

# Guidelines for switching between specific antidepressants

TO → ↓ FROM	citalopram escitalopram paroxetine sertraline (SSRIs)	fluoxetine	fluvoxamine	vortioxetine	agomelatine	desvenlafaxine duloxetine venlafaxine (SNRIs)	mianserin mirtazapine	reboxetine	amitriptyline imipramine nortriptyline doxepin dothiepin trimipramine (TCAs)	clomipramine	moclobemide	phenelzine tranylcypromine (MAOIs)
<b>citalopram escitalopram paroxetine sertraline (SSRIs)</b>	taper drug, start alternative SSRI at low dose*	taper and stop drug, then start fluoxetine at 10 mg <sup>§</sup>	taper and stop drug, then start fluvoxamine at 50 mg <sup>§</sup>	taper drug, start vortioxetine at 5 mg*	taper drug, start agomelatine*	taper drug, then start SNRI at low dose*	taper drug, then start above drug at low dose*	taper drug, start reboxetine*	taper SSRI, start above drug at low dose (usually 25 mg)*	taper and stop drug, then start clomipramine at 25 mg <sup>§</sup>	taper and stop drug for 7 days washout before starting moclobemide at low dose <sup>§</sup>	taper and stop drug for 7 days washout before starting MAOI at low dose <sup>§</sup>
<b>fluoxetine</b>	stop fluoxetine (or taper if dose >40 mg/day), wait 7 days for washout, then start above SSRI at low dose <sup>†§</sup>		stop fluoxetine (or taper if dose >40 mg/day), wait 14 days for washout, then start fluvoxamine at 50 mg <sup>†§</sup>	stop fluoxetine (or taper if dose >40 mg/day), wait 7 days for washout, then start vortioxetine at 5 mg <sup>†§</sup>	stop fluoxetine (or taper if dose >40 mg/day), start agomelatine	taper and stop fluoxetine, wait 7 days for washout, then start SNRI at low dose <sup>†§</sup>	stop fluoxetine (or taper if dose >40 mg/day), start above drug at low dose	stop fluoxetine (or taper if dose >40 mg/day), start reboxetine at 4 mg	stop fluoxetine (or taper if dose >40 mg/day), wait 14 days for washout, then start above drug at 25 mg and continue low dose for further 3 weeks <sup>‡</sup>	stop fluoxetine (or taper if dose >40 mg/day), wait 14 days for washout, then start clomipramine at 25 mg and continue this dose for further 3 weeks <sup>‡</sup>	stop fluoxetine (or taper if dose >40 mg/day), then wait 5–6 weeks for washout before cautiously commencing low-dose moclobemide <sup>§</sup>	stop fluoxetine (or taper if dose >40 mg/day), then wait 5–6 weeks for washout before cautiously commencing low-dose MAOI <sup>§</sup>
<b>fluvoxamine</b>	taper and stop fluvoxamine, then start above SSRI at low dose <sup>§</sup>	taper and stop fluvoxamine, then start fluoxetine at 10 mg <sup>§</sup>		taper and stop fluvoxamine, start vortioxetine at 5 mg <sup>§</sup>	taper and stop fluvoxamine, wait 7 days for washout, then start agomelatine <sup>§</sup>	taper and stop fluvoxamine, then start SNRI at low dose <sup>§</sup>	taper and stop fluvoxamine, then start above drug at low dose <sup>§</sup>	taper fluvoxamine, start reboxetine at 4 mg*	taper fluvoxamine, start above drug at 25 mg*	taper and stop fluvoxamine, start clomipramine at 25 mg <sup>§</sup>	taper and stop fluvoxamine, wait 7 days for washout before cautiously commencing low-dose moclobemide <sup>§</sup>	taper and stop fluvoxamine, wait 7 days for washout before cautiously commencing low-dose MAOI <sup>§</sup>
<b>vortioxetine</b>	taper vortioxetine, start above SSRI at low dose*	taper and stop vortioxetine, start fluoxetine at 10 mg <sup>§</sup>	taper and stop vortioxetine, start fluvoxamine at 50 mg <sup>§</sup>		taper vortioxetine, start agomelatine at 25 mg*	taper vortioxetine, start SNRI at low dose*	taper vortioxetine, start above drug at low dose*	taper vortioxetine, start reboxetine*	taper vortioxetine, start above drug at low dose (usually 25 mg)*	taper and stop vortioxetine, start clomipramine at 25 mg <sup>§</sup>	taper and stop vortioxetine for 14 days washout before starting moclobemide at low dose <sup>§</sup>	taper and stop vortioxetine for 21 days washout before starting MAOI at low dose cautiously <sup>§</sup>
<b>agomelatine</b>	stop agomelatine, then start above SSRI	stop agomelatine, then start fluoxetine	stop agomelatine, then start fluvoxamine*	stop agomelatine, then start vortioxetine		stop agomelatine, then start SNRI	stop agomelatine, then start above drug	stop agomelatine, then start reboxetine	stop agomelatine, then start above drug at low dose (usually 25 mg)*	stop agomelatine, then start clomipramine	stop agomelatine, then start moclobemide	stop agomelatine, then start MAOI
<b>desvenlafaxine duloxetine venlafaxine (SNRIs)</b>	taper SNRI, start above SSRI at low dose*	taper and stop SNRI, start fluoxetine at 10 mg <sup>§</sup>	taper and stop SNRI, start fluvoxamine at 50 mg <sup>§</sup>	taper SNRI, start vortioxetine at 5 mg*	taper SNRI, start agomelatine*	taper SNRI, start alternative SNRI at low dose*	taper SNRI, start above drug at low dose*	taper SNRI, start reboxetine at 4 mg*	taper SNRI, start above drug at 25 mg*	taper SNRI, start clomipramine at 25 mg*	taper and stop SNRI, wait 7 days for washout before cautiously commencing low-dose moclobemide <sup>§</sup>	taper and stop SNRI, wait 7 days for washout before cautiously commencing low-dose MAOI <sup>§</sup>
