

# SERTRALINE (ZOLOFT)

## Provider Tip Sheet

### DOSING INFORMATION

- Week 1: Baseline weight. Consider BMP for baseline sodium in older adults. Start: 25 mg qday. Week 2: Increase to an Initial Target Dose of 50 mg qday, if tolerated.
- Week 4 and beyond: Consider further increases in dose if needed and tolerated, in 25 mg qday per week increments. Typical Dosage Range: 50-200 mg qday. Max Dose: 200 mg qday. 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. OF NOTE: False-positive urine immunoassay screening tests for benzodiazepines have been reported in patients taking sertraline.

### GENERAL INFORMATION

- Mechanism of Action: Selective serotonin reuptake inhibitor.
- FDA Indications: MDD, OCD, panic disorder, PTSD, social phobia, PMDD.
- Off-Label Indications: Other anxiety.
- Pharmacokinetics:  $T_{1/2} = 26$  hrs. Common Side effects (MDD): Nausea (26%), diarrhea (18%), dry mouth (16%), insomnia (16%), somnolence (13%), dizziness (12%), tremor (11%), fatigue (11%), increased sweating, (8%), ejaculation failure (7%).
- Black Box Warning: Increased SI in patients < 25 y/o. Contraindications: Use of a MAOI within 4 weeks of stopping Zoloft, concurrent use of a MAOI including drugs with significant MAOI activity (e.g., linezolid), or use of Zoloft within 4 weeks of stopping a MAOI. Concomitant use with pimozide.
- Warnings and Precautions: Clinical worsening and suicide risk, hypomanic/manic switch, serotonin symptoms, weight loss, seizure, discontinuation symptoms, abnormal bleeding, altered platelet function, hyponatremia, weak uricosuric effect, angle closure glaucoma.
- Metabolism/Pharmacogenomics: Metabolized by multiple P450 enzymes with 2C19 having the greatest pharmacogenetic and drug-drug interaction evidence. Use caution with 2C19 poor metabolizers. Significant drug-drug interactions: Weak 2D6 inhibitor. Use caution with drugs metabolized by 2D6 (e.g., TCAs); check all drug-drug interactions. Reproductive potential/pregnancy/lactation: Usual first-line SSRI antidepressant during pregnancy and lactation.
- 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](https://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**.

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**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. Sertraline (Zoloft) 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.