PRESCRIBING INFORMATION FOR PSYCHOTROPIC MEDICATIONS

This brief information is provided to facilitate the use of these medications and is NOT intended to replace the information provided in the FDA labeling information. For any questions, please consult with your pharmacist or review FDA labeling information available at Drugs@FDA. Last updated 01/01/2012 by the AIMS Center at the University of Washington.

Antidepressants:

AMITRIPTYLINE (ELAVIL)

DOSING INFORMATION: **Initiation**: Week 1: Baseline EKG (if any history of cardiac disease, history of arrhythmias, or over 65 y/o), BP, HR, weight. Consider BMP for baseline sodium in older adults. Start: 25 mg-50 mg at QHS. Week 2 and beyond: increase dose by 25-50 mg per day each week to **initial target dosage** of 150-200 mg/day (with the majority of the dosage at HS due to sedation). **Max dosage:** 300 mg/day.

MONITORING**:** EKG (pretreatment, initial, and annual—if any history of cardiac disease, history of arrhythmias or over 65 y/o), BP, HR, weight. Consider posttreatment BMP to rule out hyponatremia in older adults. Blood test for serum level available with defined therapeutic range (amitriptyline + nortriptyline): 100-250 ng/mL; Toxic: >500 ng/mL.

GENERAL INFORMATION: **Mechanism of Action**: TCA: serotonin > NE reuptake inhibitor. **FDA Indications**: Depression. **Off-Label Indications:** pain (doses up to 100 mg); second-line RX for PTSD. **Pharmacokinetics:** T½: 9-27 hrs. **Common Side Effects:** Highly sedating and anticholinergic (blurred vision, urinary retention, dry mouth, constipation—more so than nortriptyline); orthostatic hypotension, weight gain, sexual side effects, headache. **Warnings and Precautions:** Highly lethal in small overdoses (10-day supply), serotonin syndrome, orthostatic hypotension, cardiac dysrhythmia, QTc prolongation, seizures, manic switch, hepatic changes, decreased blood cell count, hyperthermia**, increased** intraocular pressure, urinary retention, SIADH; hyperthyroidism/thyroid supplementation. **Contraindications:** Known hypersensitivity reaction to the product. Use of MAOI or within 14 days of stopping a MAOI, acute recovery period after MI. **Black Box Warning:** Increased SI in patients <25 y/o. **Pregnancy: Category D; associated w/ increased risk of teratogenesis (need to inform women of childbearing age of this risk). Breastfeeding:** use caution. **Significant drug-drug interactions:** medications that affect QTc; check all drug-drug interactions. **Generic available:** Yes.

BUPROPION (WELLBUTRIN, APLENZIN, ZYBAN): IR—IMMEDIATE RELEASE, SR, XR—SUSTAINED RELEASE

DOSING INFORMATION: **Wellbutrin-IR:** Week 1: Baseline blood pressure. Consider BMP for baseline sodium in older adults. Start: IR-100 mg bid. Week 2: Increase to 100 mg tid if tolerated (single dose should not exceed 150 mg). **Wellbutrin-SR**: Week 1: Baseline blood pressure: Start: SR-150 mg qAM. Week 2: Increase to 150 mg bid if tolerated. **Wellbutrin-XL**: Week 1: Baseline blood pressure. Start: XL-150 mg qAM. Week 2: Increase to 300 mg qAM if tolerated. **Note:** Aplenzin has a different titration. **Typical target:** 300-450 mg/day. **Max:** 400-450 mg qday.

