

## APPENDIX B: Pharmacotherapy options

Second-line antidepressants are to be used if first-line antidepressants have failed or are unavailable.<sup>30</sup> The medications listed below (organized by drug class) are all equal in efficacy and in evidence.

### Second-line antidepressants<sup>17,19</sup>

Drug Class	Antidepressant	Formulations	Dosage	Side Effects	Warnings, Contraindications and Precautions
Antipsychotics, second-generation	<b>Quetiapine</b> <a href="#">Product monograph<sup>65</sup></a>	25 mg, 100 mg, 200 mg, 300 mg Immediate-release tablet	Initial: 50 mg daily PO for 2 days, then 150 mg daily; if necessary, can increase to 300 mg on or after day 4 Usual: 150 mg/day PO High: 300 mg/day PO  Low doses (25–100 mg) can be used to augment standard antidepressants <sup>19</sup>  Higher doses (150–600 mg) may be prescribed as monotherapy or in combination based on tolerability <sup>19</sup>	<ul style="list-style-type: none"> <li>Sedation</li> <li>Dizziness</li> <li>Weight gain</li> <li>Orthostatic hypotension</li> <li>Hepatic transaminase elevation</li> <li>Headache</li> <li>Anticholinergic effects</li> <li>Increased risk of diabetes and dyslipidemia</li> <li>Possible increased risk of cataracts</li> <li>May reduce thyroid hormone levels</li> </ul>	<ul style="list-style-type: none"> <li>Due to increased risk of diabetes, conduct an annual screening<sup>27</sup></li> <li>Conduct metabolic monitoring if your patient is on quetiapine<sup>11</sup></li> <li>Advise your patient to keep track of their weight and BMI monthly to identify any changes<sup>11</sup></li> </ul>
Reversible Monoamine Oxidase-A Inhibitors	<b>Moclobemide</b> <a href="#">Product monograph<sup>66</sup></a>	100 mg, 150 mg, 300 mg tablet	Initial: 200–300 mg/day PO Usual: 450–600 mg/day PO High: 900 mg/day PO	<ul style="list-style-type: none"> <li>Nausea</li> <li>Insomnia</li> <li>Dizziness</li> </ul>	<ul style="list-style-type: none"> <li>Moclobemide is a reversible and selective MAO-A inhibitor that does not require the same dietary restrictions as irreversible MAOIs<sup>19</sup></li> </ul>
SM	<b>Trazodone</b> <a href="#">Product monograph<sup>67</sup></a>	50 mg, 75 mg, 100 mg, 150 mg tablet	Initial: 150–200 mg/day PO Usual: 300–400 mg/day PO High: 600 mg/day PO	<ul style="list-style-type: none"> <li>Drowsiness</li> <li>Orthostatic</li> <li>Hypotension</li> <li>Nausea</li> <li>Headache</li> <li>Dry mouth</li> </ul>	<ul style="list-style-type: none"> <li>Priapism</li> <li>Due to severe daytime sedation, trazodone is rarely prescribed at therapeutic antidepressant doses (300–400 mg daily). It is often prescribed at lower doses (50–100 mg) as a hypnotic in combination with other antidepressants<sup>19</sup></li> </ul>
	<b>Vilazodone</b> <a href="#">Product monograph<sup>68</sup></a>	10 mg, 20 mg, 40 mg tablet	Initial: 10 mg/day PO with food for 7 days Usual: 20 mg/day PO with food, may increase to 40 mg/day after 7 days, if needed	<ul style="list-style-type: none"> <li>Diarrhea</li> <li>Nausea</li> <li>Vomiting</li> <li>Insomnia</li> </ul>	<ul style="list-style-type: none"> <li>Vilazodone should be taken with food to ensure adequate absorption and a titration schedule is recommended to avoid GI effects<sup>19</sup></li> </ul>
SNRI	<b>Levomilnacipran</b> <a href="#">Product monograph<sup>69</sup></a>	20 mg, 40 mg, 80 mg, 120 mg extended-release capsule	Initial: 20 mg/day PO for 2 days then 40 mg/day Usual: 40–120 mg/day PO	<ul style="list-style-type: none"> <li>Nausea</li> <li>Dry mouth</li> <li>Constipation</li> <li>Hyperhidrosis</li> <li>Headache</li> <li>Dizziness</li> <li>Increased heart rate</li> <li>Tachycardia</li> <li>Insomnia</li> <li>Erectile dysfunction</li> </ul>	<ul style="list-style-type: none"> <li>Blood pressure and heart rate may increase and should be carefully monitored<sup>19</sup></li> </ul>
Tricyclic antidepressants (TCA)	<b>Amitriptyline</b> <a href="#">Product monograph<sup>20</sup></a>	10 mg, 25 mg, 50 mg, 75 mg tablet	Initial: 25–50 mg/day PO Usual: 75–200 mg/day PO High: 300 mg/day PO	<ul style="list-style-type: none"> <li>Anticholinergic (dry mouth, blurred vision, constipation, urinary hesitancy, tachycardia, delirium)</li> <li>Antihistaminergic (sedation, weight gain)</li> <li>Orthostatic hypotension</li> <li>Lowered seizure threshold</li> <li>Sexual dysfunction</li> </ul>	<ul style="list-style-type: none"> <li>In contrast to the SSRIs, the cyclic antidepressants can be fatal in doses as little as 10 times the daily dose. The toxicity is usually due to prolongation of the QT interval, leading to arrhythmias. Overdose of cyclic antidepressants can also cause anticholinergic toxicity and seizures.<sup>31</sup></li> </ul>
	<b>Clomipramine</b> <a href="#">Product monograph<sup>21</sup></a>	10 mg, 25 mg, 50 mg tablet			
	<b>Desipramine</b> <a href="#">Product monograph<sup>22</sup></a>	10 mg, 25 mg, 50 mg, 75 mg, 100 mg tablet			
	<b>Doxepin</b> <a href="#">Product monograph<sup>23</sup></a>	10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg capsule 3 mg, 6 mg tablet			
	<b>Imipramine</b> <a href="#">Product monograph<sup>24</sup></a>	10 mg, 25 mg, 50 mg, 75 mg tablet			
	<b>Nortriptyline</b> <a href="#">Product monograph<sup>25</sup></a>	10 mg, 25 mg capsule			
	<b>Trimipramine</b> <a href="#">Product monograph<sup>26</sup></a>	75 mg /Tablet 12.5 mg, 25 mg, 50 mg, 100 mg Capsule			

DAA=Dual Action Antidepressants; SSRI=Selective Serotonin Reuptake Inhibitors; SNRI=Serotonin-Norepinephrine Reuptake Inhibitors; SM=Serotonin Modulators  
**Bolded** = covered by the Ontario Drug Benefit (ODB)<sup>18</sup>