**PHC Note on Antidepressants**: There is a lack of evidence showing significant benefit vs placebo except in severe depression. Therefore, use PHQ9>14 as cutoff for treatment initiation, and goal of therapy PHQ9<5, or 10 when some points are attributable to other condition(s).

### Flow Chart

**ADULT WITH DEPRESSION**

- **RESPONSE**
  - **YES**
  - **NO**

**ABSENCE of risks for:**

- Cardiovascular issues, Seizures, CYP40 interactions?
  - **NO**
    - **Seizure Risks**
      - **YES**
        - **Cardiovascular**
  - **YES**

**Potential for significant CPY Interaction**

- **YES**
  - **Bleeding, Hemorrhagic**
  - **YES**
  - **HTN or HR concerns?**
    - **YES**
    - **Arhythmia, QT risks?**
    - **YES**
    - **Formulary Failed or Is contraindicated**

**Progress through treatment levels per STAR-D study w/ 6-12wk min. trials, maximized dosing & adjunctive tx, (& cognitive behavioral therapy as appropriate & available)**

- **Remission?**
  - **NO**
    - **Multi-drug Resistance is Evident:**
      - (1) Psychiatric Consult required for re-evaluation of diagnosis. (2) Psychiatrist may progress to non-formulary alternatives after confirmation of diagnosis & PHQ9 >14 (3) Specialist to consider ETC or experimental therapy if PHQ9 >20. (4) Non-formulary alternatives available to non-psychiatrist if psychiatrist is not available for consult & PHQ9 >20.

- **YES**
  - **Decrease**

**FORMULARY—**

- **AVOID**: Bupropion
  - **Possibly avoid or use with caution**: SSRIs, TCAs, Venlafaxine
- **CONSIDER**: Doxepin, desipramine, Mirtazapine, Trazodone, SSRI's

**FORMULARY—**

- **AVOID**: Bupropion, Citalopram @ doses >40mg, Paroxetine, Sertraline (dose dependent)
- **CONSIDER**: Low dose citalopram/escitalopram (if not also on pimozide), low dose sertraline, Venlafaxine, Mirtazapine; Fluoxetine (if not also on pimozide or thioridazine), TCAs

**FORMULARY—**

- **AVOID**: TCAs
- **CONSIDER**: SSRIs, Mirtazapine, Trazodone

**FORMULARY—**

- **AVOID**: TCAs, Venlafaxine, Bupropion
- **Low dose/ Caution**: Citalopram, Escitalopram
- **CONSIDER**: Sertraline, Fluoxetine, Paroxetine

**FORMULARY—**

- **AVOID** or USE W/ CAUTION:
  - Desvenlafaxine (Pristiq)
  - Duloxetine (Cymbalta)
  - Vilazodone (Viibryd)
  - Vortioxetine (Brintellix)
  - All should be used with caution & close monitoring due to drug interactions, hemostasis &/or seizure risks. Consider only if potential benefits outweigh risks and safer formulary alternatives have failed or are otherwise contraindicated.

**NON-Formulary—**

- **AVOID** or USE W/ CAUTION:
  - Desvenlafaxine
  - Duloxetine
  - Vilazodone
  - Vortioxetine

**NON-Formulary—**

- **AVOID** or USE W/ CAUTION:
  - Desvenlafaxine (EKG required)
  - Duloxetine
  - Vilazodone
  - Vortioxetine

**DEPRESSION: PHC Treatment Flow Diagram for Formulary Compliance**

By: Diane Wong, Pharm. D. 10/19/12; rev. 1/26/14
Treatment Algorithm based on STAR*D prospective trial, through 4 treatment changes

**Formulary First Line Agent:**
- Citalopram
- Fluoxetine
- Paroxetine
- Sertraline
- Escitalopram
- Venlafaxine XR or bupropion SR

**Note on Antidepressants**
There is a lack of evidence showing significant benefit vs placebo except in severe depression. Therefore, use PHQ9>14 as cutoff for treatment initiation, and goal of therapy PHQ9<5, or 10 when some points are attributable to other condition(s).

**STAR*D Study Inclusion Criteria:**
- Age 18-75
- Non-psychotic major depression
- Score >/= 14 on Hamilton Rating Scale for Depression
- None of the following: bipolar d/o, OCD, eating d/o, seizure d/o

**Note regarding adequate trial durations:**
STAR-D recommends a minimum 8 wk trial once pt is at max tolerated dose. PHC Subcommittee recommends that 6 wk is adequate to determine failure if no response present; if partial response, should continue tx x 12 wks before considering changing.

**PHC NOTE ON MAOIs (Tranylcypromine, Isocarboxazid, Phenelzine, Selegiline):**
NON-FORMULARY due to CARVE-OUT status. Consult State’s Fee-For-Service Medi-Cal Formulary if MAOI is indicated. Note that MAOIs are contraindicated in conjunction with many medications, including other anti-depressants (washout periods are required before changing to MAO-I) and should be avoided in several comorbid conditions.

**Multi-drug tx-resistance:**
No specific STAR*D recommendations after 4 treatment failures....refer to PHC F/NF Decision Tree.
<table>
<thead>
<tr>
<th><strong>PHC Formulary Antidepressants</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TCAs</strong></td>
</tr>
<tr>
<td><strong>Formulary, no restrictions:</strong></td>
</tr>
<tr>
<td>Amitriptyline (Elavil)</td>
</tr>
<tr>
<td>Desipramine (Norpramin)</td>
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<tr>
<td>Doxepin (Sinequan)</td>
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<tr>
<td>Imipramine HCL (Tofranil only, not pamoate/PM)</td>
</tr>
<tr>
<td>Nortriptyline (Pamelor)</td>
</tr>
<tr>
<td>Protriptyline (Vivactil)</td>
</tr>
<tr>
<td><strong>SSRIs</strong></td>
</tr>
<tr>
<td><strong>Formulary, no restrictions:</strong></td>
</tr>
<tr>
<td>Citalopram</td>
</tr>
<tr>
<td>Escitalopram</td>
</tr>
<tr>
<td>Fluoxetine</td>
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<tr>
<td>Paroxetine</td>
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<tr>
<td>Sertraline</td>
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<tr>
<td><strong>SNRIs</strong></td>
</tr>
<tr>
<td><strong>Formulary, with restrictions:</strong></td>
</tr>
<tr>
<td>Venlafaxine ER <strong>capsules</strong> (generic Effexor XR)*</td>
</tr>
<tr>
<td>Limited to one per day</td>
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<tr>
<td>Venlafaxine IR tablets (generic Effexor)</td>
</tr>
<tr>
<td>Step Requirement: Prior claim for formulary SSRI in the last 120 days</td>
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<tr>
<td>Limited to 3 per day</td>
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<tr>
<td>Limited to 90 days duration for purpose of titration to XR capsules for maintenance dosing</td>
</tr>
<tr>
<td>*NOTE: Venlafaxine ER tablets are not A or AB rated to Effexor XR and are not on PHC’s formulary. Formulary 75mg XR capsules plus 150mg XR capsules can be used to achieve a 225mg XR dose, instead of requesting the 225mg non-formulary ER tablets.</td>
</tr>
<tr>
<td><strong>OTHER</strong></td>
</tr>
<tr>
<td><strong>Formulary, no restrictions:</strong></td>
</tr>
<tr>
<td>Trazodone 50, 100 &amp; 150mg (Generic Desyrel, immediate release)</td>
</tr>
<tr>
<td><strong>Formulary, with restrictions:</strong></td>
</tr>
<tr>
<td>Bupropion, immediate release, limited to 3 per day (TID dosing)</td>
</tr>
<tr>
<td>Bupropion SR, limited to 2 per day (BID dosing)</td>
</tr>
<tr>
<td>Bupropion XR, limited to 1 per day (QD dosing)</td>
</tr>
<tr>
<td>Mirtazapine, limited to 1 per day</td>
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</tbody>
</table>
References:


