

Antidepressant Medications: U.S. Food and Drug Administration-Approved Indications and Dosages for Use in Adults

The therapeutic dosing recommendations for antidepressant medications are based on U.S. Food and Drug Administration (FDA)-approved product labeling. Nevertheless, the dosing regimen is adjusted according to a patient's individual response to pharmacotherapy. The FDA-approved indications and dosages for the use of antidepressant medications in adults are provided in this table. Some of the antidepressant medications are FDA-approved for the treatment of or as adjunct therapy for Parkinson's disease. This indication is not discussed in this document because of its very specific focus and individualized treatment regimens. All of the antidepressant medications listed are for oral administration unless otherwise stated. Information on the generic availability of antidepressant medications can be found by searching the Electronic Orange Book at <https://www.accessdata.fda.gov/scripts/cder/ob/default.cfm> on the FDA website.



| Medication | Indication | Initial Dose | Maximum Dose | Other Information | Generic Availability |
|------------------|------------|--|---|---|----------------------|
| amitriptyline[1] | depression | Outpatients: 75 mg per day; Hospitalized patients: 100 mg per day | Outpatients: 150 mg per day; Hospitalized patients: 300 mg per day | Outpatients may be initiated at 50 mg to 100 mg once a day at bedtime. Dose increases should be made gradually by 25 mg to 50 mg as necessary, preferably in the late afternoon or evening. Lower doses are recommended for elderly patients. Take in divided doses. | Yes |
| amoxapine[2] | depression | 50 mg 2 or 3 times a day | 400 mg per day; Hospitalized patients refractory to therapy: 600 mg per day | May increase dose to 100 mg 2 to 3 times a day by the end of the first week. Dose increases above 300 mg per day should only be made if it has been ineffective after at least 2 weeks of treatment. Lower doses are recommended for elderly patients. Total daily doses above 300 mg per day should be taken in divided doses. | Yes |
| bupropion[3] | MDD | 100 mg twice a day | 150 mg 3 times a day | Dose increases should not exceed 100 mg per day in a three-day period. No single dose should exceed 150 mg. | Yes |

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| bupropion SR (Wellbutrin® SR)*[4] | MDD | 150 mg once a day in the morning | 200 mg twice a day | May increase dose to 150 mg twice a day on Day 4; may then increase to 200 mg twice a day after several weeks if there is no clinical improvement. | Yes |
| bupropion ER (Wellbutrin XL®)*[5] | MDD | 150 mg once a day | 450 mg once a day | May increase dose to 300 mg on Day 4; may then increase to 450 mg after several weeks if there is no clinical improvement. | Yes |
| bupropion ER (Wellbutrin XL)* | SAD | 150 mg once a day | 300 mg once a day | May increase dose to 300 mg after 7 days. Doses above 300 mg have not been studied. | Yes |
| bupropion ER (Aplenzin®)*[6] | MDD | 174 mg once a day | 522 mg once a day | May increase dose to 348 mg once a day as early as Day 4; may then increase to 522 mg after several weeks if there is no clinical improvement. | No |
| bupropion ER (Aplenzin)* | SAD | 174 mg once a day | 348 mg once a day | May increase dose to 348 mg once a day after 7 days. | No |
| citalopram[7, 8] | depression | 20 mg once a day | 20 mg to 40 mg once a day† | Doses above 40 mg per day should not be used because it can cause abnormal changes in cardiac electrical activity. | Yes |
| clomipramine[9] | OCD | 25 mg once a day | 250 mg per day | Increase dose gradually over 2 weeks to 100 mg per day; further dose increases should occur gradually over several weeks. During initial titration, take in divided doses with meals. After initial titration, dose may be taken once a day at bedtime to minimize daytime sedation. | Yes |
| desipramine[10] | depression | Usual dose: 100 mg to 200 mg per day | 300 mg per day | Medication should be initiated at a lower dose and increased based on tolerance and clinical response. See prescribing information for initiation in a hospital setting. | Yes |

