then increase to 100 mg/day and continue through onset of menses. Suicidality. [Generic/Trade: tabs 25, 50, 100, 150, 200 mg. Oral concentrate 20 mg/mL (60 mL).] ▶LK ♀?/?/?. Risk appears low in 1st trimester. Use in 3rd trimester associated with complications at birth. ◗+ $$$

VORTIOXETINE (***Trintellix***) Start 10 mg/day PO. May consider 5 mg/day initial dose for those not tolerating higher doses. Max 20 mg/day. Reduce dose if given with strong CYP2D6 inhibitors. [Trade only: tabs 5, 10, 20 mg.] ▶L ♀– ?/?/?. Neonatal complications if exposed in 3rd trimester. ◗? $$$$$ ■

Antidepressants—Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)

NOTE: Monitor for the emergence of anxiety, agitation, panic attacks, insomnia, irritability, hostility, impulsivity, akathisia, mania, or hypomania, and for worsening depression or the emergence of suicidality, particularly early in therapy or after increases in dose. Antidepressants increase the risk of suicidal thinking and behavior in children, adolescents, and young adults; carefully weigh the risks and benefits before starting treatment, and then monitor closely. SSRIs and SNRIs have been associated with hyponatremia, which is often associated with SIADH. Older adults and those taking diuretics may be at increased risk. Do not use with MAOIs. SNRIs have been associated with serotonin syndrome and neuroleptic malignant syndrome when used alone and especially in combination with other serotonergic drugs inclusing SSRIs or amphetamines.

DESVENLAFAXINE (***Pristiq, Khedezla***) 50 mg/day PO. No evidence that doses higher than 50 mg/day are more effective. [Generic/Trade: extended-release tabs 25, 50, 100 mg] ▶LK Ⓚ ♀?/?/?R Postpartum hemorrhage and neonatal distress have been reported, especially with use in 2nd and 3rd trimesters. ◗? $$$$ ■

DULOXETINE (***Cymbalta***) Depression: start 20 mg PO twice daily or 60 mg/day given once daily or divided two times daily. May start 30 mg PO once daily in some patients to improve tolerability. Increase as tolerated to 60 mg/day given once per day or divided two times per day. Max 120 mg/day. Doses of 120 mg/day have been used but have not been shown to be more effective than 60 mg/day. Generalized anxiety disorder: start 30 to 60 mg/day PO, max 120 mg/day. Elderly: start 30 mg/day PO for 2 weeks. Then increase to target dose of 60 mg/day, max 120 mg/day. Doses above 60 mg/day have not been shown to be more effective. Diabetic peripheral neuropathic pain: 60 mg/day PO. Fibromyalgia: start 30 mg/day PO for one week then increase to 60 mg/day if needed and tolerated. Max 60 mg/day. Chronic musculoskeletal pain: start 30 mg/day PO once daily for 1 week. Then increase to 60 mg/day PO once daily. Max 60 mg/day. Suicidality, hepatotoxicity, many drug interactions. [Generic/Trade: caps 20, 30, 60 mg.] ▶L Ⓚ ♀C ◗? $$$ ■

LEVOMILNACIPRAN (***Fetzima***) Start 20 mg PO once daily. Increase after 2 days to 40 mg/day. May increase by 40 mg/day at intervals of 2 or more days to max 120 mg/day. [Trade only: caps 20, 40, 80, 120 mg.] ▶KL Ⓚ ♀C ◗? $$$$$ ■

VENLAFAXINE (***Effexor XR***) Depression: start 37.5 to 75 mg/day PO (Effexor XR) or 75 mg/day divided two to three times per day (immediate-release tabs). Increase in 75 mg increments q 4 days to usual effective dose of 150 to 225 mg/day, max

(cont.)

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