

## CONTRAINDICATIONS TABLE

Generic Name	Brand Name	Contraindications
Amphetamine Salts	Adderall®, Adderall XR®	<p>Hypersensitivity to amphetamine, dextroamphetamine, or other sympathomimetic amines</p> <p>Advanced arteriosclerosis</p> <p>Agitated state</p> <p>Glaucoma</p> <p>History of drug abuse</p> <p>Hyperthyroidism</p> <p>Moderate to severe hypertension</p> <p>Symptomatic cardiovascular disease</p> <p>Use of an MAOI inhibitor (MAOI) within the last 14 days</p>
Aripiprazole	Abilify®, Abilify Discmelt®	Hypersensitivity to aripiprazole
Asenapine	Saphris®	Hypersensitivity to asenapine
Atomoxetine	Strattera®	<p>Hypersensitivity to atomoxetine</p> <p>Cardiovascular disorders severe enough to deteriorate with an increase in blood pressure or heart rate</p> <p>Current or history of pheochromocytoma</p> <p>Narrow-angle glaucoma</p> <p>Use of an MAOI within the last 14 days</p>
Clonidine	Catapres®; Catapres TTS® 1, 2, or 3; Duraclon®, Kapvay®	<p>Hypersensitivity to clonidine</p> <p>Bleeding diathesis</p> <p>Concurrent anticoagulant therapy for epidural use for bleeding issues</p>
Clozapine	Clozaril®, FazaClo®	<p>Hypersensitivity to clozapine</p> <p>History of agranulocytosis or severe granulocytopenia with clozapine</p> <p>Myeloproliferative disorder or concomitant use with other agents with well-known risk of agranulocytosis or bone marrow suppression</p> <p>Paralytic ileus</p> <p>Severe central nervous system depression</p> <p>Uncontrolled epilepsy</p>
Dexmethylphenidate	Focalin®, Focalin XR®	<p>Hypersensitivity to dexmethylphenidate or methylphenidate</p> <p>Glaucoma</p> <p>Marked anxiety, tension, or agitation</p> <p>Use of an MAOI within the last 14 days</p>

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Generic Name	Brand Name	Contraindications
Dextroamphetamine	Dexedrine <sup>®</sup> , Spanule <sup>®</sup> , ProCentra <sup>®</sup>	<p>Hypersensitivity to dextramphetamine or other sympathomimetic amines</p> <p>Advanced arteriosclerosis</p> <p>Agitated states</p> <p>Glaucoma</p> <p>History of drug abuse</p> <p>Hyperthyroidism</p> <p>Moderate to severe hypertension</p> <p>Symptomatic cardiovascular disease</p> <p>Use of an MAOI within the last 14 days</p>
Guanfacine	Intuniv <sup>®</sup> , Tenex <sup>®</sup>	Hypersensitivity to guanfacine
Iloperidone	Fanapt <sup>®</sup>	Hypersensitivity to iloperidone
Lisdexamfetamine	Vyvanse <sup>®</sup>	<p>Hypersensitivity to amphetamine products</p> <p>Use of an MAOI within the last 14 days</p>
Lurasidone	Latuda <sup>®</sup>	<p>Hypersensitivity to lurasidone</p> <p>Use with strong CYP 3A4 inducers (rifampin) or inhibitors (ketoconazole)</p>

