Premier Health Plan

POLICY AND PROCEDURE

POLICY TITLE: ***Fluoxetine Tablet Step Therapy***
DEPARTMENT: **Clinical Pharmacy Services – Utilization Management**
ORIGINAL DATE: ***October 2018***

Last P & T Committee Approval Date: October 2018

Product Applicability: *mark all applicable products below:*

COMMERCIAL	[ ] HMO [ ] PPO *Products*: [ ] Small [ ] Indiv. [ ] Large *Exchange*: [ ] Shop [ ] Indiv. [x] All
OTHER	[x] Self-funded/ASO

PURPOSE

The purpose of this policy is to define the prior authorization process for fluoxetine tablets.

Fluoxetine was the first selective serotonin reuptake inhibitor (SSRI) to be marketed in the US. Fluoxetine was also the first of a new broad classification of antidepressants, referred to as second-generation antidepressants, which are distinct from tricyclic antidepressants (TCAs) and monoamine oxidase inhibitors (MAOIs) in safety, tolerability, side effect profile, and mechanism of action. Fluoxetine (Prozac) was initially approved by the FDA in December 1987 for treating depression in adults. Subsequent approvals in adults have included obsessive-compulsive disorder (February 1994), bulimia nervosa (November 1996), and panic disorder (July 2002). The Sarafem brand received FDA approval for premenstrual dysphoric disorder (PMDD) in July 2000.

DEFINITIONS

N/A

POLICY

It is the policy of the Health Plan to maintain a prior authorization process that promotes appropriate utilization of specific drugs with potential for misuse or limited indications. This process involves a review using Food and Drug Administration (FDA) criteria to make a determination of Medical Necessity, and approval by the Pharmacy & Therapeutics Committee of the criteria for prior authorization, as described in RX.002 Pharmacy and Therapeutics Committee and RX.003-Prior Authorization Process.

The drug, fluoxetine tablet, is subject to the step therapy prior authorization process.

PROCEDURE

Initial Authorization Criteria:

Must meet all the criteria listed below:

- Must have documentation of a previous trial and failure to generic fluoxetine capsules
- If the requested medication is a brand-name product with generics available
    - Must have documentation of a previous trial and failure to the corresponding generic product

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to member's membership with plan
Reauthorization	N/A

If the established criteria are not met, the request is referred to a Medical Director for review.

REFERENCES:

1. Prozac (fluoxetine hydrochloride) package insert. Indianapolis, IN: Eli Lilly and Company; 2017 Mar.

RECORD RETENTION
Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
New Policy	*10/18*