***MONITORING*:** Blood pressure. Consider posttreatment BMP to rule out hyponatremia in older adults.

GENERAL INFORMATION: Wellbutrin has a novel mechanism of action (weak dopamine and NE reuptake inhibitor; stimulant like effect). **FDA Indications:** Depression, season affective disorder (prophylaxis), smoking cessation. **Off-Label Indications:** Second line RX for ADHD. **Pharmacokinetics:** T ½ = 21 hr. **Common Side effects:** Dry mouth (24%), tremor (21%), weight loss (19%), nausea (18%), insomnia (16%), dizziness (11%), abdominal pain (9%), agitation (9%), anxiety (6%), palpitation (6%), tinnitus (6%), myalgia (6%), excessive sweating (5%). **Warnings and Precautions:** Hypertension, altered appetite and weight, history of TBI, suicidality, agitation or insomnia, activation of psychosis or manic switch, potential for hepatoxicity, renal impairment , street value. **Contraindications:** Known hypersensitivity reaction to the product. Seizure disorder, bulimia or anorexia nervosa, abrupt discontinuation of alcohol or benzodiazepines, use of MAOI or within 14 days of stopping a MAOI. **Black Box Warning:** Increased SI in patients < 25 y/o. **Pregnancy:** Category C. **Breastfeeding:** Use caution. **Significant drug-drug interactions:** Minimal; check all drug-drug interactions. **Generic available:** IR, SR, XL: moderate cost.

CITALOPRAM (CELEXA)

DOSING INFORMATION: Week 1: Baseline weight. Consider BMP for baseline sodium in older adults and baseline QTc in all patients. Start Celexa 10 mg qday. Week 2: Increase dose to 20 mg qday. Week 3 and beyond: Consider further titration upward to 40 mg qday as tolerated (except in older adults). **Typical target dosage**: 40 mg/day. **Max dosage:** 40 mg qday (older adults 20 mg qday).

MONITORING: Weight, consider posttreatment BMP to rule out hyponatremia in older adults and posttreatment QTc in all patients.

GENERAL INFORMATION: **Mechanism of Action:** Highly selective serotonin reuptake inhibitor. **FDA Indications:** Depression **Off-label indications:** Anxiety disorders. **Pharmacokinetics:** T½= 35 hrs. **Common Side effects:** Nausea (21%), dry mouth (20%), somnolence (18%), sexual side effects/ejaculatory dysfunction (6%). **Warnings and Precautions:** QTc prolongation**,** suicidality, manic switch, serotonin symptoms or NMS, abnormal bleeding, hyponatremia, discontinuation syndrome. **Contraindications:** Known hypersensitivity reaction to the product. Use of MAOI or within 14 days of stopping a MAOI or pimozide. **Black Box Warning:** Increased SI in patients < 25 y/o. **Pregnancy:** Category C. **Breastfeeding:** Use caution. **Significant drug-drug interactions:** Minimal; check all drug-drug interactions. **Generic available:** Yes/inexpensive.

DESIPRAMINE (NORPRAMIN)

DOSING INFORMATION: Week 1: Baseline EKG (if any history of cardiac disease, history of arrhythmias, or over 65 y/o), HR, BP, weight. Consider BMP for baseline sodium in older adults. Start 25 mg-50 mg at qday (10-25 mg in older adults); May be given at night. Week 2 and beyond: Increase dose by 25-50 mg per day each week to and **initial target dosage** of 100-200 mg (100 mg for older adults). **Max:** 300 mg (150 mg older adults).

MONITORING: EKG (pretreatment, initial, and annual—if any history of cardiac disease, history of arrhythmias or over 65 y/o), pulse, BP, weight. Consider posttreatment BMP to rule out hyponatremia in older adults. Blood test for serum level available with defined therapeutic range: 115-250ng/mL; Toxic > 500ng/mL

GENERAL INFORMATION: Mechanism of Action: TCA: NE >> serotonin reuptake inhibitor. **FDA Indications**: Depression. **Off-Label Indications:** ADHD, neuropathic pain. **Pharmacokinetics:** T½ = 24 hr. **Common Side effects:** Anticholinergic (least of the group of TCAs), weight gain, GI upset, sexual side effects, somnolence, headache. **Warnings and Precautions:** Highly lethal in small overdoses (10-day supply), serotonin syndrome, orthostatic hypotension, cardiac dysrhythmia, QTc prolongation, seizures, manic switch, hepatic changes, decreased blood cell count, hyperthermia**, i**ncreased intraocular pressure, urinary retention, SIADH. **Contraindications:** Known hypersensitivity reaction to the product. Use of MAOI or within 14 days of stopping

MAOI; acute recovery period after MI. **Black Box Warning:** Increased SI in patients < 25 y/o. **Pregnancy:** Category C. **Breastfeeding:** Unsafe. **Significant drug-drug interactions:** Medications that affect QTc; check all drug-drug interactions **Generic available:** Yes, expensive.

DESVENLAFAXINE (PRISTIQ)

DOSING INFORMATION: Week 1: Obtain blood pressure and weight. Consider BMP for baseline sodium in older adults. Start Pristiq 50 mg qday. **Typical titration:** None. **Typical target dosage**: 50 mg qday. **Max dosage:** Doses greater than 50 mg are rarely beneficial. **Discontinuation:** Taper slowly to minimize withdrawal symptoms.

MONITORING: Blood pressure, weight. Consider posttreatment BMP to rule out hyponatremia in older adults.

GENERAL INFORMATION: **Mechanism of Action:** Serotonin/Norepinephrine Reuptake Inhibitor (SNRI). **FDA Indications:** MDD. **Off-Label Indications:** None. **Pharmacokinetics:** T½ = 11hr. **Common Side effects:** Nausea (22%), dizziness (13%), hyperhidrosis (10%), insomnia (9%), constipation (9%), decreased appetite (5%), anxiety (5%), specific male sexual function disorders (5%). **Warnings and Precautions:** Suicidality, manic switch, serotonin symptoms or NMS, abnormal bleeding, elevated blood pressure, hyponatremia, narrow angle glaucoma, elevated cholesterol and triglycerides, discontinuation syndrome. **Contraindications:** Known hypersensitivity reaction to the product. Use of MAOI or within 14 days of stopping a MAOI. **Black Box Warning:** Increased SI in patients < 25 y/o. **Pregnancy:** Category C. **Breastfeeding:** Safety unknown. **Significant drug-drug interactions:** Minimal; abnormal bleeding with NSAIDs or anticoagulants; check all drug-drug interactions. **Generic available:** No.

DOXEPIN (SINEQUAN)

DOSING INFORMATION: Week 1: Baseline EKG (if any history of cardiac disease, history of arrhythmias, or over 65 y/o), HR, BP, weight. Consider BMP for baseline sodium in older adults. Start 25 mg-50 mg qhs (10-25 mg in older adults). Week 2 and beyond: Increase dose by 25-50 mg per day each week to initial target 75-150 mg qhs (75 mg for older adults). **Typical target dosage**: 150 mg (75mg for older adults). **Max:** 300 mg/day (up to 150mg in single dose).

MONITORING: EKG (pretreatment, initial, and annual—if any history of cardiac disease, history of arrhythmias or over 65 y/o), BP, HR, weight. Consider posttreatment BMP to rule out hyponatremia in older adults.

GENERAL INFORMATION: **Mechanism of Action**: Sedating TCA: serotonin/NE reuptake inhibitor. **FDA Indications**: Depression-Anxiety. **Off-Label Indications:** Insomnia, chronic Pain, uticaria. **Pharmacokinetics:** T½ = 6-8hr; major metabolite 24-52hr. **Common Side effects:** Sedating and anticholinergic (blurred vision, urinary retention, dry mouth, constipation), orthostatic hypotension, weight gain, sexual side effects, headache. **Warnings and Precautions:** Highly lethal in small overdoses (10-day supply), serotonin syndrome, orthostatic hypotension, cardiac dysrhythmia, QTc prolongation, seizures, manic switch, hepatic changes, decreased blood cell count, hyperthermia**,** increased intraocular pressure, urinary retention, SIADH. **Contraindications:** Known hypersensitivity reaction to the product. Use of MAOI or within 14 days of stopping a MAOI; acute recovery period after MI. **Black Box Warning:** Increased SI in patients < 25 y/o. **Pregnancy:** Category C. **Breastfeeding:** Unsafe. **Significant drug-drug interactions:** Medications that affect QTc; check all drug-drug interactions. **Generic available:** Yes

DULOXETINE (CYMBALTA)

DOSING INFORMATION: Week 1: Obtain blood pressure and weight. Consider BMP for baseline sodium in older adults. Start Cymbalta 30 mg qday. Week 2**:** Assess for side effects; Increase dose to Cymbalta 30mg bid. **Typical target dosage**: 60 mg qday (either single dose or 30mg BID). **Max dosage:** 120 mg qday (little evidence that higher doses are beneficial). **Discontinuation:** Taper slowly to minimize withdrawal symptoms

MONITORING**:** Blood pressure, weight. Consider posttreatment BMP to rule out hyponatremia in older adults.

GENERAL INFORMATION: **Mechanism of Action:** Serotonin/Norepinephrine Reuptake Inhibitor (SNRI). **FDA Indications:** MDD, GAD, diabetic peripheral neuropathic pain, fibromyalgia; pain. **Off-Label Indications:** Second-line ADHD, other pain, other anxiety. **Pharmacokinetics:** T½ = 12hrs. **Common Side effects:** nausea (24%), dry mouth (13%), somnolence (10%), fatigue (10%), constipation (10%), decreased appetite (8%), and hyperhidrosis (7%). **Warnings and Precautions:** Suicidality, hepatotoxicity- substantial alcohol use or evidence of chronic liver disease, orthostatic hypotension, serotonin syndrome, NMS, manic switch, seizures, increased BP, increased blood sugar and total cholesterol, slow gastric emptying, urinary retention. **Contraindications:** Known hypersensitivity reaction to the product. Use of MAOI or within 14 days of stopping a MAOI; Uncontrolled narrow angle glaucoma. **Black Box Warning:** Increased SI in patients < 25 y/o. **Pregnancy:** Category C. **Breastfeeding:** Safety unknown. **Significant drug-drug interactions:** Moderate CYP450; Avoid CYP1A2 inhibitors; Abnormal

ESCITALOPRAM (LEXAPRO)

DOSING INFORMATION*:* Week 1: Baseline weight. Consider BMP for baseline sodium in older adults). Start: 5 mg qday. Week 2: Assess for side effects; Increase dose to 10 mg qday, if tolerated. **Typical target dosage**: 10 mg qday. **Max:** 20 mg qday. **Discontinuation:** Taper slowly to minimize withdrawal symptoms.

MONITORING**:** Weight. Consider posttreatment BMP to rule out hyponatremia in older adults.

GENERAL INFORMATION: **Mechanism of Action:** Highly selective serotonin reuptake inhibitor; S-enantiomer of the racemic derivative of citalopram. **FDA Indications:** MDD, GAD. **Off-Label Indications:** Other anxiety disorders. **Pharmacokinetics:** T½ = 27-32 hrs. **Common Side effects:** nausea (18%), ejaculation disorder (14%, primarily ejaculatory delay), insomnia (12%), somnolence (13%), fatigue (8%), decreased libido (7%), anorgasmia (6%), sweating increased (5%). **Warnings and Precautions:** Increased suicidality, serotonin syndrome, NMS, seizures, manic switch, hyponatremia. **Contraindications:** Known hypersensitivity reaction to the product. Use of MAOI or within 14 days of stopping a MAOI or pimozide. **Black Box Warning:** Increased SI in patients < 25 y/o. **Pregnancy:** Category C. **Breastfeeding:** Use caution. **Significant drug-drug interactions:** Minimal, abnormal bleeding with NSAIDs or anticoagulants; Check all drug-drug interactions. **Generic available:** No.

FLUOXETINE (PROZAC, SARAFEM)

DOSING INFORMATION: Week 1: Baseline weight. Consider BMP for baseline sodium in older adults. Start 10 mg qday. Week 2: Increase dose to 20 mg qday, if tolerated. Week 4 and beyond: Consider further titration in 10-20 mg qday increments. **Typical target dosage**: 20 mg qday (for geriatric patients, a lower initial dose or longer dosing interval is recommended). **Max:** 80 mg qday.

MONITORING**:** Weight. Consider posttreatment BMP to rule out hyponatremia in older adults.

GENERAL INFORMATION: **Mechanism of Action:** Selective serotonin reuptake inhibitor. **FDA Indications:** MDD, OCD, panic disorder, bulimia nervosa, premenstrual dysphonic disorder. **Off-Label Indications:** Other

anxiety, fibromyalgia. **Pharmacokinetics:** T½ parent = 4-6 days, metabolite = 9.3 days. **Common Side effects:** Insomnia (33%), nausea (29%), weakness(21%), diarrhea (18%), somnolence (17%), anorexia (17%), nervousness (15%), anxiety (15%), tremor (13%), dry mouth (12%), libido decreased (11%), yawn (11%), dyspepsia (10%), sweating (7%), sexual side effects (7%),vasodilatation (5%), abnormal dreams (5%). **Warnings and Precautions:** Increased suicidality, serotonin syndrome, NMS, manic switch, seizures, significant weight loss, abnormal bleeding, hyponatremia**,** anxiety, insomnia, long half-life**,** narrow angle glaucoma. **Contraindications:** Known hypersensitivity reaction to the product. Use of MAOI or within 14 days of stopping a MAOI, pimozide, thioridazine. **Black Box Warning:** Increased SI in patients < 25 y/o. **Pregnancy:** Category C. **Breastfeeding:** Of concern; Not recommended by manufacturer. **Significant drug-drug interactions:** Moderate to significant CYP 450 effects; tamoxifen; Check all drug-drug interactions. **Generic available:** Yes, Inexpensive.

IMIPRAMINE (TOFRANIL)

DOSING INFORMATION: Week 1: Baseline EKG (if any history of cardiac disease, history of arrhythmias, or over 65 y/o), pulse, BP, weight. Consider BMP for baseline sodium in older adults. Start 25 mg-50 mg qhs (10-25 mg in older adults). Week 2 and beyond: Increase dose by 25-50 mg per day each week to initial target 100-200 mg (100 mg for older adults). **Max:** 300mg (up to 150 mg in single dose).

MONITORING: EKG (pretreatment, initial, and annual—if any history of cardiac disease, history of arrhythmias or over 65 y/o), HR, BP, weight. Consider posttreatment BMP to rule out hyponatremia in older adults. Blood test for serum level available with defined therapeutic range: 150-300 ng/mL; Toxic >500 ng/mL.

GENERAL INFORMATION: **Mechanism of Action:** TCA: serotonin > NE reuptake inhibitor**. FDA Indications**: Depression. **Off-Label Indications:** Second-line PTSD. **Pharmacokinetics:** T½ = 6-18 hr. **Common Side effects:** Anticholinergic (moderate of the group of TCAs), weight gain, GI Upset, sexual side effects, somnolence, headache. **Warnings and Precautions:** Highly lethal in small overdoses (10-day supply), serotonin syndrome, orthostatic hypotension, cardiac dysrhythmia, QTc prolongation, seizures, manic switch, hepatic changes, decreased blood cell count, hyperthermia**, i**ncreased intraocular pressure, urinary retention, SIADH. **Contraindications:** Known hypersensitivity reaction to the product. Use of MAOI or within 14 days of stopping a MAOI; acute recovery period after MI. **Black Box Warning:** Increased SI in patients < 25 y/o. **Pregnancy: Category D; associated w/ increased risk of teratogenesis (need to inform women of childbearing age of this risk). Breastfeeding:** Use caution. **Significant drug-drug interactions:** Medications that affect QTC; check all drug-drug interactions. **Generic available:** Yes, moderate price.

MIRTAZAPINE (REMERON)

DOSING INFORMATION: Week 1: Baseline weight. Consider BMP for baseline sodium in older adults. Start 15 mg qhs (7.5 mg qhs for elderly). Week 2: Increase to 30 mg qhs (15 mg qhs for elderly) **Typical target dosage**: 30 mg qhs. **Max:** 45 mg qhs. **Discontinuation:** Taper slowly to minimize withdrawal symptoms.

MONITORING: Weight, lipids. Consider posttreatment BMP to rule out hyponatremia in older adults.

GENERAL INFORMATION: **Mechanism of Action:** Novel; central pre-synaptic alpha$_2$-adrenergic antagonist effects, which results in increased release of norepinephrine and serotonin. **FDA Indications:** MDD. **Off-Label Indications:** Other anxiety, neuropathic pain, anti-nausea effect (similar mechanism to odansetron). **Pharmacokinetics:** T½ = 26 hrs (females)-37 hrs (males). **Common Side effects:** Somnolence (54%), dry mouth (25%), increased appetite (17%), constipation (13%), weight gain (12%), dizziness (7%). **Warnings and Precautions:** Increased suicidality, serotonin syndrome, manic switch, agranulocytosis (avoid in immunocompromised), discontinuation, hyponatremia, akathisia, increased cholesterol/triglycerides,

transaminase elevations, seizures. **Contraindications:** Known hypersensitivity reaction to the product. Use of MAOI or within 14 days of stopping a MAOI. **Black Box Warning:** Increased SI in patients < 25 y/o. **Pregnancy:** Category C. **Breastfeeding:** Use caution, safety unknown. **Significant drug-drug interactions:** Minimal; Check all drug-drug interactions. **Generic available:** Yes, Moderately expensive.

NORTRIPTYLINE (PAMELOR, AVENTYL)

DOSING INFORMATION: Week 1: Baseline EKG (if any history of cardiac disease, history of arrhythmias, or over 65 y/o), HR, BP, weight. Consider BMP for baseline sodium in older adults. Start 25 mg-50 mg at QHS (10-25 in older adults). Week 2 and beyond: Increase dose by 25-50 mg per day each week to **initial target dosage** of 75-100 mg (50 mg for older adults). **Max Dosage:** 150 mg/day (older adults 100 mg).

***MONITORING*:** EKG (pretreatment, initial, and annual—if any history of cardiac disease, history of arrhythmias or over 65 y/o), BP, HR, weight. Consider posttreatment BMP to rule out hyponatremia in older adults. Blood test for serum level available with defined therapeutic range: 50-150 ng/ml; toxic >500 ng/ml.

GENERAL INFORMATION: **Mechanism of Action:** TCA: NE > serotonin reuptake inhibitor. Generally better tolerated than other TCAs. **FDA Indications:** Depression. **Off-Label Indications:** neuropathic pain (doses up to 75mg); ADHD. **Pharmacokinetics:** T½ 28-31 hours. **Side effects: Common:** sedating and anticholinergic (blurred vision, urinary retention, dry mouth, constipation), orthostatic hypotension, weight gain, nausea, headache, sexual side effects. **Warnings and Precautions:** Highly lethal in small overdoses (10-day supply), serotonin syndrome, orthostatic hypotension, cardiac dysrhythmia, QTC prolongation, seizures, manic switch, hepatic changes, decreased blood cell count, hyperthermia**,** increased intraocular pressure, urinary retention, SIADH. **Contraindications:** Known hypersensitivity reaction to the product. Use of MAOI or within 14 days of stopping a MAOI; Acute recovery period after MI. **Black Box:** Increased SI in patients <25 y/o. **Pregnancy: Category D; associated w/ increased risk of teratogenesis (need to inform women of childbearing age of this risk). Breastfeeding:** Use caution. **Significant drug-drug interactions:** Medications that affect QTC; Check all drug-drug interactions. **Generic available:** Yes.

PAROXETINE (PAXIL CR, PAXIL, PEXEVA): IR: IR—IMMEDIATE RELEASE (PAXIL, PEXEVA), CR—SUSTAINED RELEASE

DOSING INFORMATION: **Paxil IR:** Week 1: Baseline weight. Consider BMP for baseline sodium in older adults. Start 10 mg qday. Week 2: Increase to 20 mg qday, if tolerated. Week 4 and beyond: Consider further increases as needed in 10 mg qday per week increments. **Paxil CR:** Week 1: Baseline weight. Consider BMP for baseline sodium in older adults. Start 25 mg qday. Week 4 and beyond: Consider further increases as needed in 12.5 mg qday per week increments. **Typical target**: IR: 20 mg qday (40 mg qday for OCD); CR: 25 mg qday. **Max dosage:** IR: 50 mg qday CR: 62.5mg qday. **Discontinuation:** *Often problematic*. Taper slowly to minimize withdrawal symptoms.