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Generic Name	Brand Name	Contraindications
Methylphenidate	Concerta <sup>®</sup> , Daytrana <sup>®</sup> , Metadate CD <sup>®</sup> , Metadate ER <sup>®</sup> , Methylin <sup>®</sup> , Quillivant XR <sup>™</sup> , Ritalin LA <sup>®</sup> , Ritalin SR <sup>®</sup> , Ritalin <sup>®</sup>	<p>Hypersensitivity to methylphenidate</p> <p>Glaucoma</p> <p>Marked anxiety, tension, and agitation</p> <p>Use of an MAOI within the last 14 days</p>
Olanzapine	Zyprexa <sup>®</sup> , Zyprexa IntraMuscular <sup>®</sup> , Zyprexa Relprevv <sup>™</sup> , Zyprexa Zydis <sup>®</sup>	None listed
Paliperidone	Invega <sup>®</sup> , Invega Sustenna <sup>®</sup>	Hypersensitivity to paliperidone or risperidone
Quetiapine	Seroquel <sup>®</sup> , Seroquel XR <sup>®</sup>	None listed
Risperidone	Risperdal <sup>®</sup> , Risperdal Consta <sup>®</sup> , Risperdal M-Tab <sup>®</sup>	Hypersensitivity to risperidone
Ziprasidone	Geodon <sup>®</sup>	<p>Hypersensitivity to ziprasidone</p> <p>Concurrent use of other QT prolonging agents (trioxide, chlorpromazine; class Ia antiarrhythmics: disopyramide, quinidine, procainamide; class III antiarrhythmics: amiodarone, dofetilide, ibutilide, sotalol; droperidol; gatifloxacin; moxifloxacin; pimozide; tacrolimus; thioridazine)</p> <p>Congenital long QT interval</p> <p>Current or history of prolonged QT interval</p> <p>Recent myocardial infarction</p> <p>Uncompensated heart failure</p>

## DRUG INTERACTION TABLE

Medication Name	Enzyme Information	Activity of Medication	Toxicity of Medication	Efficacy of Other Medications	Toxicity of Other Medications
Amphetamine salts	SUBSTRATE: CYP 2D6 (minor)	<p><b><u>ENHANCED ACTIVITY:</u></b></p> <p><b>Antacids:</b> Decrease excretion of amphetamines</p> <p><b>Proton pump inhibitors:</b> May increase the rate of absorption of amphetamine salts</p> <p><b>Tricyclic antidepressants:</b> Enhance stimulatory effects of amphetamine salts</p> <p><b><u>DIMINISHED ACTIVITY:</u></b></p> <p><b>Antipsychotics, lithium:</b> Diminish stimulatory effects of amphetamine salts</p> <p><b>Multi-vitamins:</b> May decrease serum concentrations of amphetamine salts</p>	<p><b>Atomoxetine, MAOIs, and tricyclic antidepressants:</b> Enhanced hypertensive and tachycardic effects</p>	<p><b><u>ENHANCED ACTIVITY:</u></b></p> <p><b>Opiates:</b> Enhanced analgesic effect</p> <p><b><u>DIMINISHED ACTIVITY:</u></b></p> <p><b>Antihistamines (diphenhydramine):</b> Decreased sedation</p> <p><b>Phenobarbital:</b> Decreased phenobarbital serum concentrations</p> <p><b>Phenytoin:</b> Decreased phenytoin serum concentrations</p>	
Aripiprazole	SUBSTRATE: CYP 2D6 (major)  CYP 3A4 (major)	<p><b><u>ENHANCED ACTIVITY:</u></b></p> <p><b>CYP 2D6 inhibitors (fluoxetine, paroxetine):</b> Increase concentrations of aripiprazole</p> <p><b><u>DIMINISHED ACTIVITY:</u></b></p> <p><b>CYP 3A4 inducers (carbamazepine, phenobarbital, phenytoin):</b> Decrease serum concentrations of aripiprazole</p>	<p><b>CNS depressants (hydroxyzine, zolpidem):</b> Increase CNS depression</p> <p><b>Lithium, metoclopramide, stimulants:</b> May enhance neurotoxic effects</p> <p><b>QT prolonging medications (amiodarone, antipsychotics, tricyclic antidepressants):</b> May increase risk of prolonged QTc interval and arrhythmias</p>	<p><b><u>DIMINISHED ACTIVITY:</u></b></p> <p><b>Stimulants:</b> Decreased stimulant activity</p>	<p><b>Serotonergic medications (SSRIs, SNRIs):</b> May enhance serotonergic effects resulting in more adverse effects and possibly serotonin syndrome</p>

