



Medication Audit Criteria and Guidelines

SSRIs: citalopram (Celexa®), escitalopram (Lexapro®), fluoxetine (Prozac®), fluvoxamine (Luvox®), paroxetine (Paxil®), sertraline (Zoloft®)

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Indications

- Anxiety Disorders (not fluvoxamine)
- Anxiety Disorders Adolescent - #sertraline
- Binge Eating (sertraline)
- Bulimia Nervosa (fluoxetine)
- Depressive Disorders (not fluvoxamine)
- Depressive Disorders Adolescents - *escitalopram (≥ 12 years), *fluoxetine (≥ 8 years); #sertraline
- Dysthymia (fluoxetine, sertraline)
- Obsessive Compulsive Disorder (escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline)
- Obsessive Compulsive Disorder Children/Adolescents - *fluoxetine (≥ 7 years), *fluvoxamine (≥ 8 years), *sertraline (≥ 6 years); #citalopram, #paroxetine
- Panic Disorder (escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline)
- Panic Disorder Children/Adolescent - #citalopram
- Post-Traumatic Stress Disorder (PTSD) (fluoxetine, paroxetine, sertraline)

- Premenstrual Dysphoric Depressive Disorder (PMDD) (fluoxetine, paroxetine, sertraline)
- Premenstrual Dysphoric Depressive Disorder (PMDD) Adolescent – #fluoxetine
- Social Anxiety Disorder (paroxetine)
- Social Phobia (escitalopram, fluvoxamine, paroxetine, sertraline)

* Indicates FDA approval in children/adolescents as specified

Not FDA approved in children/adolescent but has literature support for use

Black Box Warning

- Increased risk of suicidal thinking and behavior in children, adolescents and young adults (≤ 24 years) taking antidepressants. Monitor for worsening and emergence of suicidal thoughts and behaviors.

Contraindications

Absolute

- Concomitant use of fluvoxamine with alosetron, tizanidine, ramelteon
- Concomitant use of sertraline concentrate with disulfiram
- Concomitant use with pimozide (citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline)
- Concomitant use with thioridazine (fluoxetine, fluvoxamine, paroxetine)
- Concurrent use of a MAO inhibitor including (or within 14 days of receiving citalopram, escitalopram, fluvoxamine, paroxetine or sertraline; or within 35 days of receiving fluoxetine)
- History of anaphylactic reaction or similarly severe significant hypersensitivity to the medication prescribed

Relative

- Concomitant use with other serotonergic drugs (triptans, tricyclic antidepressants, fentanyl, lithium, tramadol, buspirone, tryptophan, St. John's wort)
- Concurrent use of linezolid

- Pregnancy/nursing mothers

Precautions

- Angle-closure glaucoma
- Bipolar disorder in the absence of a mood stabilizer
- Diabetes mellitus
- Diagnosis of a seizure disorder or history of seizures
- Discontinuation syndrome
- Falls
- Hepatic function impairment
- Osteopenia
- Pregnancy/nursing mother
- QTC prolongation
- Renal function impairment
- Suicidal thoughts and behaviors in children, adolescents, and young adults (≤ 24 years)

Adverse Reactions

Side Effects Which Require Medical Attention

- Abnormal bleeding
- Hives or itching
- Joint or muscle pain
- Osteopenia
- Seizures
- Serotonin syndrome
- Skin rash
- Worsening of depression, suicidal thoughts

Pregnancy and Breastfeeding

- See relative contraindications
- Review product-specific labeling. Consider risks/benefits in reviewing medication-specific labeling

Drug Interactions of Major Significance

- Alcohol
- Alosetron, tizanidine, ramelteon (see contraindications)
- CNS depressants
- Drugs that interfere with hemostasis (NSAIDs, aspirin, warfarin, etc.)
- Drugs that prolong the QT interval (ziprasidone, iloperidone, chlorpromazine, mesoridazine, droperidol, erythromycin, gatifloxacin, moxifloxacin, quinidine, procainamide, amiodarone, sotalol, pentamidine, levomethadyl acetate, methadone, halofantrine, mefloquine, dolasetron mesylate, probucol, Saquinavir, tacrolimus, etc.)
- Monoamine oxidase inhibitors (see contraindications)
- Pimozide (see contraindications)
- Serotonergic drugs (SSRIs, SNRIs, triptans, TCAs, fentanyl, lithium, tramadol, tryptophan, buspirone, amphetamines, St John's wort)
- Thioridazine (see contraindications)

See Table A: Cytochrome P450 Drug Metabolism/Inhibition

Citalopram:

Substrate of 2C19

Inhibitor of 2D6 (not clinically relevant)

Escitalopram:

Inhibitor of 2D6 (not clinically relevant)

Fluoxetine:

Substrate of 2C9 and 2D6 (2C9 is not clinically relevant)

Inhibitor of 2C19 and 2D6 (strong)

Fluvoxamine:

Substrate of 1A2 and 2D6 (2D6 is not clinically relevant)

Inhibitor of 1A2 (strong), 2C9, 2C19, 3A4,5,7 (2C9 is not clinically relevant)

Paroxetine:

Substrate of 2D6

Inhibitor of 2C9 and 2D6 (strong)

Sertraline:

Inhibitor of 2C9 and 2D6 (2C9 and 2D6 are not clinically relevant)

Special Populations

Age-Specific Considerations

- Escitalopram (12-17 years old), fluoxetine (7-18 years old), fluvoxamine (8-17 years old), sertraline (6-17 years old) have received at least one FDA approved indication for the age range listed
- Geriatric: Consider conservative initial dosage to minimize adverse effects. Review product labeling for specific dosing recommendations.
- Hepatic impairment: Consider conservative initial dosage to minimize adverse effects. Review product labeling for specific dosing recommendations.
- Renal impairment
 - Mild to moderate – no dosing changes except for paroxetine. Paroxetine - lower initial dose
 - Severe – use with caution

Patient Monitoring Parameters

- EKG – as clinically indicated (fluoxetine, sertraline)
- EKG – baseline and as clinically indicated (citalopram, escitalopram)

SSRIs

- Electrolytes – especially sodium level in high-risk patients (e.g., older than 65 years, previous history of antidepressant-induced hyponatremia, low body weight, concomitant use of thiazides or other hyponatremia-inducing agents, experiencing symptoms of hyponatremia), baseline, 4 weeks and as clinically indicated
- Height and weight – baseline, monthly and as clinically indicated (children, adolescents)
- Monitor for emergence of suicidal ideation or behavior
- Pregnancy test—baseline and as clinically indicated

Dosing

- See HHSC Psychiatric Drug Formulary for dosage guidelines.
- Exceptions to maximum dosage must be justified as per medication rule.