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| desvenlafaxine ER* [11, 12] | MDD | 50 mg once a day | 400 mg once a day | No additional benefit was seen with doses over 50 mg once a day. | Yes |
| doxepin[13] | depression | 75 mg per day | 300 mg per day in divided doses; or 150 mg once a day at bedtime | Dosage may be increased or decreased at appropriate intervals and according to individual response. Some patients have been controlled on dosages as low as 25 mg to 50 mg per day. If taking once a day, maximum recommended dose is 150 mg at bedtime. | Yes |
| duloxetine[14] | chronic musculoskeletal pain | 30 mg once a day | 60 mg once a day | May start at 30 mg once a day for 1 week then increase to 60 mg once a day. There is no evidence that doses above 60 mg once a day provide any additional benefit. | Yes |
| duloxetine | diabetic peripheral neuropathic pain | 60 mg once a day | 60 mg once a day | There is no evidence that doses above 60 mg once a day provide any additional benefit. | Yes |
| duloxetine | diabetic peripheral neuropathic pain | 60 mg once a day | 60 mg once a day | There is no evidence that doses above 60 mg once a day provide any additional benefit. | Yes |
| duloxetine | GAD | Most adults: 60 mg once a day Elderly: 30 mg once a day for two weeks | 120 mg once a day | Some adults may start at 30 mg once a day for 1 week to adjust to medicine; dose increases should be in increments of 30 mg. There is no evidence that doses above 60 mg once a day provide any additional benefit. | Yes |
| duloxetine | MDD | 20 mg or 30 mg twice a day or 30 mg or 60 mg once a day | 120 mg per day | May start at 30 mg once a day for 1 week then increase to 60 mg once a day. There is no evidence that doses above 60 mg once a day provide any additional benefit. | Yes |

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| escitalopram[15] | MDD or GAD | 10 mg once a day | 20 mg once a day | May increase dose to 20 mg once a day after at least 1 week. | Yes |
| fluoxetine[16] | bipolar I disorder, adjunct therapy or treatment-resistant depression, adjunct therapy | 20 mg once a day | 50 mg once a day | In combination with 5 mg of olanzapine. Adjust dose as tolerated. Use of fluoxetine in combination with olanzapine has not been systematically studied in patients older than 65 years old. | Yes |
| fluoxetine | bulimia nervosa | 60 mg once a day | 60 mg once a day | Some patients may need to be titrated to 60 mg once a day over several days. | Yes |
| fluoxetine | MDD or OCD | 20 mg once a day | 80 mg per day | May increase dose after several weeks if insufficient clinical improvement is observed. May take doses above 20 mg per day once or twice a day. | Yes |
| fluoxetine | panic disorder | 10 mg once a day | 60 mg per day | May increase dose to 20 mg once a day after 1 week. | Yes |
| fluoxetine[17] | premenstrual dysphoric disorder | 20 mg once a day | 80 mg per day | May be taken continuously (every day of menstrual cycle) or intermittently (defined as starting a daily dose 14 days prior to the anticipated onset of menstruation through the first full day of menses and repeating with each new cycle). | No |
| fluoxetine DR*[18] | MDD | 90 mg once a week | 90 mg once a week | Wait 7 days after the last once-a-day dose of fluoxetine before starting. | Yes |
| fluvoxamine[19] | OCD | 50 mg once a day at bedtime | 300 mg per day | May increase dose by 50 mg per day every 4 to 7 days. Daily doses over 100 mg should be given in 2 divided doses. | Yes |
| fluvoxamine ER*[20] | OCD | 100 mg once a day | 300 mg once a day | May increase dose by 50 mg per day at weekly intervals. Take at bedtime. | Yes |

