

Drug	Gene(s)/Level of evidence	Guidelines/Supporting Studies
SSRIs		
Citalopram	CYP2C19 (1A)	2C19: DPWG, CPIC Guideline provides dose recommendations <ul style="list-style-type: none"> UM: Consider alternative drug or titrate to max of 150% of normal dose PM: Consider alternative drug or 50% starting dose reduction; (Per FDA, max of 20 mg/day)
Escitalopram	CYP2C19 (1A, 2A, 3)	2C19: DPWG, CPIC Guideline provides dose recommendations <ul style="list-style-type: none"> UM: Consider alternative drug or titrate to max of 150% of normal dose PM: Consider alternative drug or 50% starting dose reduction
Sertraline	CYP2C19 (1A)	2C19: DPWG, CPIC Guideline provides dose recommendations <ul style="list-style-type: none"> UM: Initiate therapy as normal, consider alternative drug if no response PM: Consider alternative drug or 50% starting dose reduction
Paroxetine	CYP2D6 (1A, 3)	2D6: DPWG, CPIC Guideline provides dose recommendations <ul style="list-style-type: none"> UM: Select alternative drug PM: Select alternative drug or consider 50% starting dose reduction
Fluvoxamine	CYP2D6 (1A, 3)	2D6: CPIC guideline <ul style="list-style-type: none"> PM: Consider alternative drug or 25-50% starting dose reduction
Vortioxetine	CYP2D6 (3)	Per Labeling: <ul style="list-style-type: none"> CYP2D6 PM: Max recommended dose is 10 mg/day
		Insufficient data for dosing recommendations: Fluoxetine
TCAs		
Amitriptyline	CYP2D6 (1A) CYP2C19 (1A, 3)	2D6: CPIC and DPWG guidelines <ul style="list-style-type: none"> UM: Avoid TCA. Select alt drug. If TCA needed, increase starting dose IM: Consider 25% reduction in start dose or consider alternative drug PM: Avoid TCA. If TCA needed, consider 50% starting dose reduction 2C19: CPIC guideline <ul style="list-style-type: none"> UM: Consider alternative drug PM: Consider 50% reduction in starting dose
CPIC guideline uses amitriptyline as model drug but states that tricyclics have comparable pharmacokinetic profiles and it may be reasonable to apply the guideline to other tricyclics such as: Clomipramine, Doxepin, Imipramine, Trimipramine		
Nortriptyline	CYP2D6 (1A)	2D6: CPIC and DPWG guidelines <ul style="list-style-type: none"> UM: Avoid TCA. If TCA needed, increase starting dose (~60%) IM: Consider 25-40% reduction in starting dose PM: Avoid TCA. If TCA needed, consider 50-60% starting dose reduction
CPIC guideline uses nortriptyline as model drug but states that tricyclics have comparable pharmacokinetic profiles and it may be reasonable to apply the guideline to other tricyclics such as: Desipramine		
SNRIs		
Venlafaxine	CYP2D6 (2A, 3)	2D6: DPWG guideline <ul style="list-style-type: none"> UM: Titrate to max of 150% of normal dose or select alt drug
Insufficient data available for the following medications: Duloxetine, Desvenlafaxine		
Antipsychotics		
Haloperidol	CYP2D6 (3) SLC6A5 (3)	2D6: DPWG guidelines <ul style="list-style-type: none"> PM: Reduce dose by 50%
Aripiprazole	CYP2D6 (3)	2D6: DPWG guidelines <ul style="list-style-type: none"> PM: Reduce maximum dose to 10 mg/day (67% of max recommended daily dose).
Iloperidone	CYP2D6 (3)	Per Labeling: <ul style="list-style-type: none"> CYP2D6 PM: Reduce starting dose by 50%
Thioridazine	CYP1A2 (3) CYP2D6 (3)	Per Labeling: <ul style="list-style-type: none"> CYP2D6 PM: Use is contraindicated

Insufficient data available for the following medications: Risperidone, Paliperidone, Ziprasidone, Fluphenazine, Chlorpromazine, Olanzapine, Perphenazine, Quetiapine, Clozapine		
Miscellaneous		
Atomoxetine	CYP2D6 (2A)	2D6: DPWG Guideline <ul style="list-style-type: none"> • PMs: Be alert to ADEs. Dose increase probably not necessary; • UMs: Be alert to reduced efficacy or select alternative drug (e.g., methylphenidate, clonidine).
Insufficient data available for the following medications: Bupropion, Trazodone, Vilazodone, Selegiline, Mirtazapine		