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Comparative Review of Depression and Anxiety Drug Coverage Across Three Formularies

Depression and anxiety treatment depends on access to multiple therapeutic options because clinical response, adverse effects, comorbidities, prior treatment, and patient preference can make one agent more appropriate than another. The VA and Department of Defense guideline for major depressive disorder identifies selective serotonin reuptake inhibitors, serotonin-norepinephrine reuptake inhibitors, bupropion, mirtazapine, trazodone, vilazodone, and vortioxetine as reasonable initial pharmacotherapy options without ranking one class above the others. NICE guidance for generalized anxiety disorder similarly recommends an SSRI first, followed by another SSRI or an SNRI when the initial choice is ineffective or poorly tolerated.[1,2]

This need for choice exists alongside distinct payer concerns. Medicare Part D treats antidepressants as a protected class and generally requires formularies to include all or substantially all drugs in the category, although plans may still use tiering and utilization management in permitted circumstances. Benzodiazepines present a different management problem because FDA labeling warns about misuse, addiction, physical dependence, withdrawal, and serious harm when combined with opioids or other central nervous system depressants.[3,4]

Newer therapies add further complexity. AUVELITY combines dextromethorphan and bupropion for adults with major depressive disorder. SPRAVATO is indicated for adults with treatment-resistant depression as monotherapy or with an oral antidepressant, and ZURZUVAE is a 14-day oral treatment for postpartum depression. Their distinct indications, administration requirements, safety considerations, and acquisition costs give plans more reasons to differentiate access than they have for mature generic antidepressants.[5-7]

This Formulary Frontlines report compares the supplied 2026 BCBS FEP Blue Standard formulary, a UnitedHealthcare AARP Medicare Advantage Giveback formulary for North Carolina plans NC-13 and NC-14, and the Cigna Healthcare Standard 3-Tier Prescription Drug List. The analysis focuses on representative therapies used for depression and anxiety. Because the three documents describe different benefit designs and Cigna states that its published list includes commonly prescribed medications rather than every covered drug, the findings show how these specific formularies structure access; they should not be read as a comparison of every plan offered by each insurer.[9-11]

Selective Serotonin Reuptake Inhibitors*

Drug	BCBS FEP (5 Tier)	UnitedHealthcare (5 Tier)	Cigna (3 Tier)
Citalopram tablets	1	1	1 QL
Escitalopram tablets	1	1	1 QL
Fluoxetine capsules	1	1	1 QL
Fluvoxamine tablets	1	3	1 QL
Paroxetine tablets	1	2	1 QL
Sertraline tablets	1	1	1 QL

Entries show tier followed by utilization management. None means no requirement was shown for the selected formulation. NL means not listed in the supplied formulary and does not establish noncoverage.

*BCBS FEP defines Tier 1 as preferred low-cost generics, Tier 2 as preferred brands, Tier 3 as nonpreferred drugs and compounds, Tier 4 as preferred specialty drugs, and Tier 5 as nonpreferred specialty drugs. UnitedHealthcare defines Tier 1 as preferred generics, Tier 2 as generics, Tier 3 as preferred brands and some higher-cost generics, Tier 4 as nonpreferred drugs, and Tier 5 as specialty drugs. Cigna uses Tier 1 for generics, Tier 2 for preferred brands, and Tier 3 for nonpreferred brands. Tier numbers should therefore be interpreted within each plan rather than as directly equivalent cost-sharing levels across plans.[9-11]

Abbreviations: QL, quantity limit.

SSRIs receive the broadest and most favorable access across the three formularies, consistent with their role in both depression and anxiety treatment. BCBS FEP places all six selected generics on Tier 1 without a listed utilization management requirement. Cigna also places each on Tier 1 but applies quantity limits across the group. UnitedHealthcare gives Tier 1 placement to citalopram, escitalopram, fluoxetine, and sertraline tablets, while fluvoxamine is Tier 3 and paroxetine is Tier 2.[9-11]

For UnitedHealthcare, solutions, concentrates, delayed-release products, and some higher-strength formulations often move to Tiers 2 through 4 and may carry dispensing limits even when the standard tablet or capsule is Tier 1. BCBS FEP offers the most uniform, low-friction positioning for this class, while Cigna maintains low-tier access but uses quantity limits more consistently.[9-11]

Serotonin Norepinephrine Reuptake Inhibitors*

Drug	BCBS FEP (5 Tier)	UnitedHealthcare (5 Tier)	Cigna (3 Tier)
Desvenlafaxine ER	1	3 QL	1 QL
Duloxetine	1	2 QL	1 QL
Venlafaxine ER	1	2	1 QL
FETZIMA	3	4 ST DL QL	Not Listed

Entries show tier followed by utilization management. Not Listed means not listed in the supplied formulary and does not establish noncoverage.

