Tricyclic Antidepressants

Goal(s):

- Ensure safe and appropriate use of tricyclic antidepressants in children less than 12 years of age
- Discourage off-label use not supported by compendia

Length of Authorization:

Up to 12 months

Requires PA:

- Tricyclic antidepressants in children younger than the FDA-approved minimum age (new starts)
- Auto-PA approvals for:
 - o Patients with a claim for an SSRI or TCA in the last 6 months
 - o Prescriptions identified as being written by a mental health provider

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Table 1. FDA-Approved Indications of Tricyclic Antidepressants

| Drug | FDA-Approved Indications | Maximum Dose | Minimum FDA- Approved Age |
|--------------------|-------------------------------|-----------------|------------------------------|
| amitriptyline HCl | Depression | 50 mg | 12 |
| amoxapine | Depression | 400 mg | 18 |
| clomipramine HCI | Obsessive-compulsive disorder | 200 mg | 10 |
| desipramine HCI | Depression | 300 mg | 10 |
| , | ' | (150 mg for | - |
| | | 10-19 years | |
| | | of age) | |
| doxepin HCl | Depression | 150 mg | 12 |
| | Anxiety | | |
| imipramine HCI | Depression | 75 mg | 6 |
| | Nocturnal enuresis | _ | |
| imipramine pamoate | Depression | 200 mg | 18 |
| maprotiline HCI | Depression | 225 mg | 18 |
| | Bipolar depression | | |
| | Dysthymia | | |
| | Mixed anxiety and depressive | | |
| | disorder | | |
| nortriptyline HCI | Depression | 50 mg | 12 |
| protriptyline HCI | Depression | 60 mg | 12 |
| trimipramine | Depression | 100 mg | 12 |
| maleate | | | |

| Approval Criteria | | | | |
|-------------------------------------|--------------------|--|--|--|
| 1. What diagnosis is being treated? | Record ICD10 code. | | | |

| Approval Criteria | | | | |
|-------------------|--|--|---|--|
| 2. | Does the dose exceed the maximum FDA-approved dose (Table 1)? | Yes: Pass to RPh. Deny; medical appropriateness. | No: Go to #3 | |
| 3. | Is the request for an FDA-approved indication and age (Table 1)? | Yes: Approve for up to 6 months | No: Go to #4 | |
| 4. | Is the request for prophylactic treatment of headache or migraine and is the therapy prescribed in combination with cognitive behavioral therapy? | Yes : Approve for up to 6 months | No: Go to #5 | |
| 5. | Is the drug prescribed by or in consultation with an appropriate specialist for the condition (e.g., mental health specialist, neurologist, etc.)? | Yes: Approve for up to 6 months | No: Pass to RPh. Deny; medical appropriateness. | |

P&T/DUR Review: 2/23 (KS), 2/21(SS) 11/19 Implementation: 2/1/2020