



Prior Authorization Approval Criteria
Department of Pharmacy Services

Generic Name: Fluoxetine

Brand Name: Prozac Weekly

Medication Class: antidepressant

FDA Approved Uses: Depression, Obsessive compulsive disorder, bulimia nervosa, premenstrual dysphoric disorder

Usual Doses: One capsule once weekly.

Duration of Therapy: Indefinite

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

- Clinically diagnosed depression, OCD, or bulimia nervosa, premenstrual dysphoric disorder.
- Failed / intolerant to at least 2 preferred products.
- Unable to take medication daily (for reasons other than non-compliance).

Contraindications:

- Hypersensitivity to fluoxetine.
- Concomitant use of MAOI's and Thioridazine.

Not approved if:

- Patient has any contraindications to the use of fluoxetine.
- Patient does not meet the above stated criteria.

P&T Approval: _____ Date: _____