

Medication List

Treatment Type	Brand Name	Acceptable Dose	Estimated Dates	Reason Trial didn't work
Amitriptyline	Elavil®, Endep®	200 mg		
Imipramine	Tofranil®	200 mg		
Desipramine	Norpramin®, Pertofrane®	200 mg		
Trimipramine	Surmontil®	200 mg		
Clomipramine	Anafranil®	200 mg		
Maprotilene	Ludiomil®	200 mg		
Doxepin	Sinequan®	200 mg		
Nomifensine	Merital®	200 mg		
Nortriptyline	Pamelor®, Aventyl®	75 mg		
Protriptyline	Vivactil®	40 mg		
SSRI	Brand Name	Acceptable Dose	Estimated Dates	Reason Trial didn't work
Fluoxetine	Prozac®	20 mg		
Citalopram	Celexa®	20 mg		
Fluvoxamine	Luvox®	200 mg		
Paroxetine	Paxil®	20 mg		
Paroxetine CR	Paxil CR®	25 mg		
Sertraline	Zoloft®	100 mg		
Escitalopram	Lexapro®	10 mg		
SSNRI	Brand Name	Acceptable Dose	Estimated Dates	Reason Trial didn't work
Venlafaxine (incl. IR & XR)	Effexor® (incl. IR & XR)	225 mg		
Duloxetine	Cymbalta®	40 mg		
Desvenlafaxine	Pristiq®	50mg		
Levomilnacipran	Fetzima®	40mg		
Other Antidepressants	Brand Name	Acceptable Dose	Estimated Dates	Reason Trial didn't work
Bupropion (incl. IR & XR)	Wellbutrin®(incl. IR, SR, & XL), Aplenzin®	300 mg, Aplenzin: 2 pills are equivalent to 300 mg		
Mirtazapine	Remeron®	30 mg		
Nefazodone	Serzone®	300 mg		
Trazodone (incl. XR)	Desyrel®, Oleptro®	400 mg. Oleptro		
Amoxapine	Asendin®	400 mg		
Vilazodone HCL	Viiibryd®	40 mg		
Vortioxetine	Trintellix®	20 mg		
Continued				➔

Medication List

MAOI	Brand Name	Acceptable Dose	Estimated Dates	Reason Trial didn't work
Phenelzine	Nardil®	60 mg		
Selegiline	Eldepryl®	40 mg		
Selegiline transdermal patch	Emsam®	6 mg		
Tranlycypromine	Parnate®	40 mg		
Isocarboxazid	Marplan®	40 mg		
Augmenting Agent {Only Listed}	Brand Name	Acceptable Dose	Estimated Dates	Reason Trial didn't work
Atypical Antipsychotics	Abilify®, Geodon®, Risperdal®, Seroquel®, Zyprexa®, Invega®, Saphris®, Rexulti™	any dose		
Lithium	Eskalith®, Lithobid®, others	any dose		
Thyroid Hormone	Synthroid®, Levoxyl®, others	any dose		
Olanzapine/Fluoxetine	Symbyax®	any dose		
ECT		Acceptable Daily Dose	Estimated Dates	Reason Trial didn't work
Unilateral, bilateral or unknown		≥7 treatments total during one episode		

Therapy - Please provide Drs. Name, facility, dates and outcome of therapy: {Required to be approved for TMS}:
Hospitalizations, Dates and facility name :
Addition information: {medications, etc.}: