Antidepressants Comparison Guide
Most Commonly Prescribed

Ask For Generics

Class	Brand (generic)	Health Alliance Tier Status	Average 30-day supply cost to Health Alliance/ Carle	FDA-Labeled Indications and Usual or Target Adult Daily Dosage Range[ab]	Adverse Effects				CYP450 Inhibition	Comments
					Anticholinergic	Arrhythmia	Sedation	Weight Gain		
Serotonin Specific Reuptake Inhibitors (SSRIs)	Celexa (citalopram)	Tier 1	$2	Depression: 20 - 40 mg/day	-	-	+	-	Weak CYP1A2, 2D6, 2C19 inhibitor; Modest 2D6 inhibitor (≥ 40 mg)	Maximum dose 40 mg in elderly or hepatic impairment
	Cymbalta (duloxetine)	Tier 1	$50	Diabetic peripheral neuropathy - pain: 60 mg/day Fibromyalgia: 30 - 60 mg/day Generalized anxiety disorder: 60 mg/day Major depressive disorder: 60 mg/day Musculoskeletal pain, chronic: 60 mg/day	-	-	+	-	CYP2D6 inhibitor (moderate)	Monitor blood pressure Avoid with potent CYP1A2 and 2D6 inhibitors
	Lexapro (escitalopram)	Tier 1	$85	Generalized anxiety disorder: 10 - 20 mg/day Major depressive disorder: 10 - 20 mg/day	-	-	+	-	Modest CYP2D6 inhibitor (20 mg dose)	Maximum dose 10 mg in elderly or hepatic impairment
	Prozac (fluoxetine)	Tier 1	$5	Bulimia nervosa: 60 mg/day Major depressive disorder: 20 - 60 mg/day Obsessive-compulsive disorder: 20 - 60 mg/day Panic disorder: 10 - 60 mg/day	-	-	+	+	CYP2D6 and 3A4 (weak) inhibitor	Start Prozac weekly 7 days after last fluoxetine dose
	Paxil (paroxetine hcl)	Tier 1	$3	Generalized anxiety disorder: 20 mg/day Major depressive disorder: 20 - 60 mg/day Obsessive-compulsive disorder: 20 - 40 mg/day Panic disorder: 10 - 40 mg/day Post-traumatic stress disorder: 20 mg/day Social anxiety disorder: 20 mg/day	-/+	-	+	++	CYP2D6 (strong) inhibitor	Start with 10 mg and do not exceed 40 mg in the elderly, debilitated or patients with hepatic/renal impairment
	Zoloft (sertraline)	Tier 1	$1	Major depressive disorder: 50 - 200 mg/day Obsessive-compulsive disorder: 50 - 200 mg/day Panic disorder: 25 - 200 mg/day Post-traumatic stress disorder: 25 - 200 mg/day Premenstrual dysphoric disorder: 50 - 150 mg/day Social phobia: 25 - 200 mg/day	-	-	+	+	CYP2D6 inhibitor (dose-dependent); weak 3A4 ihibitor	
Serotonin-Norepinephrine Reuptake Inhibitors	Effexor (venlafaxine)	Tier 1	$25	Major depressive disorder: 75 - 300 mg/day (2 - 3 divided doses)	+	+	+	-	Not significant	Monitor blood pressure Reduce dose by 25% for GFR < 70 mL/min, and by 50% for hemodialysis or mild to moderate hepatic impairment
	Effexor XR (venlafaxine ER)	Tier 1	$20	Major depressive disorder: 75 - 300 mg/day Panic disorder: 75 mg/day Social anxiety disorder: 75 mg/day	+	+	+	-		
	Pristiq (desvenlafaxine)	Tier 3	$125	Major depressive disorder: 50 mg/day	-	-	-	-	CYP2D6 inhibition not clinically significant at doses ≤ 100 mg	Monitor blood pressure Doses > 50 mg not recommended in hepatic impairment

[a] indications/doses from package inserts

[b] Antidepressants increased the risk of suicidal thinking and behavior in children, adolescents and young adults with major depressive disorder (MDD) and other psychiatric disorders in short-term studies. Short-term studies did not show an increase in the risk of suicidality with antidepressants compared to placebo in adults beyond age 24, and there was a reduction in risk with antidepressants compared to placebo in adults age 65 and older. This risk must be balanced with the clinical need. Monitor patients closely for clinical worsening, suicidality or unusual changes in behavior. Families and caregivers should be advised of the need for close observation and communication with the prescriber.

How to Switch Antidepressants

	Approximate Dose Equivalents of Antidpressants				
SSRIs	fluoxetine	20 mg	40 mg	60 mg	80 mg
	paroxetine	20 mg	40 mg	60 mg	-
	sertraline	50 -75 mg	100 mg	150 mg	200 mg
	citalopram	20 mg	40 mg	-	-
	escitalopram	10 mg	20 mg	-	-
SNRIs	venlafaxine*	75 mg	150 mg	225 mg	300 mg
	desvenlafaxine	50 mg	100 mg	-	-
	duloxetine	30 mg	60 mg	90 mg	120 mg

* when switching to extended-release formulations, use the same total daily dose when possible

SSRI to SSRI: In general, direct substitution of one drug for the other is appropriate; although some experts recommend a cross-taper. Note: because of fluoxetine's long half-life, when switching from fluoxetine to other SSRIs, a four-to seven-day washout period is recommended, as well as beginning replacement SSRI at a low dose.

SSRI to/from SNRI: In general, direct substitution of SSRI to SNRI is appropriate; no cross-taper necessary. SSRIs that inhibit P450 2D6 (e.g., paroxetine, fluoxetine) might decrease venlafaxine metabolism, increasing risk for adverse effects. Paroxetine and venlafaxine should be tapered slowly (over several months in some patients) to reduce risk of discontinuation symptoms.

Health Alliance