## DRUG INTERACTION TABLE

Medication Name	Enzyme information	Activity of Medication	Toxicity of Medication	Efficacy of other medications	Toxicity of other medications
Asenapine	<p>SUBSTRATE: CYP 1A2 (major)  CYP 2D6 (minor)  CYP 3A4 (minor)</p> <p>INHIBITS: CYP 2D6 (weak)</p>	<p><b><u>ENHANCED ACTIVITY:</u></b></p> <p><b>CYP 1A2 inhibitors (cimetidine, ciprofloxacin, fluoxetine):</b> Increase serum concentrations of asenapine</p> <p><b><u>DIMINISHED ACTIVITY:</u></b></p> <p><b>CYP 1A2 inducers (carbamazepine, phenobarbital):</b> Decrease serum concentrations of asenapine</p>	<p><b>CNS depressants (hydroxyzine, zolpidem):</b> Increase CNS depression</p> <p><b>Lithium, metoclopramide, stimulants:</b> May enhance neurotoxic effects</p> <p><b>MAO inhibitors:</b> May enhance orthostatic hypotensive effects</p> <p><b>QT prolonging medications (amiodarone, antipsychotics, tricyclic antidepressants):</b> May increase risk of prolonged QTc interval and arrhythmias</p>	<p><b><u>DIMINISHED ACTIVITY:</u></b></p> <p><b>Stimulants (methylphenidate):</b> Decreased stimulant activity</p>	<p><b>Serotonergic medications (SSRIs, SNRIs):</b> May enhance serotonergic effects resulting in more adverse effects and possibly serotonin syndrome</p>
Atomoxetine	<p>SUBSTRATE: CYP 2D6 (major)  CYP 2C19 (minor)</p> <p>INHIBITS: CYP 2D6 (weak)  CYP 3A4 (weak)</p>	<p><b><u>ENHANCED ACTIVITY:</u></b></p> <p><b>CYP 2D6 inhibitors (fluoxetine, paroxetine):</b> May increase serum concentrations of atomoxetine</p>	<p><b>Beta<sub>2</sub> agonists (albuterol):</b> May enhance tachycardic effects of atomoxetine</p>		<p><b>Stimulants:</b> May enhance hypertensive and tachycardic effects of stimulants</p>
Clonidine		<p><b><u>ENHANCED ACTIVITY:</u></b></p> <p><b>Antihypertensives:</b> Enhance hypotensive effects</p> <p><b><u>DIMINISHED ACTIVITY:</u></b></p> <p><b>Alpha2-antagonist antidepressant (mirtazapine):</b> Diminish</p>	<p><b>CNS depressants (hydroxyzine, zolpidem):</b> Increase CNS depression</p> <p><b>Beta blockers:</b> May enhance rebound hypertension with abrupt withdrawal of clonidine</p>	<p><b><u>ENHANCED ACTIVITY:</u></b></p> <p><b>Beta blockers, calcium channel blockers, and cardiac glycosides:</b> Enhanced AV blocking effect and sinus node dysfunction</p>	<p><b>SSRIs (citalopram, sertraline):</b> May have enhanced adverse effects with these antidepressants</p>

