**FLUOXETINE 60 MG oral tablet**
**FLUOXETINE 90 MG oral delayed release (once weekly) capsule**

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Pharmacy Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Pharmacy Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as “Description” defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as “Criteria” defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Pharmacy Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Pharmacy Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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**Description:**

Fluoxetine 60 mg tablet is indicated for the treatment of Major Depressive Disorder (MDD) in individuals 8 years of age or older, for the treatment of Obsessive Compulsive Disorder (OCD) in individuals 7 years of age or older, for the treatment of moderate to severe Bulimia Nervosa in adults, and for the treatment of Panic Disorder, with or without agoraphobia in adults. Fluoxetine 90 mg delayed release once weekly capsule is indicated for the treatment of MDD in individuals 8 years of age or older and is administered once a week. Fluoxetine once weekly capsules contain enteric-coated pellets of fluoxetine hydrochloride equivalent to 90 mg of fluoxetine.

Although the exact mechanism of fluoxetine is unknown, it is presumed to be linked to its inhibition of central nervous system neuronal uptake of serotonin. Fluoxetine hydrochloride is a selective serotonin reuptake inhibitor for oral administration.
Definitions:

Drug related events:

Ineffective / failure
Use of a drug employing optimal doses (FDA-recommended doses) for optimal duration; where the condition being treated has not improved or worsened

A request for branded agent due to generic drug failure or ineffectiveness will be assessed for potential approval with documentation of use of optimal dose / duration of the generic product and meeting other criteria within the coverage guideline. When the drug in question is a combination product, there must be documentation of failure / ineffectiveness of concurrent use (each ingredient used at the same time) of individual generic components. When the drug in question is a low dose formulation, there must be documentation of failure / ineffectiveness of low dose generic formulation.

Adverse Drug Event: Allergic reaction / Hypersensitivity / Intolerance
Use of a drug produced a significant reaction where continued use of the drug places the individual at risk for either lack of improvement or worsening of the condition being treated or at risk for harm and the concern is documented in medical record. A significant adverse drug event is when an individual's outcome is death, life-threatening, hospitalization (initial or prolonged), disability resulting in a significant, persistent, or permanent change, impairment, damage or disruption in the individuals' body function/structure, physical activities or quality of life, or requires intervention to prevent permanent impairment or damage.

Allergic reaction / hypersensitivity – may or may not involve the active ingredient. When the active ingredient is involved, use of same or a chemically similar agent places the individual at risk for harm when the same or chemically similar agent is used. The subsequent reaction may be the same as the original reaction or a more exaggerated response may be seen, potentially placing the individual at even greater risk for harm.

If the reaction occurred from the active/main generic ingredient; request for branded agent with same active ingredient will not be considered unless it is proven (documented) that active ingredient did not cause reaction and the request meets other criteria within the coverage guideline

Intolerance – these events represent circumstance(s) where use of a drug produced a significant reaction and continued use may result in non-adherence to proposed therapy and this concern is documented in medical record

Contraindication
Use of a drug that is not recommended by the manufacturer or FDA labelling

Use of any drug in the face of a contraindication is outside of the FDA and manufacturer’s labelled recommendation and is considered investigational or experimental

Non-adherence
Individual does not follow prescribe regimen that places the individual at risk for lack of improvement or worsening of the condition being treated and this concern is documented in medical record
FLUOXETINE 60 MG oral tablet
FLUOXETINE 90 MG oral delayed release (once weekly) capsule (cont.)

Precertification:

Precertification (Prior Authorization) is required for members with a Blue Cross Blue Shield of Arizona (BCBSAZ) pharmacy benefit for medication(s) or product(s) indicated in this guideline.

This Pharmacy Coverage Guideline does not apply to FEP or other states’ Blues Plans. Information about medications that require precertification is available at www.azblue.com/pharmacy.

Some large (100+) benefit plan groups may customize certain benefits, including adding or deleting precertification requirements.

All applicable benefit plan provisions apply, e.g., waiting periods, limitations, exclusions, waivers and benefit maximums.

Criteria:

See “Resources” section for FDA-approved dosage.

- Precertification for Fluoxetine 60 mg tablets and 90 mg delayed release (once weekly) capsules requires completion of the specific request form in its entirety. All requested data must be provided. Once completed the form must be signed by the prescribing provider and faxed back to BCBSAZ Pharmacy Management at (602) 864-3126 or emailed to Pharmacyprecert@azblue.com. Incomplete forms will be returned.

- Initial therapy: FDA-approved product labeling (indication, age, dosage, testing, contraindications, exclusions, etc.) of Fluoxetine 60 mg tablet is considered medically necessary when ALL of the following criteria are met:

  1. Individual has medical record documentation of a confirmed diagnosis of ONE of the following:
     - Major Depressive Disorder (MDD)* in an individual 8 years of age or older
     - Obsessive Compulsive Disorder (OCD)* in an individual 7 years of age or older
     - Bulimia Nervosa* in an adult individual
     - Panic Disorder with or without agoraphobia* in an adult individual
  2. Individual has medical record documentation of being unable to adhere with use of 3 tablets or capsules of generic 20 mg Fluoxetine (documentation of non-adherence must be submitted with the request)
  3. Absence of ALL of the following contraindications:
     - Simultaneous use with monoamine oxidase inhibitors (MAOI) or within 14 days of discontinuing a MAOI
     - Starting a MAOI within 5 weeks of stopping Fluoxetine
     - Simultaneous use with Pimozide
     - Simultaneous use with Thioridazine or within 5 weeks of stopping Fluoxetine
     - Simultaneous use with Linezolid
     - Simultaneous use with intravenous Methylene Blue
Known hypersensitivity to Fluoxetine

4. Absence of ALL of the following exclusions:
   - Simultaneous use with other Fluoxetine containing products
   - Woman who is breast feeding an infant or child

* Fluoxetine 60 mg tablet is FDA-approved in the pediatric population only for MDD and OCD. The safety and effectiveness in pediatric patients < 8 years of age in MDD and < 7 years of age in OCD have not been established.

- **Continuation of coverage (renewal request):** Fluoxetine 60 mg tablet is considered *medically necessary* with documentation of ALL of the following:
  1. The individual has benefited from therapy but remains at high risk
  2. The condition has not progressed or worsened while on therapy
  3. Individual has not developed any contraindications or other exclusions to its continued use

- **Initial therapy:** FDA-approved product labeling (indication, age, dosage, testing, contraindications, exclusions, etc.) of Fluoxetine 90 mg delayed release (once weekly) capsule is considered *medically necessary* when ALL of the following criteria are met:
  1. Individual has medical record documentation of a confirmed diagnosis of Major Depressive Disorder (MDD) † in an individual 8 years of age or older
  2. Individual has medical record documentation of being unable to adhere with generic Fluoxetine 20 mg once daily tablet or capsule (documentation of non-adherence must be submitted with the request)
  3. Absence of ALL of the following contraindications:
     - Simultaneous use with monoamine oxidase inhibitors (MAOI) or within 14 days of discontinuing a MAOI
     - Starting a MAOI within 5 weeks of stopping Fluoxetine
     - Simultaneous use with Pimozide
     - Simultaneous use with Thioridazine or within 5 weeks of stopping Fluoxetine
     - Simultaneous use with Linezolid
     - Simultaneous use with intravenous Methylene Blue
     - Known hypersensitivity to Fluoxetine
  4. Absence of ALL of the following exclusions:
     - Simultaneous use with other Fluoxetine containing products
     - Woman who is breast feeding an infant or child

† Fluoxetine 90 mg capsule is FDA-approved in the pediatric population only for MDD
Continuation of coverage (renewal request): Fluoxetine 90 mg delayed release (once weekly) capsule is considered medically necessary with documentation of ALL of the following:

1. The individual has benefited from therapy but remains at high risk
2. The condition has not progressed or worsened while on therapy
3. Individual has not developed any contraindications or other exclusions to its continued use

Fluoxetine 60 mg tablet and 90 mg delayed release (once weekly) capsule for all other indications not previously listed is considered experimental or investigational based upon:

1. Lack of final approval from the Food and Drug Administration, and
2. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
3. Insufficient evidence to support improvement of the net health outcome, and
4. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives, and
5. Insufficient evidence to support improvement outside the investigational setting.

Resources: