

CUP Appendix 1: Antidepressant Classification and Dosages for Adults ■

Category	Drug	Daily Starting Dosage■	Usual Adult Dosage	Relative Cost If one \$ present, generic is available	Adverse Side Effects ● 0 = absent or rare 4 = relatively common								Contra-indications (x= not recommended)							
					CNS			Cardiovascular		Other			Benign Prostatic Hypertrophy	Cardiac Conduction Abnormality / Coronary Artery Disease	Glaucoma	Orthostatic Hypotension	Seizures	Eating Disorders	Suicidal Risk (overdose lethal)	
					ACH (Anticholinergic)	Sedation	Insomnia/Excitation	Orthostatic Hypotension	Cardiac Arrhythmia	Gastrointestinal Distress	Sexual Dysfunction	Weight Gain (> 6 kg)								
SSRI's ♦	Citalopram (Celexa)	10-20 mg QAM	20-60 mg	\$ - \$\$	0	2	2	0	0	3	1	*								
	Escitalopram (Lexapro)	10 mg QAM	10-20 mg	\$\$	0	2	1	0	0	3	1	*								
	Fluoxetine (Prozac)	10-20 mg QAM	20-80 mg	\$ - \$\$\$	0	1	3	0	0	3	2	*								
	Fluoxetine (Prozac Weekly) †	90 Qwk	90 mg	\$\$\$	0	1	2	0	0	3	2	*								
	Fluvoxamine (Luvox) >	50 mg QHS	100-300 mg	\$ - \$\$\$	0	2	2	0	0	3	1	*								
	Paroxetine (Paxil)	10-20 mg QAM	20-50 mg	\$ - \$\$	0	2	2	0	0	3	3	*								
	Paroxetine (Paxil CR)	12.5-25 mg QAM	25-62.5 mg	\$\$ - \$\$\$	0	1	2	0	0	2	3	*								
	Sertraline (Zoloft)	25-50 mg QAM	50-200 mg	\$\$	0	2	2	0	0	3	2	*								
SNRI's	Venlafaxine (Effexor)	25 mg BID-TID	150-375 mg	\$\$\$	1	1	2	0	1	3	2	0							X	
	Venlafaxine (Effexor-XR) †	37.5 mg QD	150-225 mg	\$\$	1	1	2	0	1	3	2	0							X	
	Duloxetine (Cymbalta) †	30 mg BID	60 mg	\$\$\$	1	1	0	0	0	3	2	0				X	X			
Other agents	Bupropion (Wellbutrin)	100 mg BID-TID	300-450 mg	\$ - \$\$\$	0	0	2	0	1	1	1	*					X	X		
	Bupropion (Wellbutrin SR) †	75 mg QD to 75 mg BID	150-200 mg BID	\$ - \$\$\$	0	0	2	0	1	0	1	*					X	X		
	Bupropion (Wellbutrin XL) †	150 mg	300-450 mg	\$\$\$	0	0	2	1	1	1	1	*					X	X		
	Mirtazapine (Remeron or Remeron Sol-Tab)	15 mg QHS	15-45 mg	\$\$ - \$\$\$	1	4	~	0	0	0	1	3								
	Nefazodone (Serzone) ▲	100 mg QHS	300-600 mg	\$\$	1	2	~	0	0	1	1	*								
Tricyclics and older agents	Amitriptyline (Elavil)	25-75 mg QHS	100-300 mg	\$	4	4	0	4	3	1	~	4	X	X	X	X	X		X	
	Amoxapine (Asendin) x	50 mg BID	100-400 mg	\$\$	2	2	2	2	2	0	~	2	X	X	X	X	X		X	
	Clomipramine (Anafranil)	25-75 mg QHS	100-250 mg	\$\$	4	~	~	~	~	~	~	~	X	X	X	X	X		X	
	Desipramine (Norpramin)	25-75 mg QHS	100-300 mg	\$	1	1	1	2	2	0	~	1		X		X	X		X	
	Doxepin (Adapin, Sinequan)	25-75 mg QHS	100-300 mg	\$	3	4	0	2	2	0	~	4	X	X	X	X	X		X	
	Imipramine (Tofranil)	25-75 mg QHS	100-300 mg	\$	3	3	1	4	3	1	~	4	X	X	X	X	X		X	
	Maprotiline (Ludomil)	25-75 mg QHS	100-225 mg	\$	2	3	0	2	2	0	~	2	X	X	X	X	X		X	
	Nortriptyline (Aventyl, Pamelor)	25-50 mg QHS	50-150 mg	\$	2	2	0	1	2	0	~	1	X	X	X		X		X	
	Protriptyline (Vivactil)	15 mg QAM	20-60 mg	\$	2	1	1	2	3	0	~	0	X	X	X	X	X		X	
	Trazodone (Desyrel)	50 mg QHS	150-600 mg	\$\$	1	4	0	3	1	1	~	2				X				X
	Trimipramine (Surmontil)	25-75 mg QHS	100-300 mg	\$\$	4	4	0	3	3	0	~	4	X	X	X	X	X		X	

† Covered by prior authorization and after failing 2 SSRIs; † Generic short-acting medication preferred; x Extra pyramidal side effects (EPS) including tardive dyskinesia (TD) possible.

~ Insufficient data. ▲ Black box warning of hepatic failure. ● Please refer to other references for additional side effects and drug interactions. * Emerging (not yet conclusive) evidence suggests weight gain may be associated with these medications. > Luvox indicated for obsessive-compulsive disorder primarily and for depression secondarily only when other first line anti-depressant agents have failed. ■ Not intended for Seniors, Adolescents, and Children, Pregnant Women (go to www.coloradoclinicalguidelines.com for Web links addressing these populations). The sources used to compile these recommendations include: Drug Facts and Comparisons (2006), AHFS Drug Information (2006), AHRQ Comparative Effectiveness of Pharmacological Treatment of Depression, FDA package inserts, peer reviewed evidence and expert clinical opinion. Comparative relative incidence rates of adverse side effects were reviewed when available.

CCGC APPENDIX 2: Adult Depression Screening Tools Comparison

			Administration considerations Can be administered by:			Clinical Considerations	
Screening Tool	Number of Items	Ease of Scoring	Clinician	Office Staff	Can be Self-administered	Includes DSM-IV diagnostic criteria	Sensitive to change in severity
PHQ-9* Most highly recommended by CCGC committee	9	Easy	Yes	Yes	Yes	Yes	Yes
Other Tools**							
QIDS – SR	16	Moderate	Yes	Yes	Yes	No	Yes
CES-D	20	Easy	Yes	Yes	Yes	No	No
Hamilton	17	More difficult	Yes	Yes (in development)	No	No	Yes
Beck Depression Inventory	21	Easy	Yes	Untested	Yes	No	Yes

* PHQ-9 has advantage of two pre-screening questions which, if negative, eliminate need to continue. It is also the only tool which can be used as a screening and diagnostic tool. (PHQ-9 is an outgrowth of Prime-MD). Go to www.coloradoclinicalguidelines.org to download PHQ-9.

** Other instruments in common use include the Zung, Mini Patient Health Survey, HANDS, Prime-MD, and others. These instruments may work well in the hands of health professionals with experience in their use, but are not recommended for those seeking a new instrument.

Reminder: These tools should be used in conjunction with a clinician’s judgment before determining a diagnosis.

For further information on how to access some of these tools, please visit the CCGC Website at www.coloradoguidelines.org

CUP Adopted May 28, 2002
(Adapted from the Colorado Clinical Guideline Collaborative)
Revised May 2007