

Antidepressant Medication Management (AMM)

At Meridian, we value everything you do to deliver quality care to our members, your patients. We appreciate your commitment to their positive healthcare experience. That is why we are asking you to join us in efforts to help improve patient outcomes and quality!



Quality Measures

These Healthcare Effectiveness Data and Information Set (HEDIS®) measures use antidepressant adherence rates to evaluate health plans.

Quality Measure	Description
Effective Acute Phase Treatment	Adults who remained on an antidepressant medication for at least 84 days (12 weeks)
Effective Continuation Phase Treatment	Adults who remained on an antidepressant medication for at least 180 days (6 months)



Action

- Manage depression in your patients with a systematic approach for accurate assessment and diagnosis. Begin with a nationally recognized tool, such as the Patient Health Questionnaire (PHQ-9)
- Urge patients to fill their prescriptions regularly to encourage medication adherence
- For MeridianChoice and MeridianComplete members, further support medication adherence by updating 30-day prescriptions to 90-day fills and enrolling these patients in prescription home delivery with our partner NoviXus at www.novixus.com



Rationale

Major depression can lead to serious impairment in daily functioning, including change in sleep patterns, appetite, concentration, energy, and self-esteem. It can also lead to suicide, the 10th-leading cause of death in the United States each year.^{1,2} 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.³

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





Other Considerations

- Rule out medical or mental disorders that can produce symptoms similar to depression
- Complete a comprehensive medical exam, including lab testing, that may identify metabolic causes of depression
- Prescribe appropriate antidepressant therapy based on depression severity, along with cognitive behavioral therapy
- Discuss how to take antidepressants, how they work, the benefits, and how long to take them
- Tell your patients how long they can expect to be on the antidepressant before they start to feel better
- Stress the importance of taking the medication even if they begin feeling better
- Talk about common side effects, how long they may last, and how to manage them
- Monitor for signs and symptoms of serotonin syndrome, suicidal thoughts, allergic reactions, mania, and seizures. Educate patients on proper actions to take if any of these are observed
- When doses are being adjusted or if therapy is being discontinued, please remember to titrate medication accordingly
- Let your patients know what to do if they have questions or concerns
- Monitor with scheduled follow-up appointments

We recognize that you are best qualified to evaluate the potential risks versus benefits in choosing the most appropriate medications for your patients.

We are here to help, and we continue to support our provider partners with quality incentive programs, quicker claims payments, and dedicated local market support. Please contact your Provider Network Management Representative if you have questions or need assistance.



Contact your Provider Network Management Representative with any questions or call Meridian at:
888-437-0606



Email us at **MIHEDIS@mhplan.com** with any HEDIS® questions

References

1. National Alliance on Mental Illness. 2013. "Major Depression Fact Sheet: What is Major Depression?"
2. Centers for Disease Control and Prevention. 2012. "Suicide Facts at a Glance 2012."
3. Birnbaum, H.G., R.C. Kessler, D. Kelley, R. Ben-Hamadi, V.N. Joish, P.E. Greenberg. 2010. "Employer burden of mild, moderate, and severe major depressive disorder: Mental health services utilization and costs, and work performance." *Depression and Anxiety*; 27(1) 78–89.

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