

# FLUOXETINE (PROZAC, SARAFEM)

## Provider Tip Sheet

### DOSING INFORMATION

- Week 1: Baseline weight. Consider BMP for baseline sodium in older adults. Start: 10 mg qday.
- Week 2: Increase dose to an Initial Target Dose of 20 mg qday (for geriatric patients, a lower initial dose or longer dosing interval is recommended and in bulimia the initial target dosage is 60 mg qday), if tolerated. Week 4 and beyond: Consider further dose increases in 10-20 mg qday increments, as needed and tolerated. Typical Dosage Range: 20-60 mg qday. Max: 80 mg qday. Discontinuation: 25% per week to 25% per month depending on length of treatment in order to minimize withdrawal symptoms and relapse.

### MONITORING

- Weight. Consider posttreatment BMP to rule out hyponatremia in older adults.

### GENERAL INFORMATION

- Mechanism of Action: Selective serotonin reuptake inhibitor.
- FDA Indications: MDD (acute and maintenance), OCD, panic disorder, bulimia nervosa, premenstrual dysphonic disorder.
- Off-Label Indications: Other anxiety, fibromyalgia.
- Pharmacokinetics: T<sub>1/2</sub> parent = 4-6 days, active metabolite = 4-16 days. Common Side effects (MDD): nausea (21%), insomnia (16%), nervousness (14%), somnolence (13%), anxiety (12%), diarrhea (12%), anorexia (11%), dry mouth (10%), tremor (10%), asthenia (9%), sweating (8%).
- Black Box Warning: Increased SI in patients < 25 y/o. Contraindications: Known hypersensitivity reaction to fluoxetine. Use of a MAOI within 5 weeks of stopping fluoxetine, concurrent use of a MAOI including drugs with significant MAOI activity (e.g., linezolid), or use of fluoxetine within 5 weeks of stopping a MAOI. Do not use pimozone or Thioridazine with fluoxetine.
- Warnings and Precautions: Clinical worsening and suicide risk, increased suicidality, serotonin syndrome, allergic reactions and rash, manic switch, seizures, altered appetite and weight, abnormal bleeding, hyponatremia, anxiety and insomnia, QT prolongation, long half-life. Metabolism/ Pharmacogenomics: Primarily metabolized by 2D6. Use caution with 2D6 poor metabolizers.
- Significant drug-drug interactions: Potent 2D6 inhibitor; Use significant caution when coadministered with drugs metabolized by 2D6 (e.g., TCAs). Check all drug-drug interactions before prescribing.
- Dosage Form: Oral solution, Capsule, Tablet. Generic available: Yes.

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## Support

We are committed to the care and well-being of our members. We are also committed to working with you as a partner to develop the best possible treatment plans for all patients.

Please view the Provider section of our website at [ambetterofnorthcarolina.com](https://ambetterofnorthcarolina.com) for additional tools and resources. You may also contact your Provider Engagement Administrator directly, or contact Provider Relations for assistance at **1-833-863-1310**.

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**This document is an informational resource designed to assist licensed healthcare practitioners in caring for their patients.** Healthcare practitioners should use their professional judgment in using the information provided. Fluoxetine (Prozac, Sarafem) measures are not a substitute for the care provided by licensed healthcare practitioners and patients are urged to consult with their healthcare practitioner for appropriate treatment.