# Antidepressants

| GENERIC (BRAND) | HOW SUPPLIED | ADULT DAILY DOSE INITIAL (I), USUAL (U), MAX (M) | TITRATE† |
|---|---|---|---|
| **AMINOKETONES** | | | |
| **Bupropion HCl** (Forfivo XL) | **Tab, ER:** 450mg | **(U,M)**450mg | N/A |
| (Wellbutrin) | **Tab:** 75mg, 100mg | **(I)**200mg **(U)**300mg **(M)**450mg | Increase in dose should not exceed 100mg/d q3d. |
| (Wellbutrin SR) | **Tab, SR:** 100mg, 150mg, 200mg | **(I)**150mg **(U)**300mg **(M)**400mg | May increase to 300mg/d as early as Day 4 of dosing, if tolerated. May increase to 400mg/d after several wks if no clinical improvement. Allow at least 8 hrs between doses. |
| (Wellbutrin XL) | **Tab, ER:** 150mg, 300mg | **(I)**150mg **(U)**300mg **(M)**450mg | May increase to 300mg/d as early as Day 4 of dosing, if tolerated. May increase to 450mg/d after several wks if no clinical improvement. Allow at least 24 hrs between doses. |
| **Bupropion HBr** (Aplenzin) | **Tab, ER:** 174mg, 348mg, 522mg | **(I)**174mg **(U)**348mg **(M)**522mg | May increase to 348mg/d as early as Day 4 of dosing, if tolerated. |
| **MONOAMINE OXIDASE INHIBITORS** | | | |
| **Isocarboxazid** (Marplan) | **Tab:** 10mg* | **(I)**20mg **(M)**60mg | May increase by 10mg q2-4d to 40mg/d by end of first wk, if tolerated, then increase by increments of up to 20mg/wk, if needed and tolerated, to 60mg/d. |
| **Phenelzine sulfate** (Nardil) | **Tab:** 15mg | **(I)**45mg **(U)**15mg qd or qod **(M)**90mg | Dosage should be increased to at least 60mg/d at a fairly rapid pace if tolerated. May need to be increased up to 90mg/d. |
| **Selegiline** (Emsam) | **Patch:** 6mg/24 hr, 9mg/24 hr, 12mg/24 hr | **(I,U)**6mg/24 hr **(M)**12mg/24 hr | May increase by 3mg/24 hr at intervals of no less than 2 wks. |
| **Tranylcypromine sulfate** (Parnate) | **Tab:** 10mg | **(I,U)**30mg **(M)**60mg | May increase by 10mg/d at intervals of 1-3 wks. |
| **PHENYLPIPERAZINES** | | | |
| **Nefazodone HCl** | **Tab:** 50mg, 100mg*, 150mg*, 200mg, 250mg | **(I)**200mg **(U)**300-600mg | Increases should occur in increments of 100-200mg/d at intervals of no less than 1 wk. |
| **SELECTIVE SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS** | | | |
| **Desvenlafaxine** (Khedezla) | **Tab, ER:** 50mg, 100mg | **(I,U)**50mg **(M)**400mg | N/A |
| (Pristiq) | **Tab, ER:** 50mg, 100mg | **(I,U)**50mg **(M)**400mg | N/A |
| **Duloxetine HCl** (Cymbalta) | **Cap, DR:** 20mg, 30mg, 60mg | **(I)**40-60mg **(U)**60mg **(M)**120mg | N/A |
| **Levomilnacipran HCl** (Fetzima) | **Cap, ER:** 20mg, 40mg, 80mg, 120mg | **(I)**20mg **(U)**40-120mg **(M)**120mg | Initial dose of 20mg/d for 2 days. Increase to 40mg/d. May then increase in increments of 40mg of no less than 2 days as necessary. |

