UPMC Health Plan
POLICY AND PROCEDURE MANUAL

POLICY NUMBER: RX-PA.028
REVISION DATE: 04/2008
ANNUAL APPROVAL DATE: 04/2008
PAGE NUMBER: 1 of 3

SUBJECT: Olanzapine/fluoxetine (Symbyax®)
INDEX TITLE: Clinical Pharmacy Services
ORIGINAL DATE: 4/04

This policy applies to the following lines of business: (Check those that apply.)

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I. POLICY

It is the policy of UPMC 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, as defined in CRM.015-Medical Necessity, and approval by the Pharmacy & Therapeutics Committee of the criteria for prior authorization, as described in RX.003-Prior Authorization Process.

The drug, Olanzapine/fluoxetine (Symbyax), is subject to the prior authorization process.

II. DEFINITIONS

N/A

III. PURPOSE

The purpose of this policy is to define the Prior Authorization Process for Olanzapine/fluoxetine (Symbyax).

IV. SCOPE

The policy applies to the Pharmacy Services Department.
PROCEDURE

Symbyax (olanzapine/fluoxetine) has been approved for the treatment of depressive episodes associated with bipolar disorder.

Criteria:
UPMC Health Plan covers Olanzapine/fluoxetine with the following criteria:

- For members with new prescriptions, or with no prior history of Zyprexa (olanzapine) treatment:
  - Members must have a diagnosis of Bipolar depression
  - Should be written by a psychiatrist, or the member has had a trial of Zyprexa in the past year

- Olanzapine/fluoxetine will have a quantity limit of once daily dosing as per its indication for bipolar depression. For maximum dosing of 18 mg/75 mg/day, UPMC Health Plan will cover one strength of each 6 mg/50 mg and 12 mg/25 mg.

Limitations:
If a member does not meet the above approval criteria, the request will be forwarded to the UPMC Health Plan Medical Director for review.

VI. BIBLIOGRAPHY