



Prior Authorization Approval Criteria
Department of Pharmacy Services

Generic Name: fluoxetine

Brand Name: Sarafem®

Medication Class: antidepressant

FDA Approved Uses: Premenstrual dysphoric disorder (PMDD)

Usual Dose: 20mg QD

Duration of Therapy: Indefinite

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

- Patient must have failed/intolerant to:
 - Celexa or Lexapro
 - Zoloft
 - Paxil CR
- Patient must have tried and been intolerant to generic fluoxetine.
- Have clinically diagnosed PMDD, clinical DSM-IV criteria

Special Issues:

- Studies on other SSRIs have proven to be as efficacious
- Studies have concluded that intermittent therapy is more efficacious than continuous
- Dose creep may be a problem
- Exact same product as fluoxetine

P&T Approval: _____ Date: _____

Rev. Oct 2004