

## Texas Prior Authorization Program Clinical Criteria

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### Drug/Drug Class

## Tricyclic Antidepressants

*This criteria was recommended for review by an MCO to ensure appropriate and safe utilization*

### Clinical Information Included in this Document

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **References:** clinical publications and sources relevant to this clinical criteria

**Note:** Click the hyperlink to navigate directly to that section.

### Revision Notes

Initial publication



## Tricyclic Antidepressants

### Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](http://TxVendorDrug.com/formulary/formulary-search).

| Drugs Requiring Prior Authorization |       |
|-------------------------------------|-------|
| Label Name                          | GCN   |
| AMITRIPTYLINE HCL 10 MG TAB         | 16512 |
| AMITRIPTYLINE HCL 25 MG TAB         | 16515 |
| AMITRIPTYLINE HCL 50 MG TAB         | 16516 |
| AMITRIPTYLINE HCL 75 MG TAB         | 16517 |
| AMITRIPTYLINE HCL 100 MG TAB        | 16513 |
| AMITRIPTYLINE HCL 150 MG TAB        | 16514 |
| AMOXAPINE 25 MG TABLET              | 16559 |
| AMOXAPINE 50 MG TABLET              | 16561 |
| AMOXAPINE 100 MG TABLET             | 16557 |
| AMOXAPINE 150 MG TABLET             | 16558 |
| ANAFRANIL 25 MG CAPSULE             | 16602 |
| ANAFRANIL 50 MG CAPSULE             | 16603 |
| ANAFRANIL 75 MG CAPSULE             | 16604 |
| CLOMIPRAMINE 25 MG CAPSULE          | 16602 |
| CLOMIPRAMINE 50 MG CAPSULE          | 16603 |
| CLOMIPRAMINE 75 MG CAPSULE          | 16604 |
| DESIPRAMINE 25 MG TABLET            | 16586 |
| DESIPRAMINE 50 MG TABLET            | 16587 |
| DESIPRAMINE 75 MG TABLET            | 16588 |
| DESIPRAMINE 100 MG TABLET           | 16584 |
| DESIPRAMINE 150 MG TABLET           | 16585 |
| DESIPRAMINE 10 MG TABLET            | 16583 |
| DOXEPIN 10 MG CAPSULE               | 16563 |
| DOXEPIN 25 MG CAPSULE               | 16566 |
| DOXEPIN 50 MG CAPSULE               | 16567 |
| DOXEPIN 75 MG CAPSULE               | 16568 |
| DOXEPIN 100 MG CAPSULE              | 16564 |
| DOXEPIN 150 MG CAPSULE              | 16565 |
| DOXEPIN 10 MG/ML ORAL CONC          | 16571 |
| IMIPRAMINE PAMOATE 75 MG CAP        | 16554 |
| IMIPRAMINE PAMOATE 100 MG CAP       | 16548 |
| IMIPRAMINE PAMOATE 125 MG CAP       | 16549 |

| <b>Drugs Requiring Prior Authorization</b> |            |
|--|------------|
| <b>Label Name</b>                          | <b>GCN</b> |
| IMIPRAMINE PAMOATE 150 MG CAP              | 16553      |
| IMIPRAMINE HCL 10 MG TABLET                | 16541      |
| IMIPRAMINE HCL 25 MG TABLET                | 16542      |
| IMIPRAMINE HCL 50 MG TABLET                | 16543      |
| TRIMIPRAMINE MALEATE 25 MG CAP             | 16593      |
| TRIMIPRAMINE MALEATE 50 MG CAP             | 16594      |
| TRIMIPRAMINE MALEATE 100 MG CP             | 16592      |
| MAPROTILINE 25 MG TABLET                   | 16615      |
| MAPROTILINE 50 MG TABLET                   | 16616      |
| MAPROTILINE 75 MG TABLET                   | 16617      |
| NORTRIPTYLINE HCL 10 MG CAP                | 16529      |
| NORTRIPTYLINE HCL 25 MG CAP                | 16532      |
| NORTRIPTYLINE HCL 50 MG CAP                | 16533      |
| NORTRIPTYLINE HCL 75 MG CAP                | 16534      |
| NORTRIPTYLINE 10 MG/5 ML SOLN              | 16535      |
| PAMELOR 10 MG CAPSULE                      | 16529      |
| PAMELOR 25 MG CAPSULE                      | 16532      |
| PAMELOR 50 MG CAPSULE                      | 16533      |
| PAMELOR 75 MG CAPSULE                      | 16534      |
| PROTRIPTYLINE HCL 5 MG TABLET              | 16556      |
| PROTRIPTYLINE HCL 10 MG TABLET             | 16555      |
| SILENOR 3 MG TABLET                        | 28914      |
| SILENOR 6 MG TABLET                        | 28915      |
| SURMONTIL 25 MG CAPSULE                    | 16593      |
| SURMONTIL 50 MG CAPSULE                    | 16594      |
| SURMONTIL 100 MG CAPSULE                   | 16592      |
| TOFRANIL 50 MG TABLET                      | 16543      |