## DRUG INTERACTION TABLE

Medication Name	Enzyme information	Activity of Medication	Toxicity of Medication	Efficacy of other medications	Toxicity of other medications
Clonidine (cont.)		<p>antihypertensive effect of clonidine</p> <p><b>SSRIs (venlafaxine, duloxetine) and tricyclic antidepressants:</b> May decrease antihypertensive effects of clonidine</p> <p><b>Stimulants (methylphenidate):</b> May diminish antihypertensive effects of clonidine</p>	<p><b>MAO inhibitors:</b> May enhance orthostatic hypotension with clonidine</p>		
Clozapine	<p>SUBSTRATE:</p> <p>CYP 1A2 (major)</p> <p>CYP 2A6 (minor)</p> <p>CYP 2C19 (minor)</p> <p>CYP 2C9 (minor)</p> <p>CYP 2D6 (minor)</p> <p>CYP 3A4 (Minor)</p> <p>INHIBITS:</p> <p>CYP 2D6 (moderate)</p> <p>CYP 1A2 (weak)</p> <p>CYP 2C19 (weak)</p> <p>CYP 2C9 (weak)</p> <p>CYP 2E1 (weak)</p> <p>CYP 3A4 (weak)</p>	<p><b><u>ENHANCED ACTIVITY:</u></b></p> <p><b>CYP 1A2 inhibitors (amlodipine, cimetidine, fluoxetine, nefazodone):</b> May increase serum concentrations of clozapine</p> <p><b><u>DIMINISHED ACTIVITY:</u></b></p> <p><b>CYP 1A2 inducers (aromatic hydrocarbons in cigarette smoke, carbamazepine, phenytoin):</b> May decrease serum concentrations of clozapine</p>	<p><b>CNS depressants (benzodiazepines, hydroxyzine, zolpidem):</b> Increase CNS depression</p> <p><b>Lithium, metoclopramide, stimulants:</b> May enhance neurotoxic effects</p> <p><b>MAO inhibitors:</b> May enhance orthostatic hypotensive effects</p> <p><b>Myelosuppressive medications (carbamazepine):</b> May increase risk for bone marrow suppression</p> <p><b>QT prolonging medications (amiodarone, antipsychotics, tricyclic antidepressants):</b> May increase risk of prolonged QTc interval and arrhythmias</p>	<p><b><u>ENHANCED ACTIVITY:</u></b></p> <p><b>CYP 2D6 substrates (metoprolol, nebivolol, thioridazine):</b> May have increased serum concentrations</p> <p><b><u>DIMINISHED ACTIVITY:</u></b></p> <p><b>Stimulants (methylphenidate):</b> Decreased stimulant activity</p> <p><b>Tamoxifen:</b> May have decreased active metabolite due to CYP 2D6 enzyme inhibition</p>	<p><b>Anticholinergics (ipratropium, tiotropium):</b> Enhanced adverse anticholinergic effects (sedation, constipation, dry mouth, urinary retention)</p> <p><b>CNS depressants (benzodiazepines):</b> Increased sedation and CNS depression</p> <p><b>Serotonergic medications (SSRIs, SNRIs):</b> May enhance serotonergic effects resulting in more adverse effects and possibly serotonin syndrome</p>

## DRUG INTERACTION TABLE

Medication Name	Enzyme information	Activity of Medication	Toxicity of Medication	Efficacy of other medications	Toxicity of other medications
Dexmethylphenidate		<p><b><u>ENHANCED ACTIVITY:</u></b></p> <p><b>Antacids, H2-antagonists, proton pump inhibitors:</b> Increase absorption of dexmethylphenidate</p>	<p><b>Atomoxetine MAO inhibitors:</b> Enhanced hypertensive effects</p>	<p><b><u>ENHANCED ACTIVITY:</u></b></p> <p><b>Phenobarbital:</b> May increase serum phenobarbital concentrations</p> <p><b>Phenytoin:</b> May increase serum phenytoin concentrations</p> <p><b>Vitamin K antagonists (warfarin):</b> May increase serum concentrations of vitamin K antagonists</p>	<p><b>Tricyclic antidepressants:</b> May have enhanced adverse effects</p>
Dextroamphetamine	SUBSTRATE: CYP 2D6 (minor)	<p><b><u>ENHANCED ACTIVITY:</u></b></p> <p><b>Proton pump inhibitors:</b> May increase the rate of absorption of dextroamphetamine</p> <p><b>Tricyclic antidepressants:</b> Enhance stimulatory effects of dextroamphetamine</p> <p><b><u>DIMINISHED ACTIVITY:</u></b></p> <p><b>Antipsychotics Lithium:</b> Diminish stimulatory effects of dextroamphetamine</p> <p><b>Multi-vitamins:</b> May decrease serum concentrations of dextroamphetamine</p>	<p><b>Atomoxetine and tricyclic antidepressants:</b> Enhanced hypertensive and tachycardic effects</p> <p><b>Antacids:</b> Decrease excretion of amphetamines</p>	<p><b><u>ENHANCED ACTIVITY:</u></b></p> <p><b>Opiates:</b> Enhanced analgesic effect</p> <p><b><u>DIMINISHED ACTIVITY:</u></b></p> <p><b>Antihistamines (diphenhydramine):</b> Decreased sedation</p> <p><b>Phenobarbital:</b> Decreased phenobarbital serum concentrations</p> <p><b>Phenytoin:</b> Decreased phenytoin serum concentrations</p>	
Guanfacine	SUBSTRATE: CYP 3A4 (major)	<p><b><u>ENHANCED ACTIVITY:</u></b></p> <p><b>Antihypertensives:</b> Enhance hypotensive effects of guanfacine</p> <p><b>CYP 3A4 inhibitors (diltiazem, fluconazole, indinavir):</b> Increase</p>	<p><b>CNS depressants (hydroxyzine, zolpidem):</b> Enhance sedation and depressant effects</p> <p><b>Beta blockers:</b> May enhance rebound hypertension with</p>	<p><b><u>ENHANCED ACTIVITY:</u></b></p> <p><b>Beta blockers:</b> Enhanced AV blocking effect and sinus node dysfunction</p>	<p><b>Dopamine agonists (pramipexole, ropinirole):</b> May enhance sedative effects with dopamine agonists</p> <p><b>SSRIs (citalopram, sertraline):</b></p>