***MONITORING*:** Weight. Consider posttreatment BMP to rule out hyponatremia in older adults.

GENERAL INFORMATION: **Mechanism of Action:** Potent selective serotonin reuptake inhibitor which is quite anticholinergic. **FDA Indications:** GAD, MDD, OCD, Panic Disorder, PTSD, PMDD, Social Phobia. **Pharmacokinetics:** T½ = 21hrs. **Common Side effects:** Sexual side effects (28%), somnolence (24%), insomnia (24%), weakness (22%), dry mouth (18%), constipation (16%), sweating (14%), dizziness (14%), tremor (11%), decreased appetite (9%). **Warnings and Precautions:** Increased suicidality, serotonin syndrome, NMS, manic switch, teratogenic effects, seizures, discontinuation, drug-drug interactions, akathisia, abnormal bleeding, hyponatremia, bone fracture**. Contraindications:** Known hypersensitivity reaction to the product. Use of MAOI or within 14 days of stopping a MAOI, pimozide, thioridazine. **Black Box Warning:** Increased SI in

patients < 25 y/o. **Pregnancy: Category D; associated w/ increased risk of teratogenesis (need to inform women of childbearing age of this risk). Breastfeeding:** Enters breast milk, use caution. **Significant drug-drug interactions:** MANY; Moderate CYP 450 effects; Tamoxifen; Check all drug-drug interactions. **Generic available:** IR: Yes, Inexpensive; CR: No.

SERTRALINE (ZOLOFT)

DOSING INFORMATION: Week 1: Baseline weight. Consider BMP for baseline sodium in older adults. Start 25 mg qday. Week 2: Increase to 50 mg qday, if tolerated. Week 4 and beyond: Can consider further increases in 25 mg qday per week increments. **Typical target**: 50 mg qday. **Max:** 200 mg qday. **Discontinuation:** Taper slowly to minimize withdrawal symptoms.

***MONITORING*:** Weight. Consider posttreatment BMP to rule out hyponatremia in older adults.

GENERAL INFORMATION: **Mechanism of Action:** Selective serotonin reuptake inhibitor. **FDA Indications:** MDD, OCD, panic disorder, PTSD, social phobia, premenstrual dysphonic disorder. **Off-Label Indications:** Other anxiety **Pharmacokinetics:** T½ = 26hr. **Common Side effects:** Nausea (25%), insomnia (21%), diarrhea (20%), sexual side effects (14%), sweating (14%), dizziness (12%), fatigue (12%), somnolence (12%), dry mouth (7%), tremors (8%). **Warnings and Precautions:** Suicidality, manic switch, serotonin symptoms or NMS, abnormal bleeding, hyponatremia, discontinuation syndrome. **Contraindications:** Known hypersensitivity reaction to the product. Use of MAOI or within 14 days of stopping a MAOI or pimozide. **Black Box Warning:** Increased SI in patients < 25 y/o. **Pregnancy:** Category C. **Breastfeeding:** Safest, Use caution. **Significant drug-drug interactions:** Minimal; Check all drug-drug interactions **Generic available:** Yes, Moderate price

TRAZODONE (DESYREL [IR], OLEPTRO [ER]): IR—IMMEDIATE RELEASE, ER— SUSTAINED RELEASE

DOSING INFORMATION: Initiation for Depression: **Trazodone IR:** Week 1: Baseline blood pressure, weight. Consider BMP for baseline sodium in older adults. **Starting Dosage**: Starting dose 25-50 mg bid-tid; increase by 25-50 mg/day q3 day, if tolerated, to a **typical target dosage** of 150-300 mg/day. **Max Dosage** IR: 400 mg/day. **Oleptro (ER)**: Week 1: Baseline blood pressure, weight. Consider BMP for baseline sodium in older adults. Starting dose 150 mg qhs; may increase by 75 mg qhs every 3 days, if tolerated to a **typical target dosage** of 150-300 mg qhs. **Max dosage Oleptro:** 375 mg qhs. ***Initiation for insomnia (off-label):*** Start 25-50 mg qhs**;** increase in 25-50 mg qhs increments, if tolerated; typical dose 50-200 mg qhs. **Discontinuation:** Taper slowly to minimize withdrawal symptoms.

