

Antidepressants Comparison Guide

Most Commonly Prescribed



Class	Generic (Brand)	Average 30-Day Supply Cost to Health Alliance/Carle	FDA-Labeled Indications and Usual or Target Adult Daily Dosage Range	Adverse Effects					CYP450 Metabolism	Comments
				Anticholinergic	Drowsiness	Orthostatic Hypotension	Qtc Prolongation	Weight Gain		
Serotonin Specific Reuptake Inhibitors (SSRIs)	Citalopram (Celexa)	\$2	MDD: 20-40mg daily	-	-	+	+	+	Yes. Dosage adjustments may be required. Consult monograph for specific recommendations.	Maximum 20mg daily with hepatic impairment.
	Escitalopram (Lexapro)	\$5	MDD: 10-20mg daily GAD: 10-20mg daily	-	-	+	+	+	Yes. Dosage adjustments may be required. Consult monograph for specific recommendations.	Maximum 10mg daily with hepatic impairment.
	Fluoxetine (Prozac)	\$15	Bipolar depression (in combination with olanzapine): 20-60mg Bulimia nervosa: 20-60mg daily MDD: 20-80mg daily OCD: 40-80mg daily Panic disorder: 10-60mg daily	-	-	+	+	+	Yes. Dosage adjustments may be required. Consult monograph for specific recommendations.	Dosing adjustment required in hepatic impairment.
	Fluvoxamine (Luvox)	\$35	OCD: 100-300mg daily	-	+	+	-/+	+	Yes. Dosage adjustments may be required. Consult monograph for specific recommendations.	
	Paroxetine (Paxil, Pexeva)	\$5	MDD: 20-50mg daily GAD: 20-50mg daily OCD: 20-60mg daily Panic disorder: 10-60mg daily PTSD: 20-50mg daily SAD: 20-60mg daily	+	+	++	-/+	++	Yes. Dosage adjustments may be required. Consult monograph for specific recommendations.	Dosage adjustments required in renal and hepatic impairment.
	Paroxetine extended-release (Paxil CR)	\$120	MDD: 25-62.5mg Panic disorder: 12.5-75mg SAD: 12.5-37.5mg daily	+	+	++	-/+	++	Yes. Dosage adjustments may be required. Consult monograph for specific recommendations.	Dosage adjustments required in renal and hepatic impairment.

Serotonin Specific Reuptake Inhibitors (SSRIs)	Sertraline (Zoloft)	\$2	MDD: 50-200mg daily OCD: 50-200mg daily Panic disorder: 50-200mg daily PTSD: 25-200mg daily SAD: 25-200mg daily	-	-	+	-/+	+	Yes (minor).	Reduce dose by 50% in mild hepatic impairment
	Desvenlafaxine (Pristiq, Khedezla)	\$70	MDD: 50mg daily	-	-	-	-	ND	Yes (minor).	Dosage adjustments required in renal impairment.
	Duloxetine (Cymbalta)	\$20	Fibro myalgia: 60mg daily GAD: 60mg daily MDD: 60mg daily Chronic musculoskeletal pain: 60mg daily Diabetic Neuropathic pain: 60mg daily	-	-	-	-	-/+	Yes. Avoid use with strong CYP1A2 inhibitors. See monograph for specific recommendations.	Avoid use with CrCl < 30mL/min and hepatic impairment.
	Levomilnacipran (Fetzima)	\$325	MDD: 40-120mg daily	-	-	-/+	-	-	Yes. Do not exceed 80mg in patients receiving strong 3A4 inhibitors. See monograph for specific recommendations.	Dosage adjustment required in renal impairment.
	Venlafaxine (Effexor)	\$20	MDD: 75-375mg daily	-	+	-	+	-/+	Yes. Dosage adjustments may be required. Consult monograph for specific recommendations.	Take with food. Dosage adjustments required for renal and hepatic impairment
	Venlafaxine extended-release (Effexor XR)	\$10	GAD: 75-225mg daily MDD: 75-225mg daily Panic disorder: 75-225mg daily SAD: 75mg daily	-	+	-	+	-/+	Yes. Dosage adjustments may be required. Consult monograph for specific recommendations.	Take with food. Dosage adjustments required for renal and hepatic impairment.