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Medication Name	Enzyme information	Activity of Medication	Toxicity of Medication	Efficacy of other medications	Toxicity of other medications
Guanfacine (cont.)		<p>serum concentrations of guanfacine</p> <p><b><u>DIMINISHED ACTIVITY:</u></b></p> <p><b>Alpha<sub>2</sub>-antagonist antidepressant (mirtazapine):</b> Diminish antihypertensive effect of guanfacine</p> <p><b>CYP 3A4 inducers (carbamazepine, phenobarbital, phenytoin):</b> Decrease serum concentrations of guanfacine</p> <p><b>Serotonin/norepinephrine reuptake inhibitors (venlafaxine, duloxetine) and tricyclic antidepressants:</b> May decrease antihypertensive effects of guanfacine</p> <p><b>Stimulants (methylphenidate):</b> May diminish antihypertensive effects of guanfacine</p>	<p>abrupt withdrawal of guanfacine</p> <p><b>MAO inhibitors:</b> May enhance orthostatic hypotension of guanfacine</p>	<p><b>Divalproex sodium/valproic acid derivatives:</b> May increase serum concentrations of divalproex sodium or the valproic acid derivative</p>	<p>May have enhanced adverse effects with these antidepressants</p>
Iloperidone	<p>SUBSTRATE: CYP 2D6 (major)</p> <p>CYP 3A4 (minor)</p> <p>INHIBITS: CYP 3A4 (moderate)</p>	<p><b><u>ENHANCED ACTIVITY:</u></b></p> <p><b>CYP 2D6 inhibitor (fluoxetine, paroxetine):</b> Increased serum concentrations of iloperidone</p> <p><b>CYP 3A4 inhibitor (diltiazem, fluconazole, indinavir):</b> Increased serum concentrations of iloperidone</p> <p><b><u>DIMINISHED ACTIVITY:</u></b></p> <p><b>CYP 3A4 inducers (carbamazepine, phenobarbital, phenytoin):</b> Decrease serum concentrations of iloperidone</p>	<p><b>CNS depressants (hydroxyzine, zolpidem):</b> Increase CNS depression</p> <p><b>Lithium, metoclopramide, stimulants:</b> May enhance neurotoxic effects</p> <p><b>QT prolonging medications (amiodarone, antipsychotics, tricyclic antidepressants):</b> May increase risk of prolonged QTc interval and arrhythmias</p>	<p><b><u>ENHANCED ACTIVITY:</u></b></p> <p><b>CYP 3A4 substrates (aripiprazole):</b> May increase concentrations of these medications</p> <p><b><u>DIMINISHED ACTIVITY:</u></b></p> <p><b>Dopamine agonists (ropinirole):</b> Diminished anti-Parkinson's effects</p> <p><b>Stimulants:</b> Diminished stimulant activity</p>	<p><b>Serotonergic medications (SSRIs, SNRIs):</b> May enhance serotonergic effects resulting in more adverse effects and possibly serotonin syndrome</p>