MONITORING: Weight; Consider posttreatment BMP to rule out hyponatremia in older adults. Monitor for orthostatic hypotension in elderly and other vulnerable populations.

GENERAL INFORMATION: **Mechanism of Action:** Serotonin reuptake inhibitor. **FDA Indications:** Depression. **Off-label indications:** Insomnia, depression augmentation. **Pharmacokinetics:** T½ = 35 hrs. **Common Side effects:** somnolence/sedation (46%), dizziness (25%), constipation (25%), vision blurred (5%), sexual side effects (5%). **Warnings and Precautions:** Increased suicidality, serotonin syndrome, NMS, manic switch, QTc prolongation, use in patients with heart disease (e.g., recent MI), orthostatic hypotension and syncope, abnormal bleeding, Use of MAOI or within 14 days of stopping a MAOI, hyponatremia, withdrawal syndrome, priapism. **Contraindications:** Known hypersensitivity reaction to the product. **Black Box Warning:** Increased SI in patients < 25 y/o. **Pregnancy:** Category C. **Breastfeeding:** Enters breast milk/Use Caution. **Significant drug-drug interactions:** Check all drug-drug interactions. **Generic available:** IR **–** Yes

VENLAFAXINE (EFFEXOR): IR—IMMEDIATE RELEASE, ER/ XR—SUSTAINED RELEASE

DOSING INFORMATION: **Effexor XR:** Week 1: Baseline blood pressure, weight. Consider BMP for baseline sodium in older adults. Start 75 mg qday (start 37.5mg for panic disorder). Week 2: Increase to 150 mg qday. Week 4 and Beyond: Can consider further increases in 75 mg increments every 2 weeks as needed. **Typical target dosage**: 150 mg qday (social phobia 75 mg qday; neuropathic pain: minimum of 225 mg qday). **Max dosage:** 300 mg qday. **Effexor IR:** Week 1: Baseline blood pressure, weight. Consider BMP for baseline sodium in older adults. Start 37.5 mg BID; Can start 37.5 qday with panic disorder. Week 2: Increase to 75 mg BID. Week 3 and Beyond: Can consider further increases in 75 mg qday increments every 7 days as needed. **Typical target dosage**: 75mg BID (neuropathic pain 225 mg qday minimum effective dose). **Max:** 375 mg qday. **Discontinuation:** *Often problematic*. Taper slowly to minimize withdrawal symptoms.

***MONITORING*:** Blood pressure, weight. Consider posttreatment BMP to rule out hyponatremia in older adults

GENERAL INFORMATION: **Mechanism of Action:** Serotonin/Norepinephrine Reuptake Inhibitor (SNRI). **FDA Indications:** GAD, MDD, Panic Disorder, Social Anxiety Disorder. **Off-Label Indications:** ADHD, neuropathic pain, other anxiety. **Pharmacokinetics:** T½ = 5hrs. **Common Side effects:** Nausea (31%), dizziness (20%), somnolence (17%), insomnia (17%), sexual side effects (16%), sweating (14%), dry mouth (12%), nervousness (10%), anorexia (8%), abnormal dreams (7%), tremor (5%), blurry vision (5%), hypertension (5% at 150 mg qday, 13% at 300 mg qday). **Warnings and Precautions:** Increased suicidality, serotonin syndrome, NMS, manic switch, sustained hypertension, significant withdrawal syndrome, mydriasis/ narrow angle glaucoma, abnormal bleeding, serum cholesterol elevation. **Contraindications:** Known hypersensitivity reaction to the product. Use of MAOI or within 14 days of stopping a MAOI. **Black Box Warning:** Increased SI in patients < 25 y/o. **Pregnancy:** Category C. **Breastfeeding:** Use caution, safety unknown. **Significant drug-drug interactions:** Low protein binding, limited drug-drug interactions; Check all drug-drug interactions **Generic available:** Yes, IR/ER, Medium cost.