

Agents That Are Contraindicated With MAOIs and the Corresponding Adverse Events ^a			
Agent	Hypertensive Crisis	Serotonin Syndrome	Other Adverse Events
Amphetamines	✓	✓	
Analgesics/Opioids			
Meperidine	✓	✓	
Methadone	–	✓	
Pentazocine	–	✓	
Propoxyphene	–	✓	
Tramadol	–	✓	
Anesthesias ^b	✓	–	
Antidepressants			
Bupropion	✓	–	Increased body temperature, coma, and seizures
Other MAOIs ^c	✓	–	Severe convulsive seizures, coma, and circulatory collapse
SNRIs ^d	✓	✓	
SSRIs ^e	–	✓	
TCAs ^f	✓	✓	
TeCAs ^g	✓	✓	
Antiepileptic agents ^h	–	✓	Decreases drug exposure
Antihistaminic agents	–	–	Hypotension
Antihypertensive agents ⁱ	–	–	Hypotension
Antiparkinsonism agents ^j	–	✓	
Buspirone	✓	✓	
CNS depressants ^k	–	–	Enhanced sedation
Cocaine	✓	–	
Dexenfluramine	–	✓	
Dextromethorphan	–	✓	Brief episodes of psychosis or bizarre behavior
Dibenzazepine-related agents ^l	✓	✓	Severe convulsive seizures, coma, and circulatory collapse
Disulfiram	–	–	Severe toxicity, including convulsions and death
Diuretics	–	–	Hypotension
Hypotensive agents	–	–	Hypotension
Metrizamide	–	–	Lowers the seizure threshold level
Sedatives	–	–	Enhanced sedation
St. John's wort	–	✓	
Sympathomimetics			
Dopamine	✓	–	
Epinephrine	✓	–	
Guanethidine	–	–	Hypotension
Levodopa ^j	✓	–	
Methyl dopa	✓	–	
Methylphenidate	✓	–	
Norepinephrine	✓	–	
Phenylalanine	✓	–	
Reserpine	✓	–	
Tyrosine	✓	–	
Tryptophan	✓	–	
Vasoconstrictors that may be in cold, hay fever, and weight-reducing preparations ^m	✓	–	

Based on the manufacturer's package inserts: Eldepryl (selegiline) [package insert]. Napa, CA: Dey Pharma LP; 2011.; EMSAM (selegiline patch) [package insert]. Napa, CA: Dey Pharma LP; 2010.; Marplan (isocarboxazid) [package insert]: Validus Pharmaceuticals, Inc; 2012.; Nardil (phenelzine sulfate) [package insert]. New York, NY: Pfizer, Inc; 2011.; and Parnate (tranylcypromine) [package insert]. Research Triangle Park, NC: GlaxoSmithKline LLC; 2012.

^aMAOIs should be discontinued a minimum of 14 days before administering any of these medications. Because fluoxetine has a particularly long half-life, a minimum washout period of 5 weeks is necessary. MAOIs should not be given to patients with cardiovascular disease, cerebrovascular defects, hypertension, liver disease, or pheochromocytoma. MAOIs should be used with caution in patients with diabetes, epilepsy, hyperthyroidism, renal impairment, and prior substance abuse history.

^bMAOIs should be discontinued for at least 10 days prior to receiving general or local anesthesia for surgery. If surgery is needed before 10 days, physicians may cautiously use benzodiazepines, mivacurium, rapacuronium, fentanyl, morphine, or codeine.

^cMAOIs include isocarboxazid, furazolidone, pargyline, phenelzine, procarbazine, selegiline, and tranylcypromine.

^dSNRIs include duloxetine, milnacipran, sibutramine, and venlafaxine.

^eSSRIs include citalopram, fluoxetine, fluvoxamine, paroxetine, and sertraline.

^fTCAs include amitriptyline, amoxapine, clomipramine, desipramine, doxepin, imipramine, nortriptyline, protriptyline, and trimipramine.

^gTeCAs include maprotiline and mirtazapine.

^hAntiepileptic medications include carbamazepine and oxcarbazepine.

ⁱAntihypertensive agents include β -blockers, guanethidine, reserpine, and thiazide diuretics.

^jOral selegiline is approved by the US Food and Drug Administration (FDA) to be administered as an adjunct to levodopa/carbidopa.

^kCNS depressants include alcohol, barbiturates, narcotics, and sedatives.

^lDibenzazepine-related agents include carbamazepine, cyclobenzaprine, and perphenazine.

^mVasoconstrictors that may be in cold, hay fever, and weight reducing preparations include pseudoephedrine, phenylephrine, phenylpropanolamine, and ephedrine.