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Medication Name	Enzyme information	Activity of Medication	Toxicity of Medication	Efficacy of other medications	Toxicity of other medications
Lisdexamfetamine		<p><b><u>ENHANCED ACTIVITY:</u></b></p> <p><b>Antacids:</b> Decrease excretion of amphetamines</p> <p><b>Proton pump inhibitors:</b> May increase the rate of absorption of amphetamine salts</p> <p><b>Tricyclic antidepressants:</b> Enhance stimulatory effects of amphetamine salts</p> <p><b><u>DIMINISHED ACTIVITY:</u></b></p> <p><b>Antipsychotics, lithium:</b> Diminish stimulatory effects of amphetamine salts</p> <p><b>Multi-vitamins:</b> May decrease serum concentrations of amphetamine salts</p>	<p><b>Atomoxetine, MAOIs, and tricyclic antidepressants:</b> Enhanced hypertensive and tachycardic effects</p>	<p><b><u>ENHANCED ACTIVITY:</u></b></p> <p><b>Opiates:</b> Enhanced analgesic effect</p> <p><b><u>DIMINISHED ACTIVITY:</u></b></p> <p><b>Antihistamines (diphenhydramine):</b> Decreased sedation</p> <p><b>Phenobarbital:</b> Decreased phenobarbital serum concentrations</p> <p><b>Phenytoin:</b> Decreased phenytoin serum concentrations</p>	
Lurasidone	<p>SUBSTRATE: CYP 3A4 (major)</p> <p>INHIBITS: CYP 3A4 (weak)</p>	<p><b><u>ENHANCED ACTIVITY:</u></b></p> <p><b>CYP 3A4 inhibitor (diltiazem, fluconazole, indinavir):</b> Increased serum concentrations of lurasidone</p> <p><b><u>DIMINISHED ACTIVITY:</u></b></p> <p><b>CYP 3A4 inducers (carbamazepine, phenobarbital, phenytoin):</b> Decrease serum concentrations of lurasidone</p>	<p><b>CNS depressants (hydroxyzine, zolpidem):</b> Increase CNS depression</p> <p><b>Lithium, metoclopramide, stimulants:</b> May enhance neurotoxic effects</p> <p><b>MAO inhibitors:</b> May enhance orthostatic hypotension of lurasidone</p>	<p><b><u>DIMINISHED ACTIVITY:</u></b></p> <p><b>Dopamine agonists (ropinirole):</b> Diminished anti-Parkinson's effects</p> <p><b>Stimulants:</b> Diminished stimulant activity</p>	<p><b>QT prolonging medications (amiodarone, antipsychotics, tricyclic antidepressants):</b> May increase risk of prolonged QTc interval and arrhythmias</p> <p><b>Serotonergic medications (SSRIs, SNRIs):</b> May enhance serotonergic effects resulting in more adverse effects and possibly serotonin syndrome</p>

