

PAROXETINE (PAXIL CR, PAXIL, PEXEVA) IR— PAXIL, PEXEVA; CR—SUSTAINED RELEASE

Provider Tip Sheet

DOSING INFORMATION

- Paxil IR
 1. Week 1: Baseline weight. Consider BMP for baseline sodium in older adults. Start IR: 10 mg qday.
 2. Week 2: Increase to an Initial Target Dose (IR) of 20 mg qday (40 mg qday for OCD), if tolerated. Week 4 and beyond: Consider further increases as needed in 10 mg qday per week increments as tolerated. Typical Dosage Range (IR): 20-60 mg qday. Max Dose (IR): 60 mg qday.
- Paxil CR
 1. Week 1: Baseline weight. Consider BMP for baseline sodium in older adults. Start CR: 25 mg qday (the Initial Target Dose).
 2. Week 4 and beyond: Consider further increases as needed in 12.5 mg qday per week increments. Usual Dosage Range (CR): 25-62.5 mg qday. Max Dose (CR) CR: 62.5 mg qday. Discontinuation: Often problematic. Incremental decrease in the daily dose by 10mg/day at weekly intervals.

MONITORING

- Weight. Consider posttreatment BMP to rule out hyponatremia in older adults.

GENERAL INFORMATION

- Mechanism of Action: Selective serotonin reuptake inhibitor, with anticholinergic properties.
- FDA Indications: GAD, MDD, OCD, Panic Disorder, PTSD, PMDD, Social anxiety disorder.
- Pharmacokinetics: $T_{1/2} = 21$ hrs.
- Common Side effects (MDD-IR): Nausea (26%), somnolence (23%), dry mouth (18%), asthenia (15%), constipation (14%), dizziness (13%), insomnia (13%), sexual side effects (13%), diarrhea (12%), tremor (8%), decreased appetite (6%).
- Black Box Warning: Increased SI in patients < 25 y/o. Contraindications: Use of a MAOI within 4 weeks of stopping Paxil, concurrent use of a MAOI including drugs with significant MAOI activity (e.g., linezolid), or use of Paxil within 4 weeks of stopping a MAOI. Concomitant use with pimozone or thioridazine.
- Warnings and Precautions: Clinical worsening and suicide risk, serotonin syndrome, hypomanic/manic switch, teratogenic effects, seizures, discontinuation syndrome, drug-drug interactions, use with tamoxifen, akathisia, abnormal bleeding, hyponatremia, bone fracture.

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GENERAL INFORMATION (Continued)

- Metabolism/Pharmacogenomics: Metabolized by 2D6. Use caution with 2D6 poor metabolizers.
Significant drug- drug interactions: Strong 2D6 inhibitor. Use caution with drugs metabolized by 2D6 (e.g., TCAs); check all drug- drug interactions.
- Dosage Form: Oral solution, Tablet, Coated Tablet (Do not cut, crush or chew). Generic available: IR: Yes; CR: yes.

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. Paroxetine (paxil cr, paxil, pexeva) 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.