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| Bupropion |
| MOA: Weak dopamine & norepinephrine reuptake inhibitor  Uses: Depression, Helps with ↓cravings and attenuating withdrawal symptoms of nicotine  Metabolized by CYP2B6  AE: dry mouth, sweating, nervousness, tremor and ↑ riskof SEIZURE  Avoid in patients with seizures  Dosage: 100mg PO TID (start 100mg PO BID x 3 days then ↑ to TID after 3 days |

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| Clozapine |
| Only 2nd gen antipsychotic to be effective in up to 50% of pts  MOA: antagonistic effects at D2 receptors and 5-HT2A receptors  Uses: Suicidal behavior, tx resistant schizophrenia, advanced psychosis.  AE: AGRANULARCYTOSIS, seizures, psychosis, increased salivation  Frequently monitory WBC weekly x 6 months and then q 2 weeks thereafter  Dose: 150-300mg PO TID. Start at 12.5mg PO BID ↑ by 25mg/daily for 14 days and then increase up to 100mg |

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| Valproate |
| MOA: Not well known 🡪 may inhibit succinic semialdehyde dehydrogenase and decreases GABA  Uses: Acute depressive episode, bipolar disorder, migraines, seizures, acute manic episode  AE: Fatigue, weight gain, N/D, tremor, hair loss, dose related thrombycyopenia  Black box warning: hepatotoxicity. Monitor LFTs  Dose: 30-60mg/kg/day divided BID-TID. Ranges vary based on use of medication including seizures, depression and manic episodes |

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| Selegiline Transdermal patch |
| MOA: Irreversible inhibition of MAO-B  Uses: Major depressive disorder, ADHD, Parkinson’s Disease  AE: orthostatic hypotension. Hypertensive crisis, MI, Serotonin syndrome, SUICIDIALITY  Avoid tyramine and food/drink containing tyrosine  Monitor BP and suicidal ideation  Dose: apply 6mg patch qd may ↑ by 3mg/qd/ q2weeks. Do not cut patch |

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| Esketamine Nasal Spray |
| MOA: S-enantiomer of ketamine and is a N-methyl-D-aspartate receptor antagonist  Inhibits the binding of the glutamate to NMDA receptor  Uses: Treatment resistant depression  AE: CNS depression, unconsciousness, suicidality  REMS program  May cause vertigo, dizziness, dysgeusia, anxiety  Dose: 56mg intranasally day 1, 56-84 mg 2x week x 4 weeks |