## DRUG INTERACTION TABLE

Medication Name	Enzyme information	Activity of Medication	Toxicity of Medication	Efficacy of other medications	Toxicity of other medications
Methylphenidate	INHIBITS: CYP 2D6 (weak)	<p><b><u>ENHANCED ACTIVITY:</u></b></p> <p><b>Antacids, H2-antagonists, proton pump inhibitors:</b> Increase absorption of methylphenidate and interfere with normal release of the extended release capsules</p>	<p><b>Atomoxetine</b> <b>MAO inhibitors:</b> Enhanced hypertensive effects</p>	<p><b><u>ENHANCED ACTIVITY:</u></b></p> <p><b>Phenobarbital:</b> May increase serum phenobarbital concentrations</p> <p><b>Phenytoin:</b> May increase serum phenytoin concentrations</p> <p><b>Vitamin K antagonists (warfarin):</b> May increase serum concentrations of vitamin K antagonists</p>	<p><b>Tricyclic antidepressants:</b> May have enhanced adverse effects</p>
Olanzapine	<p>SUBSTRATE: CYP 1A2 (major)  CYP 2D6 (minor)</p> <p>INHIBITS: CYP1A2 (weak)  CYP 2C19 (weak)  CYP 2C9 (weak)  CYP 2D6 (weak)  CYP 3A4 (weak)</p>	<p><b><u>ENHANCED ACTIVITY:</u></b></p> <p><b>CYP 1A2 inhibitors (amlodipine, cimetidine, fluoxetine, nefazodone):</b> May increase serum concentrations of olanzapine</p> <p><b><u>DIMINISHED ACTIVITY:</u></b></p> <p><b>CYP 1A2 inducers (aromatic hydrocarbons in cigarette smoke, carbamazepine, phenytoin):</b> May decrease serum concentrations of olanzapine</p>	<p><b>CNS depressants (benzodiazepines, hydroxyzine, zolpidem):</b> Increase CNS depression</p> <p><b>Lithium, metoclopramide, stimulants:</b> May enhance neurotoxic effects</p> <p><b>MAO inhibitors:</b> May enhance orthostatic hypotensive effects</p> <p><b>QT prolonging medications (amiodarone, antipsychotics, tricyclic antidepressants):</b> May increase risk of prolonged QTc interval and arrhythmias</p>	<p><b><u>DIMINISHED ACTIVITY:</u></b></p> <p><b>Stimulants (methylphenidate):</b> Decreased stimulant activity</p>	<p><b>Anticholinergics (ipratropium, tiotropium):</b> Enhanced adverse anticholinergic effects (sedation, constipation, dry mouth, urinary retention)</p> <p><b>CNS depressants (hydroxyzine):</b> Increased sedation and CNS depression</p> <p><b>Serotonergic medications (SSRIs, SNRIs):</b> May enhance serotonergic effects resulting in more adverse effects and possibly serotonin syndrome</p>
Paliperidone		<p><b><u>ENHANCED ACTIVITY:</u></b></p> <p><b>Divalproex sodium, itraconazole, valproic acid derivatives:</b> May increase serum concentrations of paliperidone</p>	<p><b>CNS depressants (hydroxyzine, zolpidem):</b> Increase CNS depression</p>	<p><b><u>DIMINISHED ACTIVITY:</u></b></p> <p><b>Stimulants (methylphenidate):</b> Decreased stimulant activity</p>	<p><b>Serotonergic medications (SSRIs, SNRIs):</b> May enhance serotonergic effects resulting in more adverse effects and possibly serotonin syndrome</p>