MDD: Major depressive disorder; GAD: Generalized anxiety disorder; OCD: Obsessive compulsive disorder; PTSD: Post-traumatic stress disorder; SAD: Social anxiety disorder

Hirsch M, Birnbaum RJ. Selective serotonin reuptake inhibitors: Pharmacology, administration, and side effects. In: Roy-Byrne PP, ed. UpToDate. Waltham, MA. UpToDate; 2019, www.uptodate.com. Accessed 2/22/2019.

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Switching Scenario	Suggested Approach
SSRI (other than fluoxetine) to another SSRI	Stop SSRI. Start new SSRI at a low dose (e.g., citalopram, escitalopram, or paroxetine 10 mg/day; sertraline 25 mg/day; or fluoxetine 20 mg every-other-day). If the patient was taking a high dose of the first agent, consider tapering to a lower dose before starting the new agent. Or, stop the first agent and start a dose of the new agent that is in the same range as the first agent (i.e., low, moderate, high). Or, cross-taper.
Fluoxetine to another SSRI	Stop fluoxetine (taper if dose >40 mg/day). Start new SSRI at a low dose after a seven-day washout. If switching to fluvoxamine, start at a dose of 50 mg/day after a 14-day washout. Cross-tapering not recommended.
SSRI (other than fluoxetine) to duloxetine	Start duloxetine at 60 mg once daily and stop SSRI or taper SSRI over two weeks. If switching from fluvoxamine, cross-tapering is not recommended; taper and stop fluvoxamine before starting duloxetine, at a low dose.
SSRI (other than fluoxetine) to venlafaxine	Stop SSRI and start venlafaxine at a low dose (e.g., 37.5 mg to 75 mg total daily dose). If the patient was taking a high dose of an SSRI, consider tapering to a lower dose before stopping it and starting venlafaxine. Cautious cross-taper, starting with low dose of venlafaxine, is another option. If switching from fluvoxamine, cross-tapering is not recommended; taper and stop fluvoxamine before starting venlafaxine, at a low dose.
Fluoxetine to venlafaxine or duloxetine	Taper and stop fluoxetine. After a four- to seven-day washout, start SNRI at a low dose (duloxetine 60 mg/day or venlafaxine 37.5 mg/day). Cross-tapering not recommended.
Duloxetine to SSRI	If duloxetine <60 mg/day, stop it and start SSRI at a therapeutic dose. If duloxetine ≥ 60mg daily, consider tapering to a lower dose before stopping it and starting the new agent. Or cross-taper, starting SSRI at a low dose. If switching to fluoxetine or fluvoxamine, cross-tapering is not recommended; taper and stop duloxetine and start fluoxetine at 10 mg/day or fluvoxamine at 50 mg/day.
Venlafaxine to an SSRI	Stop venlafaxine and start the SSRI at a therapeutic dose. Or cross-taper, starting the new SSRI at a low dose. If the patient was taking a high dose of venlafaxine, consider tapering to a lower dose before stopping it and starting the new agent. If switching to fluoxetine or fluvoxamine, cross-tapering is not recommended; taper and stop venlafaxine and start fluoxetine at 10 mg/day or fluvoxamine at 50 mg/day.
Duloxetine to venlafaxine	Stop duloxetine and start venlafaxine at a therapeutic dose (e.g., 75 mg total daily dose). If the patient was taking a high dose of duloxetine, consider tapering to a lower dose before stopping it and starting venlafaxine. Or cross-taper, starting venlafaxine at a low dose.
Venlafaxine to duloxetine	If venlafaxine dose is <150mg/day, stop it and start duloxetine 60 mg once daily. If venlafaxine dose is ≥150 mg per day, consider tapering over four weeks before stopping it and starting duloxetine 60 mg every-other-day. Or cross-taper over two to three weeks.
Switching to/from Pristiq or Fetzima	Information limited. Consider managing as for venlafaxine due to similar mechanism of action.

Clinical Resource, Choosing and Switching Antidepressants. Pharmacist's Letter/Prescriber's Letter. June 2018.

