

Interaction between medications and Lexicomp

702 [TDO KB](#) November 18, 2025 [Electronic Prescribing \(eRX\)](#), [Help Ribbon Menu](#), [TDO software](#)
7.94K

Overview

This article will demonstrate the different ways to describe medication delivery methods for drugs with more than one way of delivery, i.e. by way of topical (on top of the skin) or systemic (through the bloodstream) in the Lexicomp database.

Detailed Instructions

There are important differences depending on how the medication is administered to the body. To increase clarity and avoid confusion, please select the application method i.e. “Systemic” (or internal to the body/blood system), “Topical”, “Ophthalmic”, etc., in the Med Prescribed list.”

The screenshot shows a table titled "Prescription(s)" with columns: Date, Qty, Sig, Freq, Med. Prescribed, Dos, Refills, Pharmacy, Phone, and Spol. The table contains several rows of medication data. The "Med. Prescribed" column includes "Abacavir and Lamivudine", "4-Methylpyrazole (SYN)", "DiphenhydrAMINE (Topical)", "Aciclovir (Ophthalmic) (INT)", and "Ganciclovir (Systemic)". The application methods "Topical", "Ophthalmic", and "Systemic" are highlighted in yellow. Below the table is a "Prescription Autofill" section with a dropdown menu and an upward arrow button. To the right are "Check Interaction" and "Print" buttons.

	Date	Qty	Sig	Freq	Med. Prescribed	Dos	Refills	Pharmacy	Phone	Spol
1	5/18/2020				Abacavir and Lamivudine		0		i	
13	9/10/2019	1	1	1QD until	4-Methylpyrazole (SYN)		0		i	
7	11/27/2020				DiphenhydrAMINE (Topical)		0		i	
7	11/27/2020				Aciclovir (Ophthalmic) (INT)		0		i	
7	11/27/2020				Ganciclovir (Systemic)		0		i	
	11/27/2020						0		i	

Prescription Autofill: [Dropdown] [Up Arrow]

