

CITALOPRAM (CELEXA)

Provider Tip Sheet

DOSING INFORMATION

- Week 1: Baseline weight. Consider BMP for baseline sodium in older adults and baseline QTc in all patients. Start: 10 mg qday.
- Week 2: Increase dose to 20 mg qday, if tolerated. Week 3 and beyond: Consider further titration upward to the Initial and Typical Target Dose of 40 mg qday as tolerated (except in older adults and 2C19 poor metabolizers where the initial and typical target dose is 20 mg qday). Max Dose: 40 mg qday (20 mg qday in older adults and 2C19 poor metabolizers). Discontinuation: 25% per week to 25% per month depending on length of treatment in order to minimize withdrawal symptoms and relapse.

MONITORING

- Weight, consider posttreatment BMP to rule out hyponatremia in older adults consider EKG to measure QTc with dose increases in all patients.

GENERAL INFORMATION

- Mechanism of Action: Highly selective serotonin reuptake inhibitor.
- FDA Indications: Depression. Other Indications: Anxiety disorders.
- Pharmacokinetics: $T_{1/2}$ = 35 hrs. Common Side effects (MDD): Nausea (21%), dry mouth (20%), somnolence (18%), sexual side effects/ejaculatory dysfunction (6%).
- Black Box Warning: Increased SI in patients < 25 y/o.
- Contraindications: Use of a MAOI within 14 days of stopping Celexa, concurrent use of a MAOI including drugs with significant MAOI activity (e.g., linezolid), or use of Celexa within 14 days of stopping a MAOI.
- Warnings and Precautions: Clinical worsening and suicide risk, QTc prolongation and torsade de pointes, activation of hypomania/mania, serotonin syndrome, discontinuation symptoms, abnormal bleeding, hyponatremia, seizures. It is recommended that citalopram should not be used in patients with congenital long QTc syndrome, bradycardia, hypokalemia or hypomagnesemia, recent acute myocardial infarction, or uncompensated heart failure or used in combination with drugs that prolong the QTc.
- Metabolism/Pharmacogenomics: Primarily metabolized by 2C19 & 3A4 with 2D6 playing a less significant role. Use caution with 2C19 and 2D6 poor metabolizers.
- Significant drug-drug interactions: Weak 2D6 inhibitor; check all drug-drug interactions before prescribing.
- Dosage Form: Oral solution, Tablet. Generic available: Yes.

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Support

We are committed to the care and well-being of our members. We are also committed to working with you as a partner to develop the best possible treatment plans for all patients.

Please view the Provider section of our website at ambetterofnorthcarolina.com for additional tools and resources. You may also contact your Provider Engagement Administrator directly, or contact Provider Relations for assistance at **1-833-863-1310**.

This document is an informational resource designed to assist licensed healthcare practitioners in caring for their patients. Healthcare practitioners should use their professional judgment in using the information provided. Citalopram (Celexa) measures are not a substitute for the care provided by licensed healthcare practitioners and patients are urged to consult with their healthcare practitioner for appropriate treatment.