*BCBS FEP defines Tier 1 as preferred low-cost generics, Tier 2 as preferred brands, Tier 3 as nonpreferred drugs and compounds, Tier 4 as preferred specialty drugs, and Tier 5 as nonpreferred specialty drugs. UnitedHealthcare defines Tier 1 as preferred generics, Tier 2 as generics, Tier 3 as preferred brands and some higher-cost generics, Tier 4 as nonpreferred drugs, and Tier 5 as specialty drugs. Cigna uses Tier 1 for generics, Tier 2 for preferred brands, and Tier 3 for nonpreferred brands. Tier numbers should therefore be interpreted within each plan rather than as directly equivalent cost-sharing levels across plans.[9-11]

Abbreviations: QL, quantity limit; DL, dispensing limit; ST, step therapy.

The SNRI comparison follows the same broad pattern but reveals greater separation between the plans. BCBS FEP places generic desvenlafaxine, duloxetine, and venlafaxine on Tier 1 without listed controls. Cigna also uses Tier 1 for those generics, with quantity limits. UnitedHealthcare places the same agents on Tiers 2 or 3 and applies quantity limits to desvenlafaxine and duloxetine.[9-11]

The branded SNRI FETZIMA shows the clearest differentiation. BCBS FEP lists it on Tier 3 without an additional requirement, while UnitedHealthcare assigns Tier 4 with step therapy, dispensing limits, and quantity limits. FETZIMA was not identified in the supplied Cigna list. These differences indicate that the formularies generally preserve access to established generic SNRIs while directing use away from a higher-cost branded alternative when lower-cost choices are available.[9-11]

Other Antidepressants and Serotonin Modulators*

Drug	BCBS FEP (5 Tier)	UnitedHealthcare (5 Tier)	Cigna (3 Tier)
Bupropion SR or XL	1	2	1 QL
Mirtazapine tablets	1	1	1
Trazodone tablets	1	1	1
TRINTELLIX	3	4 DL QL	2 QL
Vilazodone	1	4 DL QL	1 QL

Entries show tier followed by utilization management.

*BCBS FEP defines Tier 1 as preferred low-cost generics, Tier 2 as preferred brands, Tier 3 as nonpreferred drugs and compounds, Tier 4 as preferred specialty drugs, and Tier 5 as nonpreferred specialty drugs. UnitedHealthcare defines Tier 1 as preferred generics, Tier 2 as generics, Tier 3 as preferred brands and some higher-cost generics, Tier 4 as nonpreferred drugs, and Tier 5 as specialty drugs. Cigna uses Tier 1 for generics, Tier 2 for preferred brands, and Tier 3 for nonpreferred brands. Tier numbers should therefore be interpreted within each plan rather than as directly equivalent cost-sharing levels across plans.[9-11]

Abbreviations: QL, quantity limit; DL, dispensing limit.

Established generics in this group remain broadly accessible. Mirtazapine and trazodone receive Tier 1 placement across all three formularies, and bupropion receives Tier 1 placement from BCBS FEP and Cigna and Tier 2 placement from UnitedHealthcare. Cigna applies quantity limits to bupropion, while BCBS FEP and UnitedHealthcare list the selected formulations without additional requirements.[9-11.]

Access separates more sharply for serotonin modulators. Cigna provides the most favorable placement for TRINTELLIX at Tier 2 with a quantity limit and places generic vilazodone on Tier 1 with a quantity limit. BCBS FEP lists TRINTELLIX on Tier 3 and generic vilazodone on Tier 1 without listed controls. UnitedHealthcare places both on Tier 4 with dispensing and quantity limits. This is the clearest example among commonly used antidepressants of UnitedHealthcare using higher cost sharing and supply controls even when a generic option is available.[9-11]

Tricyclic and Monoamine Oxidase Inhibitor Antidepressants*

Drug	BCBS FEP (5 Tier)	UnitedHealthcare (5 Tier)	Cigna (3 Tier)
Amitriptyline	1	4 DL	1
Clomipramine	1	4 DL	1
Phenelzine	1	3	Not Listed
Tranylcypromine	1	4 DL	Not Listed
EMSAM	3	5 DL QL	3 QL

Entries show tier followed by utilization management. Not Listed means not listed in the supplied formulary and does not establish noncoverage.

