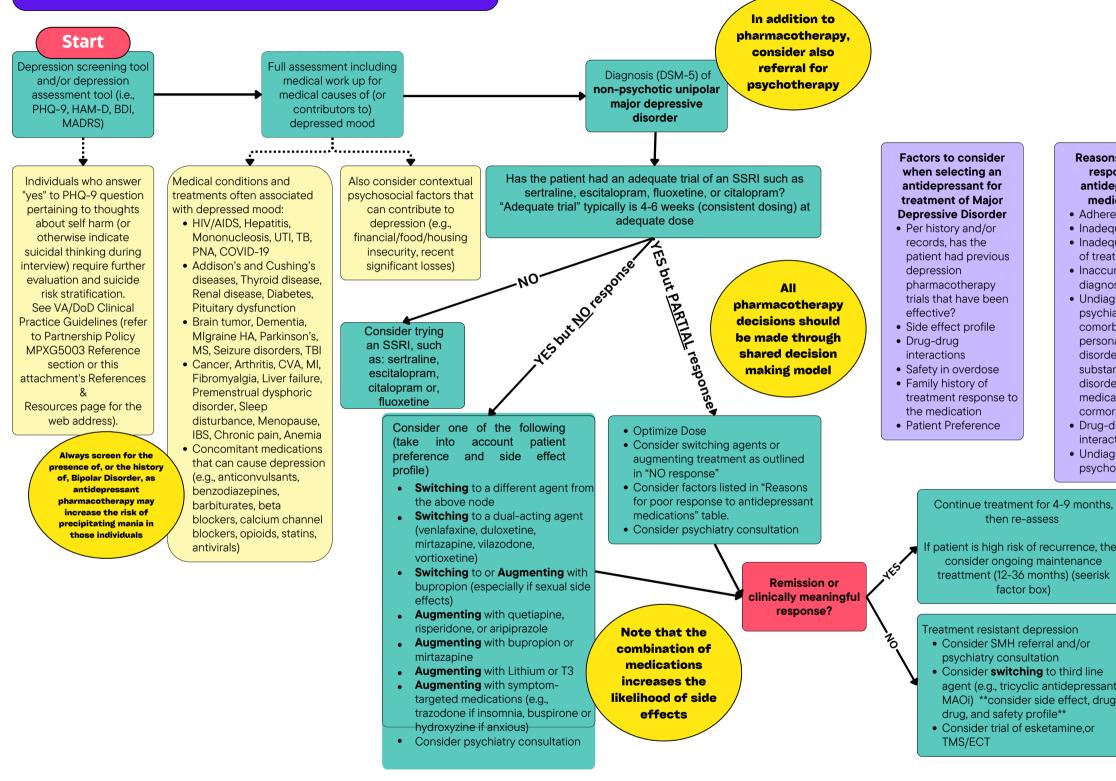
PROVIDERS PLEASE NOTE:

Adult Depression Treatment Flow Diagram (MPXG5003 Policy Attachment A) By: Jeffrey DeVido, MD 6/11/2025

Medi-Cal mental health treatment services are divided between county specialty mental health (SMH) and managed care plan non-specialty mental health (NSMH) programs. The differentiation is based on clinical severity, with higher severity patients being preferentially routed to SMH systems of care. For members with Partnership Advantage, Partnership is responsible for coordination of services for all levels of severity [See: MPBP8003].



This algorithm is drawn from several sources listed below. This algorithm is not intended to be comprehensive or definitive; rather, it aims to provide one possible approach to depression pharmacotherapy that could be considered in primary care practice settings.

• Osser, DN (ed). Psychopharmacology Algorithms: Clinical Guidance from the Psychopharmacology Algorithm Project at the Harvard South Shore Psychiatry Residency Program. Wolters Kluwer, New York, 2021.

• Schatzberg, AF and Nemeroff CB (eds). The American Psychiatric Association Publishing Textbook of Psychopharmacology, 5th Ed. APA Publishing, Arlington, VA, 2017.

Factors to consider when selecting an antidepressant for treatment of Major **Depressive Disorder** • Per history and/or records, has the patient had previous depression pharmacotherapy trials that have been Side effect profile interactions • Safety in overdose Family history of treatment response to the medication • Patient Preference

Reasons for poor response to antidepressant medications • Adherence

- Inadequate dosing Inadequate duration
- of treatment Inaccurate
- diagnosis
- Undiagnosed psychiatric comorbities (e.g. personality disorders, substance use disorders) or medical
- cormorbidities
- Drug-drug interactions
- Undiagnosed psychosocial factors

High risk factors for recurrence:

- subthreshold depressive symptoms persist
- Prior history of multiple depressive enisodes
- Severity of initial episode
- Earlier age of onset
- Persistent sleep disturbance
- Presence of a general medical disorder
- Family history of significant mood disorder

then re-assess Deprescribe as clinically appropriate, f patient is high risk of recurrence, then 🛌 in shared-decision making framework with the patient

consider ongoing maintenance treattment (12-36 months) (seerisk factor box)

reatment resistant depression

- Consider SMH referral and/or psychiatry consultation
- Consider **switching** to third line agent (e.g., tricyclic antidepressan MAOi) **consider side effect, drug drug, and safety profile**
- Consider trial of esketamine,or TMS/ECT

Note that STATE TAR may be required for treatment of Treatment Resistant

Avoid abrupt discontinuations

Depression, including use of adjunctive agents or progressing to other 2nd/3rd/4th line pharmacotherapies