

Antidepressants

Class	Drug	Initial dose	Max Dose	Titration	Special Considerations
Selective Serotonin Reuptake Inhibitors (SSRIs)	Prozac (fluoxetine)	20mg/day	80 mg/day	20mg increments once weekly	<ul style="list-style-type: none"> - Pregnancy: sertraline, citalopram, and escitalopram are the preferred agents - Renal Impairment: fluoxetine, citalopram, and fluvoxamine do not require dose adjustments - Elderly: sertraline, citalopram, and escitalopram are the preferred agents. Paroxetine should not be used to due heavy anticholinergic activity. - Cardiovascular Concerns: sertraline and citalopram are the preferred agents - Considered first line agents by APA guidelines - Only class considered to be first line by NICE guidelines - Paroxetine has greatest rate of SSRIs for sexual dysfunction - Best overall tolerated class of antidepressants
	Zoloft (sertraline)	50mg/day	200 mg/day	25-50 mg increments once weekly	
	Paxil (paroxetine)	IR: 20mg/day ER: 25 mg/day	IR: 50mg/day ER: 62.5 mg/day	IR: 10-20mg increments once weekly ER: 12.5mg increments once weekly	
	Celexa (citalopram)	20mg/day	40mg/day	Increase gradually at 1 week intervals	
	Lexapro (escitalopram)	10mg/day	20mg/day	10 mg increment after one week	
	Luvox (fluvoxamine)	50mg/day	300mg/day	Gradually increase based on response and tolerability to 100-200mg/day	
	Trintellix (vortioxetine)	10mg/day	20mg/day	Gradually increase based on response and tolerability	
Serotonin/ Norepinephrine Reuptake Inhibitors (SNRIs)	Cymbalta (duloxetine)	40-60mg/day either once daily or BID	120mg/day	30mg increments once weekly	<ul style="list-style-type: none"> - Considered first line by APA guidelines - Pregnancy: duloxetine and venlafaxine are preferred agents - Renal impairment: No dose adjustments necessary for duloxetine and venlafaxine in patients with eGFR greater than 30mL/min - Neuropathy: duloxetine is also approved for neuropathic pain associated with chemotherapy, diabetes, and fibromyalgia.
	Effexor (venlafaxine)	IR: 37.5-75mg BID-TID ER: 37.5-75mg once daily	375mg/day	Increments of 75mg or less every 4 or more days	
	Pristiq (desvenlafaxine)	50mg/day	400mg/day	Manufacturer notes no additional benefits past 50mg/day	
	Fetzima (levomilnacipran)	20mg/day x 2 days then 40mg/day	120mg/day	40mg increments every 2 or more days	
Norepinephrine/ Dopamine Reuptake Inhibitor	Wellbutrin (bupropion)	IR: 100mg BID 12H ER: 150mg in morning	IR: 450mg/day 12H ER: 200mg BID	IR: Increase to 100mg TID after 3 days ER: Increase to 150mg BID after 3 days	<ul style="list-style-type: none"> - Considered first line by APA guidelines - Lowest risk of sexual dysfunction of all antidepressants - May aid in smoking cessation - Renal impairment: do not exceed 150mg/day - Seizure disorders: use caution
Tricyclic Antidepressant (TCAs)	Elavil (amitriptyline)	25-50mg at bedtime or divided doses	300mg/day	25-50 mg increments once weekly	<ul style="list-style-type: none"> - Elderly: Avoid the whole class - Overdose may lead to sudden cardiac death - Cause prominent weight gain and sedation
	Pamelor (nortriptyline)	25mg once daily	150mg/day	Gradually increase based on response and tolerability to 25mg TID-QID	
	Norpramin (desipramine)	25-50 once daily or divided doses	300mg/day	Gradually increase based on response and tolerability	
	Sinequan (doxepin)	25-50mg at bedtime or divided doses	300mg/day	Gradually increase based on response and tolerability	
	Tofranil (imipramine)	25-50mg at bedtime or divided doses	300mg/day	25-50 mg increments once weekly	
	Anafranil (clomipramine)	12.5-50mg QHS	250mg/day	50mg increments every 1-3 days	

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	Vivactil (protriptyline)	10-20mg divided TID-QID	60mg/day	Gradually increase based on response and tolerability to 20-60mg divided TID-QID	
	Amoxapine	25-50mg QD-TID	400mg/day	Increase to 200-300mg/day in 1-2 weeks	
Serotonin Antagonist and Reuptake Inhibitors (SARIs)	Desyrel (trazodone)	50mg BID	600mg/day	Increments of 50mg/day every 3-7 days	- Renal impairment: Trazodone does not require dose adjustment for eGFR greater than 15 mL/min
	Serzone (nefazodone)	100mg BID	600mg/day	Increments of 100-200mg/day in intervals no less than 1 week.	
	Viibryd (vilazodone)	10 mg daily x 7 days	40mg/day	Increase to 20mg/day after 7 days	
Alpha-2 Antagonist	Remeron (mirtazapine)	15mg QHS	45mg/day	Increments of 15mg in 1-2 week intervals	- Patients at immediate risk of suicidal ideations: preferred drug in these patients. - Good choice for concomitant insomnia
Monoamine Oxidase Inhibitors (MAO-Is)	Emsam (selegiline)	6mg daily	12mg/day	Increments of 3mg of 2 weeks	- May involve dietary restrictions for foods rich in tyramine due to potentially fatal interaction. - Traditionally considered to be last line alternatives
	Parnate (tranylcypromine)	10-30mg/day in divided dose	60mg/day	Increments of 10mg in 1-3 week intervals	
	Nardil (phenelzine)	15mg TID	90mg/day	Increase rapidly based on tolerance	