



Antidepressant Medication Management (AMM)

AMM Measure Description¹

Assesses adults 18 years of age and older with a diagnosis of major depression who were newly treated with antidepressant medication and remained on their antidepressant medications.

Two rates are reported:

- 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).

Why is AMM Important?¹

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.

Best Practices

- ✓ Educate the member regarding the timeframe for the medication to be effective, medication compliance, and the importance of staying on the medication.
- ✓ Set expectation on recommended length of treatment based on severity of depression & recurrence pattern.
- ✓ Within 30 days of the first fill, assess the member's response to the medication.
- ✓ Review expected side effects, caution on serious side effects and medication interactions, and instruct on how to respond to such side effects.
- ✓ If medication is effective, write the prescription for 6 month of refills.

Numerator Compliance²

Rate 1: Acute Phase Treatment - A follow-up visit with a mental health provider At least 84 days of treatment with antidepressant medication, beginning on the IPSD through 114 days after the IPSD (115 total days).

This allows gaps in medication treatment up to a total of 31 days during the 115-day period. Gaps can include either washout period gaps to change medication or treatment gaps to refill the same medication.

Rate 2: Effective Continuation Phase - At least 180 days of treatment with antidepressant medication, beginning on the IPSD through 231 days after the IPSD (232 total days).

This allows gaps in medication treatment up to a total of 52 days during the 232-day period. Gaps can include either washout period gaps to change medication or treatment gaps to refill the same medication.

Numerator Codes²

Refer to next page for the list of medications

Data Collection Method²

Administrative (Claims)



Trillium Percentages/NCQA National Averages¹

| AMM | Calendar Year | Trillium | NCQA National Average |
|--------------------------------------|---------------|----------|-----------------------|
| Rate 1: Acute Phase Treatment | 2022 | 50.5 | 60.9 |
| | 2021 | 56.0 | 60.8 |
| Rate 2: Continuation Phase Treatment | 2022 | 31.4 | 43.9 |
| | 2021 | 38.0 | 44.1 |

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¹ Source: ncqa.org/hedis/measures

² Source: HEDIS MY 2024 Tech Specs Manual Vol. 2

AMM Numerator Medications²

| Description | Prescription | |
|----------------------------------|--|--|
| 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 |