<b>mianserin mirtazapine</b>	taper drug, start above SSRI*	taper drug, start fluoxetine*	taper drug, start fluvoxamine*	taper drug, start vortioxetine*	taper drug, start agomelatine*	taper drug, start SNRI*	taper drug, start drug above at low dose*	taper drug, start reboxetine at 4 mg*	taper drug, start above drug at 25 mg*	taper drug, start clomipramine at 25 mg*	taper and stop drug, wait 7 days for washout before cautiously commencing low-dose moclobemide <sup>§</sup>	taper and stop drug, wait 14 days for washout before cautiously commencing low-dose MAOI <sup>§</sup>
<b>reboxetine</b>	taper reboxetine, start above SSRI*	taper reboxetine, start fluoxetine*	taper reboxetine, start fluvoxamine at 50 mg*	taper reboxetine, start vortioxetine at 5 mg*	taper reboxetine, start agomelatine*	taper reboxetine, start SNRI at low dose*	taper reboxetine, start above drug*		taper reboxetine, start above drug at 25 mg*	taper reboxetine, start clomipramine at 25 mg*	taper and stop reboxetine, then wait 7 days for washout before cautiously commencing low-dose moclobemide <sup>§</sup>	taper and stop reboxetine, then wait 7 days for washout before cautiously commencing low-dose MAOI <sup>§</sup>
<b>amitriptyline imipramine nortriptyline doxepin dothiepin trimipramine (TCAs)</b>	taper first drug and start above drug at low dose*	taper and stop first drug before starting fluoxetine <sup>§</sup>	taper drug, start fluvoxamine at 50 mg*	taper drug, start vortioxetine at 5 mg*	taper drug, start agomelatine*	taper drug, start SNRI at low dose*	taper drug, start above drug at low dose*	taper drug, start reboxetine at 4 mg*	taper first drug, start alternative TCA at 25 mg*	taper drug, start clomipramine cautiously at 25 mg*	taper and stop drug, then wait 7 days for washout before starting moclobemide <sup>§</sup>	taper and stop drug, then wait 14 days (21 days for imipramine) before starting MAOI <sup>§</sup>
<b>clomipramine</b>	taper and stop clomipramine, then start above SSRI at low dose <sup>§</sup>	taper and stop clomipramine, then start fluoxetine at 10 mg <sup>§</sup>	taper and stop clomipramine, then start fluvoxamine at 50 mg <sup>§</sup>	taper and stop clomipramine, then start vortioxetine at 5 mg <sup>§</sup>	taper clomipramine, start agomelatine*	taper and stop clomipramine, then start SNRI at low dose <sup>§</sup>	taper clomipramine, then start above drug at low dose*	taper clomipramine, then start reboxetine at 4 mg*	taper clomipramine, then start drug at 25 mg*		taper and stop clomipramine, then wait 7 days for washout before starting moclobemide <sup>§</sup>	taper and stop clomipramine, then wait 21 days for washout before starting MAOI <sup>§</sup>
<b>moclobemide</b>	taper and stop moclobemide, then wait 24 hours for washout before starting above drug <sup>§</sup>	taper and stop moclobemide, then wait 24 hours for washout before starting fluoxetine <sup>§</sup>	taper and stop moclobemide, then wait 24 hours for washout before starting fluvoxamine <sup>§</sup>	taper and stop moclobemide, then wait 24 hours for washout before starting vortioxetine <sup>§</sup>	taper moclobemide, start agomelatine	taper and stop moclobemide, then wait 24 hours for washout before starting SNRI <sup>§</sup>	taper and stop moclobemide, then wait 24 hours for washout before starting above drug <sup>§</sup>	taper and stop moclobemide, then wait 24 hours for washout before starting reboxetine <sup>§</sup>	taper and stop moclobemide, then wait 24 hours for washout before starting above drug <sup>§</sup>	taper and stop moclobemide, then wait 24 hours for washout before starting clomipramine <sup>§</sup>		taper and stop moclobemide, then wait 24 hours for washout before starting MAOI <sup>§</sup>
<b>phenelzine tranylcypromine (MAOIs)</b>	taper and stop MAOI, then wait 14 days for washout before starting above drug <sup>§</sup>	taper and stop MAOI, then wait 14 days for washout before starting fluoxetine <sup>§</sup>	taper and stop MAOI, then wait 14 days for washout before starting fluvoxamine <sup>§</sup>	taper and stop MAOI, then wait 14 days for washout before starting vortioxetine <sup>§</sup>	taper and stop MAOI, start agomelatine*	taper and stop MAOI, then wait 14 days for washout before starting SNRI <sup>§</sup>	taper and stop MAOI, then wait 14 days for washout before starting above drug <sup>§</sup>	taper and stop MAOI, then wait 14 days for washout before starting reboxetine <sup>§</sup>	taper and stop MAOI, then wait 14 days for washout before starting above drug <sup>§</sup>	taper and stop MAOI, then wait 21 days for washout before starting clomipramine <sup>§</sup>	taper and stop MAOI, start moclobemide while maintaining MAOI dietary restrictions for 14 days <sup>§</sup>	taper and stop MAOI, wait 14 days for washout before starting other MAOI <sup>§</sup>