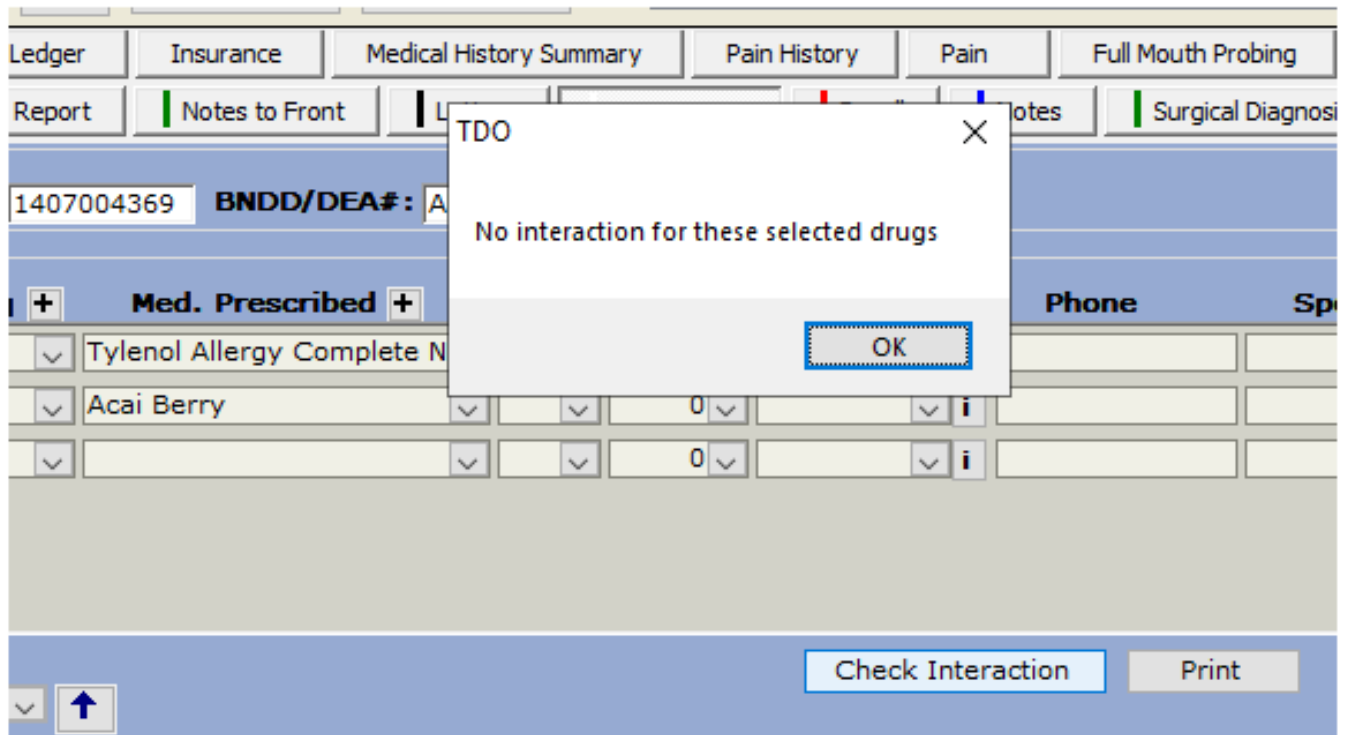
Check Interaction Print

When there are drugs without information, TDO will be displaying the following message:

"There is no information on one of the drugs listed. Please click on Details to check which drug has no information. This might be a drug that was manually added. If there are multiple drugs with the same name, try selecting the one before or the one after, then click R on the top to refresh."

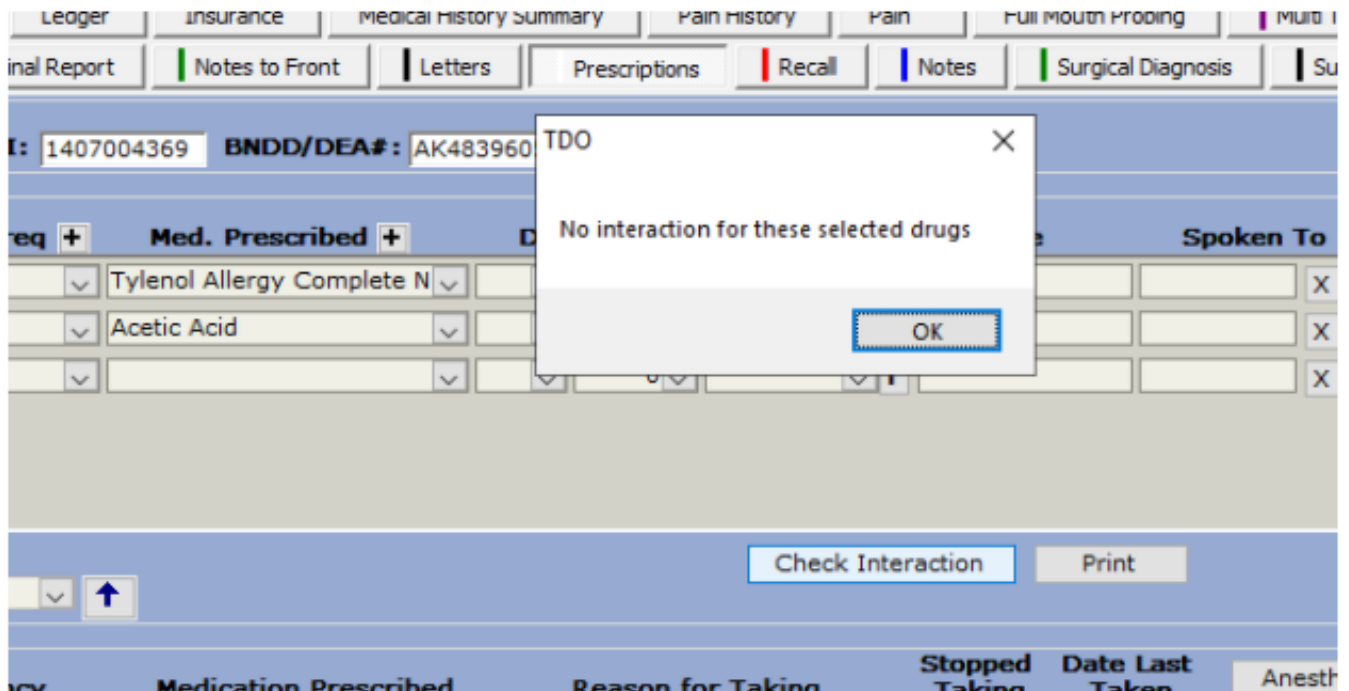
Examples of Drug Interactions:

If selecting the following combination:



There is no drug interaction.

Another example of no drug interaction:



If selecting the following combination:

Selective Serotonin Reuptake Inhibitors/MAO Inhibitors

RiskRating: X

Severity: Major

OnSet:

Reliability: Fair



Summary: MAO Inhibitors may enhance the serotonergic effect of Selective Serotonin Reuptake Inhibitors. This may cause serotonin syndrome.

Exceptions:

Precipitants: Phenelzine; Procarbazine; Rasagiline; Selegiline; Tranylcypromine; Isocarboxazid; Linezolid; Methenamine, Sodium Biphosphate, Phenyl Salicylate, Methylene Blue, and Hyoscyamine; Methylene Blue; Moclobemide; Methenamine, Phenyl Salicylate, Methylene Blue, Benzoic Acid, and Hyoscyamine; Hyoscyamine, Methenamine, Methylene Blue, and Sodium Biphosphate; Syrian Rue

Management: The concomitant use of selective serotonin reuptake inhibitors (SSRI) and monoamine oxidase inhibitors (MAOI), both selective and nonselective, should be avoided. In addition, a significant washout period should be employed between discontinuing one agent and initiating the other (i.e., changing from SSRI to MAOI or vice-versa). The washout period should probably be at least 1-2 weeks (2 weeks for vilazodone, 5 weeks for fluoxetine), depending on the half-life of the agent being discontinued. In general, furazolidone, linezolid, and procarbazine will pose less risk than isocarboxazid, phenelzine, or tranylcypromine. Caution is still advised. Selegiline administered in high oral dosages (eg, >10 mg daily of tablet/capsule; > 2.5 mg daily of orally disintegrating tablet) or transdermally will exhibit nonselective MAOI activity.

Discussion: A patient developed anxiety, confusion, double vision, shivering, and nausea on day 4 of tranylcypromine therapy (10 mg/day on days 1-3, 20 mg on day 4).¹ The tranylcypromine was started 2 days after discontinuing fluoxetine therapy. All symptoms resolved within 24 hours of discontinuing tranylcypromine. Death has also resulted from the combination of phenelzine and sertraline.² Three fatalities have been reported related to concomitant citalopram and moclobemide, both taken in overdose proportions.³ Additional case reports implicate the combination of oral selegiline and fluoxetine in causing mania, and hypertension and vasoconstriction.⁴ Serotonin is metabolized by monoamine oxidase (MAO)-A. Nonselective MAO inhibitors (A and B), as well as moclobemide (a selective MAO-A inhibitor), would be expected to decrease the metabolism of serotonin, and increase the risk of serotonin syndrome. Moclobemide has been noted to cause problems with citalopram only in overdose situations. Selegiline administered in high oral dosages (eg, >10 mg daily of tablet/capsule; > 2.5 mg daily of orally disintegrating tablet) or transdermally will exhibit nonselective MAOI activity.

Foot Notes: 1. Sternbach H, [Danger of MAOI Therapy After Fluoxetine Withdrawal,] *Lancet*, 1988, 2:850. [PubMed 2902292] 2. Graber MA, Hoehns TB, and Perry PJ, [Sertraline-Phenelzine Drug Interaction: A Serotonin Syndrome

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There will be a drug interaction

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