*BCBS FEP defines Tier 1 as preferred low-cost generics, Tier 2 as preferred brands, Tier 3 as nonpreferred drugs and compounds, Tier 4 as preferred specialty drugs, and Tier 5 as nonpreferred specialty drugs. UnitedHealthcare defines Tier 1 as preferred generics, Tier 2 as generics, Tier 3 as preferred brands and some higher-cost generics, Tier 4 as nonpreferred drugs, and Tier 5 as specialty drugs. Cigna uses Tier 1 for generics, Tier 2 for preferred brands, and Tier 3 for nonpreferred brands. Tier numbers should therefore be interpreted within each plan rather than as directly equivalent cost-sharing levels across plans.[9-11]

Abbreviations: QL, quantity limit; DL, dispensing limit.

Older antidepressants remain available but receive very different formulary treatment. BCBS FEP places the selected generic tricyclic antidepressants and monoamine oxidase inhibitors on Tier 1 without listed restrictions. Cigna also places amitriptyline and clomipramine on Tier 1, while EMSAM is Tier 3 with a quantity limit. Phenelzine and tranylcypromine were not identified in the supplied Cigna list. UnitedHealthcare assigns the selected agents to Tiers 3 through 5 and frequently adds dispensing or quantity limits.[9-11]

This higher level of management does not eliminate access, but it creates a stronger preference for newer first-line antidepressants. The VA and Department of Defense guideline advises against tricyclic antidepressants, monoamine oxidase inhibitors, and esketamine as initial pharmacotherapy, while recognizing tricyclics and monoamine oxidase inhibitors as options after inadequate response to at least two adequate medication trials. The UnitedHealthcare tier structure is directionally consistent with reserving these agents for later-line use, although the formulary does not state that clinical rationale.[1,10]

Anxiolytics and Benzodiazepines*

Drug	BCBS FEP (5 Tier)	UnitedHealthcare (5 Tier)	Cigna (3 Tier)
Buspirone	1	2	1
Hydroxyzine	1	4 DL	1
Alprazolam tablets	1	2 PA QL	1
Clonazepam tablets	1	3 QL	1
Diazepam tablets	1	2 PA QL	Not Listed
Lorazepam tablets	1	2 QL	1

Entries show tier followed by utilization management. Not Listed means not listed in the supplied formulary and does not establish noncoverage.

*BCBS FEP defines Tier 1 as preferred low-cost generics, Tier 2 as preferred brands, Tier 3 as nonpreferred drugs and compounds, Tier 4 as preferred specialty drugs, and Tier 5 as nonpreferred specialty drugs. UnitedHealthcare defines Tier 1 as preferred generics, Tier 2 as generics, Tier 3 as preferred brands and some higher-cost generics, Tier 4 as nonpreferred drugs, and Tier 5 as specialty drugs. Cigna uses Tier 1 for generics, Tier 2 for preferred brands, and Tier 3 for nonpreferred brands. Tier numbers should therefore be interpreted within each plan rather than as directly equivalent cost-sharing levels across plans.[9-11]

Abbreviations: PA, prior authorization; QL, quantity limit; DL, dispensing limit.

Anxiety therapies produce the most pronounced difference in utilization management. BCBS FEP places all selected generic nonbenzodiazepine and benzodiazepine agents on Tier 1 without listed controls. Cigna also provides Tier 1 access to buspirone, hydroxyzine, alprazolam, clonazepam, and lorazepam; diazepam was not identified in the supplied list. UnitedHealthcare places buspirone on Tier 2 and hydroxyzine on Tier 4 with a dispensing limit. Its benzodiazepines span Tiers 2 through 4, with prior authorization for alprazolam and diazepam and quantity limits for the commonly used oral products.[9-11]

The UnitedHealthcare controls align with the safety issues FDA has identified for the benzodiazepine class, including misuse, addiction, physical dependence, withdrawal, and the risk of overdose or death when these drugs are combined with opioids, alcohol, or other central nervous system depressants. However, the BCBS FEP and Cigna formularies show that favorable tier placement does not necessarily mean a plan has no safety oversight; the supplied documents may not capture prescriber monitoring, point-of-sale edits, concurrent opioid controls, or other benefit rules.[4,9-11]