## DRUG INTERACTION TABLE

Medication Name	Enzyme information	Activity of Medication	Toxicity of Medication	Efficacy of other medications	Toxicity of other medications
Paliperidone (cont.)		<p><b><u>DIMINISHED ACTIVITY:</u></b></p> <p><b>Carbamazepine:</b> May decrease serum concentrations of paliperidone</p>	<p><b>Lithium, metoclopramide, risperidone, stimulants:</b> May enhance neurotoxic effects</p> <p><b>QT prolonging medications (amiodarone, antipsychotics, tricyclic antidepressants):</b> May increase risk of prolonged QTc interval and arrhythmias</p>		
Quetiapine	<p>SUBSTRATE: CYP 3A4 (major)  CYP 2D6 (minor)</p>	<p><b><u>ENHANCED ACTIVITY:</u></b></p> <p><b>CYP 3A4 inhibitor (diltiazem, fluconazole, indinavir):</b> Increased serum concentrations of quetiapine</p> <p><b><u>DIMINISHED ACTIVITY:</u></b></p> <p><b>CYP 3A4 inducers (carbamazepine, phenobarbital, phenytoin):</b> Decrease serum concentrations of quetiapine</p>	<p><b>CNS depressants (hydroxyzine, zolpidem):</b> Increase CNS depression</p> <p><b>Lithium, metoclopramide, stimulants:</b> May enhance neurotoxic effects</p> <p><b>QT prolonging medications (amiodarone, antipsychotics, tricyclic antidepressants):</b> May increase risk of prolonged QTc interval and arrhythmias</p>	<p><b><u>DIMINISHED ACTIVITY:</u></b></p> <p><b>Stimulants (methylphenidate):</b> Decreased stimulant activity</p>	<p><b>Anticholinergics (ipratropium, tiotropium):</b> Enhanced adverse anticholinergic effects (sedation, constipation, dry mouth, urinary retention)</p> <p><b>CNS depressants (hydroxyzine):</b> Increased sedation and CNS depression</p> <p><b>Serotonergic medications (SSRIs, SNRIs):</b> May enhance serotonergic effects resulting in more adverse effects and possibly serotonin syndrome</p>
Risperidone	<p>SUBSTRATE: CYP 2D6 (major)  CYP 3A4 (minor)</p> <p>INHIBITS: CYP 2D6 (weak)  CYP 3A4 (weak)</p>	<p><b><u>ENHANCED ACTIVITY:</u></b></p> <p><b>CYP 2D6 inhibitor (fluoxetine, paroxetine):</b> Increased serum concentrations of risperidone</p>	<p><b>CNS depressants (hydroxyzine, zolpidem):</b> Increase CNS depression</p> <p><b>Lithium, metoclopramide, stimulants:</b> May enhance neurotoxic effects</p>	<p><b><u>DIMINISHED ACTIVITY:</u></b></p> <p><b>Stimulants (methylphenidate):</b> Decreased stimulant activity</p>	<p><b>Anticholinergics (ipratropium, tiotropium):</b> Enhanced adverse anticholinergic effects (sedation, constipation, dry mouth, urinary retention)</p> <p><b>Serotonergic medications (SSRIs, SNRIs):</b> May enhance serotonergic effects resulting in more adverse effects and possibly serotonin syndrome</p>

## DRUG INTERACTION TABLE

Medication Name	Enzyme information	Activity of Medication	Toxicity of Medication	Efficacy of other medications	Toxicity of other medications
Risperidone (cont.)			<p><b>Loop diuretics (furosemide), paliperidone, valproic acid derivatives:</b> May increase the adverse effects seen with risperidone</p> <p><b>QT prolonging medications (amiodarone, antipsychotics, tricyclic antidepressants):</b> May increase risk of prolonged QTc interval and arrhythmias</p>		
Ziprasidone	<p><b>SUBSTRATE:</b> CYP 1A2 (minor)  CYP 3A4 (minor)</p> <p><b>INHIBITS:</b> CYP 2D6 (weak)  CYP 3A4 (weak)</p>	<p><b><u>ENHANCED ACTIVITY:</u></b></p> <p><b>Azole antifungals (fluconazole):</b> May increase serum concentrations of ziprasidone</p> <p><b><u>DIMINISHED ACTIVITY:</u></b></p> <p><b>Carbamazepine:</b> May decrease serum concentrations of ziprasidone</p>	<p><b>CNS depressants (hydroxyzine, zolpidem):</b> Increase CNS depression</p> <p><b>Lithium, metoclopramide, stimulants:</b> May enhance neurotoxic effects</p> <p><b>QT prolonging medications (amiodarone, antipsychotics, tricyclic antidepressants):</b> May increase risk of prolonged QTc interval and arrhythmias</p>	<p><b><u>DIMINISHED ACTIVITY:</u></b></p> <p><b>Stimulants (methylphenidate):</b> Decreased stimulant activity</p>	<p><b>Serotonergic medications (SSRIs, SNRIs):</b> May enhance serotonergic effects resulting in more adverse effects and possibly serotonin syndrome</p>