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| imipramine[21] | depression | Outpatients: 75 mg per day; Hospitalized patients: 100 mg per day | Outpatients: 200 mg per day; Hospitalized patients: 300 mg per day | Dosage should be increased gradually. The recommended initial dose for elderly patients is 30 mg to 40 mg per day and should generally not exceed 100 mg per day. | Yes |
| isocarboxazid[22] | depression | 10 mg twice a day | 60 mg per day | May increase dose by 10 mg per day every 2 to 4 days up to 40 mg per day, then may increase dose by 20 mg per day at weekly intervals. Daily dosage should be divided into 2 to 4 doses. | No |
| maprotiline[23] | depression | 75 mg once a day | 225 mg per day | After 2 weeks, the dose may be increased in 25 mg increments as tolerated. Some patients (elderly) may need to start at 25 mg once a day. | Yes |
| levomilnacipran*[24] | MDD | 20 mg once a day for 2 days, then 40 mg once a day | 120 mg once a day | Increase at 40 mg every 2 days or more based on efficacy and tolerability. | No |
| milnacipran[25] | fibromyalgia | Day 1: 12.5 mg once; Days 2 and 3: 12.5 mg twice a day | 100 mg twice a day | On Days 4 through 7, 25 mg twice a day; on Day 8, 50 mg twice a day. | No |
| mirtazapine[26] | MDD | 15 mg once a day | 45 mg once a day | Dose changes should not be made at intervals of less than 1 to 2 weeks. | Yes |
| nefazodone[27] | depression | 100 mg twice a day | 300 mg twice a day | May increase dose by 100 mg to 200 mg per day at intervals of no less than 1 week. Take in 2 divided doses. | Yes |

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| nortriptyline[28] | depression | Usual dose: 25 mg 3 or 4 times a day | 150 mg per day | Dose should be initiated at a low level and increased as required. Dosages above 100 mg per day should have plasma levels monitored and maintained in the optimum range of 50 ng per ml to 150 ng per ml. The recommended dose for elderly patients is 30 mg to 50 mg per day taken once a day or in divided doses. | Yes |
| paroxetine (Paxil®)[29] | PTSD | 20 mg once a day | 50 mg once a day | May increase dose by 10 mg once a day at weekly intervals. There is insufficient evidence to suggest a greater benefit to doses over 20 mg. | Yes |
| paroxetine (Paxil; Pexeva®)[30] | GAD | 20 mg once a day | 50 mg once a day | May increase dose by 10 mg once a day at weekly intervals. There is insufficient evidence to suggest a greater benefit to doses over 20 mg. | Yes |
| paroxetine (Paxil; Pexeva) | MDD | 20 mg once a day | 50 mg once a day | May increase dose by 10 mg once a day at weekly intervals. | Yes |
| paroxetine (Paxil; Pexeva) | OCD | 20 mg once a day | 60 mg once a day | May increase dose by 10 mg once a day at weekly intervals. | Yes |
| paroxetine (Paxil; Pexeva) | panic disorder | 10 mg once a day | 60 mg once a day | May increase dose by 10 mg once a day at weekly intervals. | Yes |
| paroxetine (Paxil) | social anxiety disorder | 20 mg once a day | 60 mg once a day | Available information does not suggest any additional benefit for doses above 20 mg per day. | Yes |
| paroxetine CR*[31] | MDD | 25 mg once a day | 62.5 mg once a day | May increase dose by 12.5 mg once a day at weekly intervals. | Yes |
| paroxetine CR* | panic disorder | 12.5 mg once a day | 75 mg once a day | May increase dose by 12.5 mg once a day at weekly intervals. | Yes |