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|---|---|---|---|
| **SELECTIVE SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS** *(Continued)* | | | |
| **Venlafaxine HCl** | **Tab:** 25mg*, 37.5mg*, 50mg*, 75mg*, 100mg* | **(I)**75mg **(U)**75-225mg **(M)**375mg | Doses may be increased in increments up to 75mg/d if needed and should be made at intervals of no less than 4 days. |
| | **Tab, ER:** 37.5mg, 75mg, 150mg, 225mg | **(I)**37.5-75mg **(U)**75-225mg **(M)**225mg | Doses may be increased in increments up to 75mg/d if needed and should be made at intervals of no less than 4 days. |
| (Effexor XR) | **Cap, ER:** 37.5mg, 75mg, 150mg | | |
| **SELECTIVE SEROTONIN REUPTAKE INHIBITORS/5-HT1A PARTIAL AGONISTS** | | | |
| **Vilazodone HCl** (Viibryd) | **Tab:** 10mg, 20mg, 40mg | **(I)**10mg **(U,M)**40mg | Initial dose of 10mg/d for 7 days. Increase to 20mg/d for an additional 7 days, then increase to 40mg/d. |
| **SELECTIVE SEROTONIN REUPTAKE INHIBITORS** | | | |
| **Citalopram HBr** (Celexa) | **Sol:** (generic) 10mg/5mL; **Tab:** 10mg, 20mg*, 40mg* | **(I)**20mg **(U,M)**40mg | Dose increase should occur at intervals of no less than 1 wk. |
| **Escitalopram oxalate** (Lexapro) | **Sol:** 1mg/mL; **Tab:** 5mg, 10mg*, 20mg* | **(I,U)**10mg **(M)**20mg | If the dose is increased to 20mg/d, it should occur after a minimum of 1 wk. |
| **Fluoxetine HCl** (Prozac) | **Cap:** 10mg, 20mg, 40mg; **Sol:** (generic) 20mg/5mL; **Tab:** (generic) 10mg*, 20mg*, 60mg* | **(I)**20mg **(U)**20-80mg **(M)**80mg | Dose increase may be considered after several weeks if insufficient clinical improvement is observed. |
| (Prozac Weekly) | **Cap, DR:** 90mg | **(I,U,M)**90mg | Weekly dosing is recommended to be initiated 7 days after the last daily dose of Prozac 20mg. |
| **Paroxetine HCl** (Paxil) | **Sus:** 10mg/5mL; **Tab:** 10mg*, 20mg*, 30mg, 40mg | **(I)**20mg **(U)**20-50mg **(M)**50mg | Some patients not responding to 20mg dose may benefit from dose increases in 10mg/d increments, up to a max of 50mg/d. Dose changes should occur at intervals of at least 1 wk. |
| (Paxil CR) | **Tab, CR:** 12.5mg, 25mg, 37.5mg | **(I)**25mg **(U)**25mg-62.5mg **(M)**62.5mg | Some patients not responding to the 25mg dose may benefit from dose increases in 12.5mg/d increments, up to a max of 62.5mg/d. Dose changes should occur at intervals of at least 1 wk. |
| **Paroxetine mesylate** (Pexeva) | **Tab:** 10mg, 20mg*, 30mg, 40mg | **(I)**20mg **(U)**20-50mg **(M)**50mg | Some patients not responding to a 20mg dose may benefit from dose increases in 10mg/d increments, up to a max of 50mg/d. Dose changes should occur at intervals of at least 1 wk. |
| **Sertraline HCl** (Zoloft) | **Sol:** 20mg/mL; **Tab:** 25mg*, 50mg*, 100mg* | **(I)**50mg **(U)**50-200mg **(M)**200mg | Patients not responding to a 50mg dose may benefit from dose increases up to a max of 200mg/d. Dose changes should not occur at intervals of less than 1 wk. |

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| **TETRACYCLICS** | | | |
| **Maprotiline HCl** | **Tab:** 25mg*, 50mg*, 75mg* | **(I)OP:** 25mg-75mg, **IP:** 100mg- 150mg **(U)OP:** 75mg-150mg, **IP:** 150mg-225mg **(M)OP:** 150mg-225mg, **IP:** 225mg | **OP:** Initial dosages should be maintained for 2 wks. Dosages may then be increased gradually in 25mg increments, as required and tolerated. **IP:** Most severely depressed patients may be gradually increased as required and tolerated. |
| **Mirtazapine** (Remeron, Remeron SolTab) | **Tab:** 15mg*, 30mg*, 45mg; **Tab, Disintegrating:** 15mg, 30mg, 45mg | **(I)**15mg **(U)**15mg-45mg **(M)**45mg | Dose changes should not be made at intervals of less than 1 to 2 wks. |
| **TRIAZOLOPYRIDINES** | | | |
| **Trazodone HCl** | **Tab:** 50mg*, 100mg*, 150mg*, 300mg* | **(I)**150mg **(M)OP:** 400mg, **IP:** 600mg | Dose may be increased by 50mg/d q3-4d. |
| (Oleptro) | **Tab, ER:** 150mg*, 300mg* | **(I)**150mg **(M)**375mg | Dose may be increased by 75mg/d q3d. |
| **TRICYCLICS** | | | |
| **Amitriptyline HCl** | **Tab:** 10mg, 25mg, 50mg, 75mg, 100mg, 150mg | **(I)OP:** 50-100mg, **IP:** 100mg **(U)**50-100mg **(M)OP:** 150mg, **IP:** 300mg | In some patients, 40mg/d is a sufficient maintenance dose. **OP:** Dosage may be increased by 25-50mg/d at bedtime, as needed. **IP:** Dosages should be increased gradually. |
| **Amoxapine** | **Tab:** 25mg*, 50mg*, 100mg*, 150mg* | **(I)**100-150mg **(U)**200-300mg **(M)OP:** 400mg, **IP:** 600mg | Initial dose may be increased to 200-300mg/d by the end of the first wk. If no response is seen after treatment of 300mg/d for at least 2 wks, dosages may be increased to 400mg/d (OP) or 600mg/d (IP). |
| **Desipramine HCl** (Norpramin) | **Tab:** 10mg, 25mg, 50mg, 75mg, 100mg, 150mg | **(U)**100-200mg **(M)**300mg | Dosage should be initiated at a lower level and increased according to tolerance and clinical response. Treatment of patients requiring as much as 300mg should generally be initiated in hospitals. |
| **Doxepin HCl** | **Cap:** 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; **Sol:** 10mg/mL | **(I)**75mg **(U)**75-150mg **(M)**300mg | Severely ill patients may require doses with gradual increases to 300mg/d. Patients with mild symptoms may require doses as low as 25-50mg/d. The 150mg capsule is intended for maintenance therapy only. |
| **Imipramine HCl** (Tofranil) | **Tab:** 10mg, 25mg, 50mg | **(I)OP:** 75mg, **IP:** 100mg **(U)OP:** 50-150mg, **IP:** 200mg **(M)OP:** 200mg, **IP:** 250-300mg | **IP:** Gradually increase initial dose to 200mg/d as required. May increase to 250-300mg/d if no response after 2 wks. **OP:** Increase initial dose to 150mg/d ud. |
| **Imipramine pamoate** (Tofranil PM) | **Cap:** 75mg, 100mg, 125mg, 150mg | **(I)OP:** 75mg, **IP:** 100-150mg **(U)**75-150mg **(M)OP:** 200mg, **IP:** 250-300mg | **OP:** Initial dose may be increased to 150mg/d and then increased to 200mg/d prn. **IP:** Initial dose may be increased to 200mg/d and, if no response after 2 wks, should be increased to 250-300mg/d. |

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| **TRICYCLICS** *(Continued)* | | | |
| **Nortriptyline HCl** (Pamelor) | **Cap:** 10mg, 25mg, 50mg, 75mg; **Sol:** 10mg/5mL | **(U)**75-100mg **(M)**150mg | Dosage should begin at a low level and be increased gradually. |
| **Protriptyline HCl** (Vivactil) | **Tab:** 5mg, 10mg | **(U)**15-40mg **(M)**60mg | Dosage should be initiated at a low level and increased gradually, noting clinical response and tolerance. Dosage may be increased to 60mg/d if necessary. Increases should be made in the AM dose. |
| **Trimipramine maleate** (Surmontil) | **Cap:** 25mg, 50mg, 100mg | **(I)OP:** 75mg, **IP:** 100mg **(U)**50-150mg **(M)OP:** 200mg, **IP:** 250-300mg | Dosage should be initiated at a low level and increased gradually, noting clinical response and tolerance. **OP:** Initial dose increases to 150mg/d. **IP:** Initial dose may be increased gradually in a few days to 200mg/d and, if no response after 2-3 wks, may be increased to 250-300mg/d. |
| **MISCELLANEOUS** | | | |
| **Vortioxetine HBr** (Brintellix) | **Tab:** 5mg, 10mg, 15mg, 20mg | **(I)**10mg **(U,M)**20mg | Dose should be increased as tolerated. |

Refer to full FDA-approved labeling for additional information.

**Abbreviations:** DR = delayed-release; ER = extended-release; IP = inpatient; OP = outpatient; SR = sustained-release.

*Scored.

†Titration dosing refers to upward titration only. Refer to full product labeling for discontinuation of treatment, as a gradual reduction in dose may be required. For dosing in hepatic/renal impairment or geriatric or adolescent patients, see individual PI.