

# PARTNERSHIP HEALTHPLAN OF CALIFORNIA

## POLICY/ PROCEDURE

<b>Policy/Procedure Number: MPXG5003</b>			<b>Lead Department: Health Services</b> Business Unit: Quality Improvement	
<b>Policy/Procedure Title:</b> Major Depression in Adults Clinical Practice Guidelines			<input checked="" type="checkbox"/> <b>External Policy</b> <input type="checkbox"/> <b>Internal Policy</b>	
<b>Original Date:</b> 04/19/2000		<b>Next Review Date: 06/11/2026</b> <b>Last Review Date: 06/11/2025</b>		
<b>Applies to:</b>	<input type="checkbox"/> <b>Employees</b>	<input checked="" type="checkbox"/> <b>Medi-Cal</b>	<input checked="" type="checkbox"/> <b>Partnership Advantage</b>	
<b>Reviewing Entities:</b>	<input checked="" type="checkbox"/> <b>IQI</b>	<input type="checkbox"/> <b>P &amp; T</b>	<input checked="" type="checkbox"/> <b>QUAC</b>	
	<input type="checkbox"/> <b>OPERATIONS</b>	<input type="checkbox"/> <b>EXECUTIVE</b>	<input type="checkbox"/> <b>COMPLIANCE</b>	<input type="checkbox"/> <b>DEPARTMENT</b>
<b>Approving Entities:</b>	<input type="checkbox"/> <b>BOARD</b>		<input type="checkbox"/> <b>COMPLIANCE</b>	<input type="checkbox"/> <b>FINANCE</b>
	<input type="checkbox"/> <b>CEO</b>	<input type="checkbox"/> <b>COO</b>	<input type="checkbox"/> <b>CREDENTIALS</b>	<input checked="" type="checkbox"/> <b>PAC</b>
<b>Approval Signature:</b> Robert Moore, MD, MPH, MBA			<b>Approval Date:</b> 06/11/2025	

**I. RELATED POLICIES:**

A. MPCP2017 – Scope of Primary Care – Behavioral Health and Indication for Referral Guidelines

**II. IMPACTED DEPTS:**

- A. Health Services
- B. Provider Relations

**III. DEFINITIONS:**

A. N/A

**IV. ATTACHMENTS:**

A. [Clinical Decision Flow Chart](#)

**V. PURPOSE:**

To define the appropriate diagnostic criteria and therapy for patients with major depression.

This guideline is meant to be a basic guideline, not an enforceable standard, and is intended to assist the primary care professional in caring for Partnership HealthPlan of California (Partnership) adult members with major depression. Recommendations are not intended to replace sound clinical judgment in caring for individual patients.

**VI. POLICY / PROCEDURE:**

A. Overview

Nationally accepted clinical practice guidelines for depression are created and updated regularly. Pharmacologic choices for depression also continually change as new products enter the market. For these reasons, and upon the recommendation of Partnership's Physician Advisory Committee, this clinical practice guideline (CPG) will be annually updated with the appropriate internet references, which will provide timely guidelines for the management of major depression in adults.

**VII. REFERENCES:**

- A. From the American Psychiatric Association: Practice Guideline for the Treatment of Patients with Major Depressive Disorder (2010)  
[https://psychiatryonline.org/pb/assets/raw/sitewide/practice\\_guidelines/guidelines/mdd.pdf](https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/mdd.pdf)
- B. From the American Psychological Association: APA Clinical Practice Guideline for the Treatment of Depression Across Three Age Cohorts (February 2019) <https://www.apa.org/depression-guideline/guideline.pdf>

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- C. From the US Preventive Services Task Force (USPSTF) Final Recommendation Statement (June 20, 2023) Depression and Suicide Risk in Adults: Screening:  
<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/screening-depression-suicide-risk-adults>
- D. National Institute of Mental Health: Sequenced Treatment Alternatives to Relieve Depression (STAR\*D) Study (2006):  
<https://www.nimh.nih.gov/funding/clinical-research/practical/stard>
- E. U.S. Department of Veterans Affairs. VA/DoD Clinical Practice Guideline: Assessment and Management of Patients at Risk for Suicide (2024):  
<https://www.healthquality.va.gov/guidelines/mh/srb/index.asp>
- F. VA/DoD Clinical Practice Guidelines: Management of Major Depressive Disorder (2022)  
<https://www.healthquality.va.gov/guidelines/MH/mdd/VADoDMDDCPGFinal508.pdf>

**VIII. DISTRIBUTION:**

- A. Partnership Provider Manual
- B. Partnership Department Directors

**VIII. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE:** Chief Medical Officer

**IX. REVISION DATES:**

Medi-Cal

09/18/02; 10/20/04; 11/15/06; 05/18/11; 06/19/13; 7/27/15; 08/19/15; 08/19/16; 11/15/17; \*10/10/18; 11/13/19; 11/11/20; 04/14/21; 06/08/22; 06/14/23; 06/12/24; 10/09/24; 06/11/25

Partnership Advantage (effective Jan. 1, 2027)

N/A

\*Through 2017, Approval Date reflective of the Quality Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

**IX. PREVIOUSLY APPLIED TO:**

Healthy Families

05/18/11

Partnership Advantage

11/15/06; 05/18/11

Healthy Kids

11/15/06; 05/18/11; 08/19/15, 08/19/16 (Healthy Kids Program ended 12/01/2016)