| Medication | Indication | Initial Dose | Maximum Dose | Other Information | Generic Availability |
|-------------------------|---|--|---|---|----------------------|
| paroxetine CR* | PMDD | 12.5 mg once a day | 25 mg once a day | May increase dose by 12.5 mg once a day at weekly intervals. | Yes |
| paroxetine CR* | social anxiety disorder | 12.5 mg once a day | 37.5 mg once a day | May increase dose by 12.5 mg once a day at weekly intervals. | Yes |
| phenelzine[32] | depression | 15 mg 3 times a day | 90 mg per day | Increase dose to 60 mg per day at a fairly rapid pace consistent with patient tolerance. It may be necessary to increase dosage to 90 mg per day for sufficient MAO inhibition. Then reduce dose slowly over several weeks to maintenance dose. | Yes |
| protriptyline[33] | depression | Usual dose: 15 mg to 40 mg per day | 60 mg per day | Dose should be initiated at a low level and increased gradually in the morning dose. Take in 3 or 4 divided doses. | Yes |
| selegiline (Emsam®)[34] | MDD | 6 mg over 24 hours; patch applied once a day | 12 mg over 24 hours; patch applied once a day | Dose increases of 3 mg over 24 hours may be made at intervals of no less than 2 weeks. | No |
| sertraline[35] | MDD or OCD | 50 mg once a day | 200 mg once a day | Dose changes should not occur at intervals less than 1 week. | Yes |
| sertraline | panic disorder; PTSD; social anxiety disorder | 25 mg once a day | 200 mg once a day | May increase dose to 50 mg once a day after 1 week. Dose changes should not occur at intervals of less than 1 week. | Yes |
| sertraline | PMDD | 50 mg once a day | 150 mg once a day | May increase dose by 50 mg once a day with each menstrual cycle. | Yes |
| tranylcypromine[36] | MDD | 30 mg per day | 60 mg per day | May increase dose by 10 mg per day at intervals of 1 to 3 weeks. Take in divided doses. | Yes |

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| trazodone[37] | MDD | 150 mg per day | Outpatients: 400 mg per day; Inpatients: 600 mg per day | May increase dose by 50 mg per day every 3 to 4 days. Take in divided doses. | Yes |
| trimipramine[38] | depression | Outpatients: 75 mg per day; Hospitalized patients: 100 mg per day | Outpatients: 200 mg per day; Hospitalized patients: 300 mg per day | The recommended initial dose for elderly patients is 50 mg per day and may be increased gradually up to 100 mg per day. Take in divided doses. | Yes |
| venlafaxine[39] | MDD | 75 mg per day | 225 mg per day | May increase dose by up to 75 mg per day at intervals of no less than 4 days. Take in 2 or 3 divided doses. More severely depressed patients may respond to dosages as high as 375 mg per day. | Yes |
| venlafaxine ER*†[40] | MDD or GAD | 75 mg once a day | 225 mg once a day | May start at 37.5 mg once a day and increase to 75 mg once a day after 4 to 7 days; may then increase by 75 mg once a day at intervals of no less than 4 days. Safety and efficacy of dosages of venlafaxine ER above 225 mg per day in severely depressed patients have not been studied. | Yes |
| venlafaxine ER*† | panic disorder | 37.5 mg once a day | 225 mg once a day | May increase dose to 75 mg once a day after 7 days; may then increase by up to 75 mg once a day at intervals of no less than 7 days. | Yes |
| venlafaxine ER*† | social anxiety disorder | 75 mg once a day | 75 mg once a day | There is no evidence that doses above 75 mg provide additional benefit. | Yes |

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| vilazodone[41] | MDD | 10 mg once a day | 40 mg once a day | Screen for personal or family history of bipolar disorder prior to initiating. Take with food. May increase dose to 20 mg once a day after 7 days and then up to 40 mg once a day after a minimum of 7 days between dosage increases. | No |
| vortioxetine[42] | MDD | 10 mg once a day | 20 mg per day | Efficacy and safety of doses above 20 mg per day have not been evaluated. May decrease to 5 mg per day if not well tolerated. | No |

CR = controlled-release

DR = delayed-release

ER = extended-release

SR = sustained-release

GAD = generalized anxiety disorder

MAO = monoamine oxidase

MDD = major depressive disorder

OCD = obsessive-compulsive disorder

PMDD = premenstrual dysphoric disorder

PTSD = posttraumatic stress disorder

SAD = seasonal affective disorder

* Tablets or capsules must be swallowed whole. Do not chew, crush, or divide.

† The maximum recommended dose of citalopram is 20 mg per day for patients with hepatic impairment, patients who are older than 60 years of age, patients who are CYP2C19 poor metabolizers, or patients who are taking concomitant cimetidine or another CYP2C19 inhibitor.

‡ Capsules may be opened and the contents sprinkled on a spoonful of applesauce.

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