Taper means gradual dose reduction, with lowering by increments every few days, usually over a period of 4 weeks, modified by patient experience, drug, illness and other factors.

All switches from one antidepressant to another may result in serious complications. Switches must be undertaken cautiously and under close observation.

The recommendations in this table are based on clinical experience, product information, empirical evidence and recommendations from other guidelines. It may be necessary to modify the switching process depending on patient, illness and interacting drug variables, determined by the patient's clinical progress. In appropriate circumstances expert prescribers may use less conservative switch strategies if justified by harm-benefit considerations arising from factors such as illness severity.

MAOI monoamine oxidase inhibitor  
TCA tricyclic antidepressant  
SNRI serotonin noradrenaline reuptake inhibitor  
SSRI selective serotonin reuptake inhibitor

\* A washout period of 2–5 half-lives (most frequently 2–5 days) between cessation of previous drug and the introduction of a new drug is the safest switching strategy from the point of view of drug interactions. In the indicated instances a washout period is not essential if switching is carried out cautiously and under close observation, and clinical considerations such as illness severity support harm-benefit considerations. Cautious cross taper (when the dose of the first drug is being reduced and the dose of the second drug is being increased at the same time so that the patient is taking both antidepressants) may be used in the indicated instances if appropriate and safe. (See Table 1 of original article for drug half-lives.)

† Fluoxetine may still cause interactions 5 or 6 weeks after cessation (especially from higher doses) due to long half-life of drug and active metabolite.

‡ Fluoxetine is likely to continue to elevate TCA concentrations for several weeks.

§ Co-prescription of the two antidepressants in this instance is not recommended.

Published as an insert to *Australian Prescriber* June 2016, Vol. 39, No. 3  
Originally published as Table 3 in: Keks N, Hope J, Keogh S. Switching and stopping antidepressants. *Aust Prescr* 2016;39:76–83. <http://dx.doi.org/10.18773/austprescr.2016.039>

© NPS MedicineWise

#### NPS MedicineWise Disclaimer

Reasonable care is taken to provide accurate information at the time of creation. This information is not intended as a substitute for medical advice and should not be exclusively relied on to manage or diagnose a medical condition. NPS MedicineWise disclaims all liability (including for negligence) for any loss, damage or injury resulting from reliance on or use of this information.