Newer and Special Population Depression Therapies*

Drug	BCBS FEP (5 Tier)	UnitedHealthcare (5 Tier)	Cigna (3 Tier)
AUVELITY	3 PA	5 DL	2 QL ST
SPRAVATO	3 PA	NL	NL
ZURZUVAE	5	5 PA DL QL	3 SP PA QL

Entries show tier followed by utilization management. Not Listed means not listed in the supplied formulary and does not establish noncoverage.

*BCBS FEP defines Tier 1 as preferred low-cost generics, Tier 2 as preferred brands, Tier 3 as nonpreferred drugs and compounds, Tier 4 as preferred specialty drugs, and Tier 5 as nonpreferred specialty drugs. UnitedHealthcare defines Tier 1 as preferred generics, Tier 2 as generics, Tier 3 as preferred brands and some higher-cost generics, Tier 4 as nonpreferred drugs, and Tier 5 as specialty drugs. Cigna uses Tier 1 for generics, Tier 2 for preferred brands, and Tier 3 for nonpreferred brands. Tier numbers should therefore be interpreted within each plan rather than as directly equivalent cost-sharing levels across plans.[9-11]

Abbreviations: PA, prior authorization; QL, quantity limit; DL, dispensing limit; SP, specialty medication.

The newer therapies show the greatest plan-to-plan differentiation. BCBS FEP is the only supplied formulary that explicitly lists all three products. It places AUVELITY and SPRAVATO on Tier 3 with prior authorization and ZURZUVAE on Tier 5 without an additional requirement shown. Cigna gives AUVELITY preferred-brand Tier 2 placement but requires step therapy and a quantity limit; ZURZUVAE is Tier 3 with specialty pharmacy, prior authorization, and quantity-limit requirements. UnitedHealthcare places AUVELITY and ZURZUVAE on Tier 5, adding a dispensing limit to AUVELITY and prior authorization, dispensing limits, and quantity limits to ZURZUVAE. SPRAVATO was not identified in the supplied UnitedHealthcare or Cigna lists.[9-11.]

These products are not interchangeable with routine first-line antidepressants. AUVELITY is an oral option for adult major depressive disorder, SPRAVATO has a treatment-resistant depression indication and requires supervised administration under its labeling and risk-management program, and ZURZUVAE is limited to postpartum depression and a 14-day course. Accordingly, prior authorization, step therapy, quantity limits, specialty designation, and benefit-channel decisions may reflect indication verification and administration requirements as well as cost. A missing entry in a published formulary, particularly for SPRAVATO, should prompt a medical-benefit or plan-specific coverage check rather than an assumption of exclusion.[5-7,9-11]

Bottom Line

Across the three supplied formularies, established generic antidepressants are broadly covered, but the route to access differs. BCBS FEP provides the most consistent low-tier access with the fewest listed controls across SSRIs, SNRIs, other generic antidepressants, older antidepressants, and anxiolytics. Cigna also places most generics on Tier 1, but it uses quantity limits extensively for SSRIs, SNRIs, bupropion, and vilazodone. UnitedHealthcare maintains broad coverage while dispersing drugs across more tiers and applying more formulation-specific dispensing limits, quantity limits, step therapy, and prior authorization.[9-11]

The comparison changes when newer branded products are considered. Cigna offers the most favorable tier placement for TRINTELLIX and AUVELITY, although both remain managed. BCBS FEP is the only supplied formulary to list AUVELITY, SPRAVATO, and ZURZUVAE together, but it differentiates them through prior authorization and specialty-tier placement. UnitedHealthcare applies the highest tiers and most intensive controls to the newer agents it lists.[9-11]

For plan sponsors, the practical challenge is to preserve meaningful choice among established agents while targeting controls to products and formulations that carry distinct evidence, safety, administration, or cost considerations. That balance matters because major depression guidelines support several initial pharmacotherapy options rather than a single preferred drug, and recent evidence across health care settings associates prior authorization with care delays and adverse outcomes. This review therefore suggests that formulary quality in depression and anxiety should be judged by both breadth and usability: a drug may be technically covered but still difficult to start, continue, or obtain in the formulation a patient needs.[1,8]

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