidepressants • Oltalopram • Venlafaxine SSRi antidepressants • Citalopram • Paroxetine Fluoxetine • Sertraline Tetracyclic antidepressants • Maprotiline • Mirtazapine Tricyclic antidepressants • Amitriptyline • Imipramine • Amitriptyline • Imipramine • Nortriptyline • 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. Best practices • Consider consulting 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. • There is a greater likelihood of response to treatment with follow-up from providers within three months of diagnosis or treatment initiation. • Document the following in the patient's medical record: • Information about the depressive episode (single o			• Nefazodone	Trazodone		
Anti- depressant medications SNRI antidepressants Desvenlafaxine Levomilnacipran Venlafaxine Citalopram Fluoxamine Escitalopram Paroxetine SSRI antidepressants Citalopram Fluoxetine Sertraline Tetracyclic antidepressants Maprotiline Mirtazapine Amitriptyline Imipramine Amoxapine Nortriptyline Clomipramine Protriptyline Dosepin (> 6 mg) 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. Best practices Consider consulting with the patient 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: Information about the depressive episode (single or recurrent). Severity of the episode.				• Fluoxetine-olanzapine		
Anti- depressant medications antidepressants Duloxetine Venlafaxine SSRI antidepressants Citalopram Fluvoxamine SSRI antidepressants Escitalopram Paroxetine Tetracyclic antidepressants Maprotiline Mirtazapine Tricyclic antidepressants • Amitriptyline Imipramine • Amitriptyline • Imipramine • Nortriptyline • Clomipramine • Protriptyline • Desipramine • 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. Best practices • 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: - Information about the depressive episode (single or recurrent). - Severity of the episode.						
medications SRI antidepressants • Citalopram • Fluvoxamine SSRI antidepressants • Escitalopram • Paroxetine Tetracyclic antidepressants • Maprotiline • Mirtazapine Tricyclic antidepressants • Amitriptyline • Imipramine • Citalopram • Paroxetine Tricyclic antidepressants • Amitriptyline • Imipramine • Compramine • Nortriptyline • 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: - Information about the depressive episode (single or recurrent). - Severity of the episode.				·		
SSRI antidepressants - Escitalopram - Paroxetine Tetracyclic antidepressants - Maprotiline - Mirtazapine Tricyclic antidepressants - Amitriptyline - Imipramine - Amitriptyline - Imipramine - Protriptyline - Clomipramine - Protriptyline - Discuss with patients - Dosepin (> 6 mg) - Discuss with patients - Discuss with patients - Unipramine - Trimipramine - Discuss with patients - Unipramine - Protriptyline - Discuss with patients - Discuss with patients - Unipramine - Discuss with patients - Unipramine - Discuss with patients - Discuss with patients - Discuss with patients - Unipramine - Doscin (> 6 mg) - Discuss with patient to monitor medication dosage and assess the need to complement with psy-totherapy or supplemental medication. - There is a greater likelibood of response to treatment with follow-up from providers within three months of diagnosis or treatment initiation. - There is a greater likelibood of response to treatment with follow-up from provider 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 behav	medications					
antidepressants • Fluoxetine • Sertraline Tetracyclic antidepressants • Maprotiline • Mirtazapine Tricyclic antidepressants • Amitriptyline • Imipramine • Amoxapine • Nortriptyline • Clomipramine • Protriptyline • 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: - Information about the depressive episode (single or recurrent). - Severity of the episode.						
Best practices • Maprotiline • Mirtazapine • Amitriptyline • Imipramine • Nortriptyline • Compramine • Protriptyline • Nortriptyline • 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: • Information about the depressive episode (single or recurrent). • Severity of the episode. • Severity of the episode.						
antidepressants • Maprotitine • Mirtazapine Tricyclic antidepressants • Amitriptyline • Imipramine • Clomipramine • Nortriptyline • Desipramine • Trimpramine • 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: - Information about the depressive episode (single or recurrent). - Severity of the episode.		Tetracyclic	• Huoxetine	• Settraune		
Tricyclic antidepressants • Amoxapine • Clomipramine • Desipramine • Doxepin (> 6 mg) • Nortriptyline • Protriptyline • Drotriptyline • Trimipramine • 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). • Ontinue 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: - Information about the depressive episode (single or recurrent). - Severity of the episode.		-	• Maprotiline	Mirtazapine		
Tricyclic antidepressants • Clomipramine • Desipramine • Doxepin (> 6 mg) • Protriptyline • Trimipramine • 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: - Information about the depressive episode (single or recurrent). - Severity of the episode.			Amitriptyline	Imipramine		
Best practices • Clomipramine • Protriptyline • Desipramine • Trimipramine • Doxepin (> 6 mg) • Trimipramine • 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: • Information about the depressive episode (single or recurrent). • Severity of the episode.		-	Amoxapine	Nortriptyline		
 Desipramine Desipramine Doxepin (> 6 mg) 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:			Clomipramine	Protriptyline		
 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: Information about the depressive episode (single or recurrent). Severity of the episode. 			• Desipramine	Trimipramine		
 Best practices 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: Information about the depressive episode (single or recurrent). Severity of the episode. 			• Doxepin (> 6 mg)			
 Best practices 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: Information about the depressive episode (single or recurrent). Severity of the episode. 						
Best practices• 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: • Information about the depressive episode (single or recurrent). • Severity of the episode.	Best practices					
Best practices• 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: 						
 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: Information about the depressive episode (single or recurrent). Severity of the episode. 						
Information about the depressive episode (single or recurrent).Severity of the episode.		regimen, when appropriate (refer to back of patient's member identification (ID) card for				
- Severity of the episode.						
		 Information about the depressive episode (single or recurrent). 				
– Patient's clinical status.		- Severity of the episode.				
		– Patient's clinical status.				

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
 ³Rossom, 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.

ANCQA. HEDIS 2020 Technical Specifications for Health Plans, volume 2, washington, D.C., 2019.

CalViva Health is a licensed health plan in California that provides services to Medi-Cal enrollees in Fresno, Kings and Madera counties. CalViva Health contracts with Health Net Community Solutions, Inc. to provide and arrange for network services. Health Net Community Solutions, Inc. is a subsidiary of Health Net, LLC and Centene Corporation. Health Net is a registered service mark of Health Net, LLC. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved.