



**Prior Authorization Approval Criteria**  
*Department of Pharmacy Services*

**Generic Name:** fluoxetine 40mg

**Brand Name:** Prozac 40mg

**Medication Class:** selective serotonin re-uptake inhibitor

**FDA Approved Uses:** major depressive disorder, obsessive-compulsive disorder, bulimia nervosa, panic disorder

**Usual Dose:** 20mg to 80mg per day

**Duration of Therapy:** indefinite

**Criteria for Use:** *(bullet points below are all inclusive unless otherwise noted)*

- Must have clinically diagnosed major depressive disorder, obsessive-compulsive disorder, bulimia nervosa, or panic disorder
- Must have documented inability (other than compliance issue) to use multiple 20mg capsules
  - It is more cost effective to use 20mg capsules rather than 40mg capsule.

P&T Approval: \_\_\_\_\_ Date: \_\_\_\_\_