

Pharmacy Policy

Antidepressants

Policy Number: 9.502

Version Number: 1.0

Version Effective Date: 9/1/2021

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| Product Applicability <input type="checkbox"/> All Plan+ Products | |
| <p>Well Sense Health Plan</p> <input type="checkbox"/> New Hampshire Medicaid | <p>Boston Medical Center HealthNet Plan</p> <input type="checkbox"/> MassHealth - MCO <input type="checkbox"/> MassHealth - ACO <input checked="" type="checkbox"/> Qualified Health Plans/ConnectorCare/Employer Choice Direct <input type="checkbox"/> Senior Care Options |

Note: Disclaimer and audit information is located at the end of this document.

Prior Authorization Policy

Products Affected:

- fluoxetine tablet (Prozac®)

The Plan may authorize coverage of the above products for members meeting the following criteria:

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| Covered Use | All FDA approved indications not otherwise excluded |
| Exclusion Criteria | None |
| Required Medical Information | <p>fluoxetine tablet (Prozac®)</p> <ol style="list-style-type: none"> 1. An allergy to an inactive ingredient in fluoxetine capsules and fluoxetine oral solution that is not found in fluoxetine tablets; OR 2. Clinical rationale why the fluoxetine tablet is medically necessary over the fluoxetine capsules and fluoxetine oral solution |

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| | Please note: Fluoxetine 10mg tablet is covered for members < 18 years of age |
| Age Restriction | None |
| Prescriber Restriction | None |
| Coverage Duration | 1 year |
| Other criteria | None |

Clinical Background Information and References

1. Wells BG, Dipiro JT, Schwinghammer TL, Hamilton CW, editors. Pharmacotherapy Handbook, 6th ed. Depressive disorders. New York: McGraw-Hill; 2006. p. 706-724.
2. American Psychiatric Association. Highlights of changes from DSM-IV-TR to DSM-5. Accessed August 2014, available at <http://www.dsm5.org>.
3. Karasu TB, Gelenberg A, Merriam A, Wang P. Practice guideline for the treatment of patients with major depressive disorder, second edition. American Psychiatric Association. Apr 2000;1-78. Available from: <http://www.psych.org/>.
4. Katon W, Ciechanowski P. Initial treatment of depression in adults. UptoDate[®]. Accessed August 2013, available at <http://www.uptodate.com>
5. Casper RF. Menopausal hot flashes. UptoDate[®]. Accessed August 2013, available at <http://www.uptodate.com>.

| Original Approval Date | Original Effective Date | Policy Owner | Approved by |
|------------------------|-------------------------|-------------------|---|
| 5/13/2021 | 9/1/2021 | Pharmacy Services | Pharmacy & Therapeutics (P&T) Committee |

Policy Revisions History

| Review Date | Summary of Revisions | Revision Effective Date | Approved by |
|-------------|----------------------|-------------------------|---------------|
| 5/13/2021 | Policy created | 9/1/2021 | P&T Committee |

Next Review Date

5/2022

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Other Applicable Policies

9.500 Pediatric Behavioral Health Medication Initiative

Reference to Applicable Laws and Regulations, If Any

Disclaimer Information

Medical Policies are the Plan's guidelines for determining the medical necessity of certain services or supplies for purposes of determining coverage. These Policies may also describe when a service or supply is considered experimental or investigational, or cosmetic. In making coverage decisions, the Plan uses these guidelines and other Plan Policies, as well as the Member's benefit document, and when appropriate, coordinates with the Member's health care Providers to consider the individual Member's health care needs.

Plan Policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization standards (including NCQA). Medical Policies are also developed, as appropriate, with consideration of the medical necessity definitions in various Plan products, review of current literature, consultation with practicing Providers in the Plan's service area who are medical experts in the particular field, and adherence to FDA and other government agency policies. Applicable state or federal mandates, as well as the Member's benefit document, take precedence over these guidelines. Policies are reviewed and updated on an annual basis, or more frequently as needed. Treating providers are solely responsible for the medical advice and treatment of Members.

The use of this Policy is neither a guarantee of payment nor a final prediction of how a specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement.

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