## Tricyclic Antidepressants

### Clinical Criteria Logic

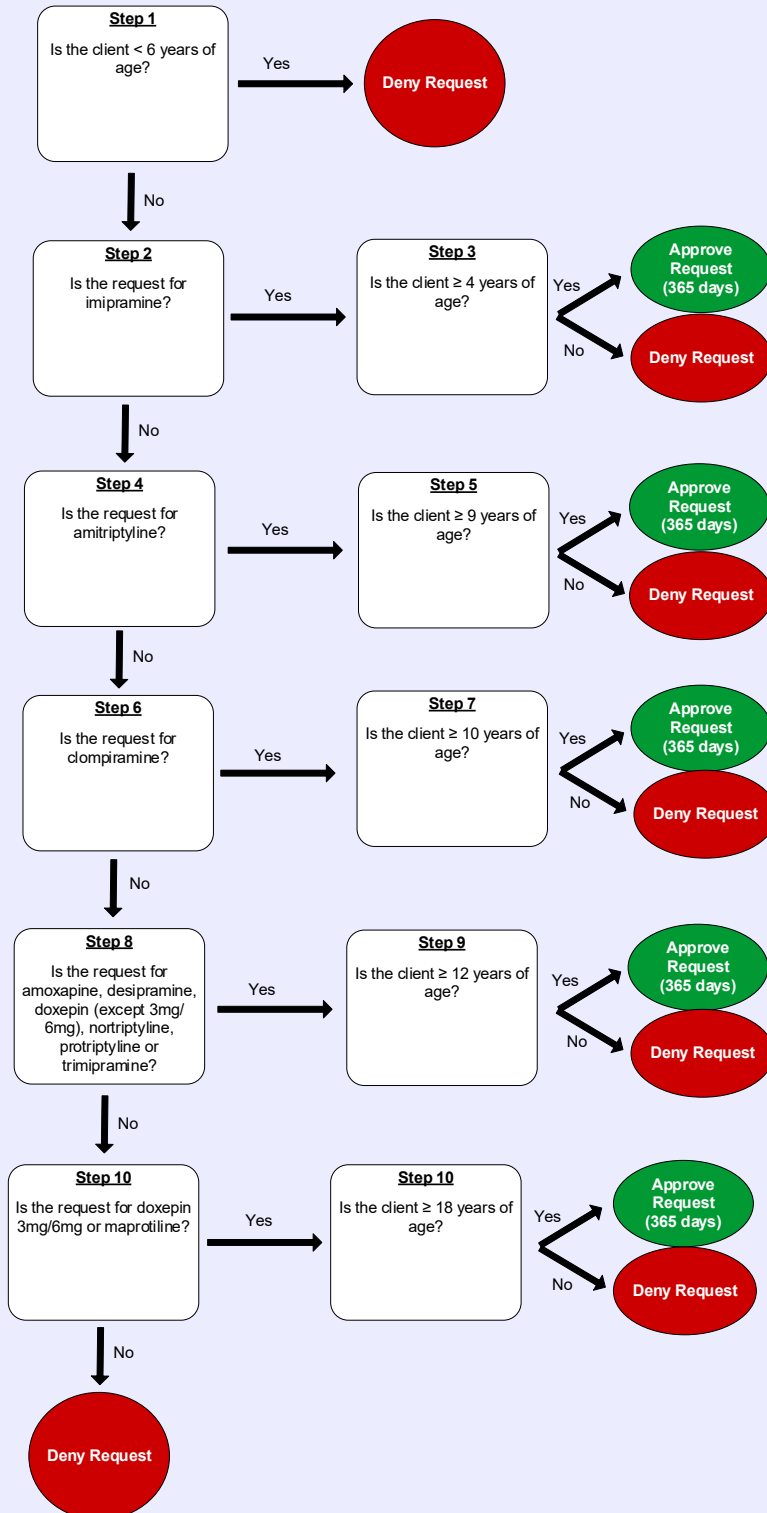
1. Is the client less than (<) 6 years of age?  
 Yes (Deny)  
 No (Go to #2)
2. Is the request for imipramine?  
 Yes (Go to #3)  
 No (Go to #4)
3. Is the client greater than or equal to ( $\geq$ ) 6 years of age?  
 Yes (Approve – 365 days)  
 No (Deny)
4. Is the request for amitriptyline?  
 Yes (Go to #5)  
 No (Go to #6)
5. Is the client greater than or equal to ( $\geq$ ) 9 years of age?  
 Yes (Approve – 365 days)  
 No (Deny)
6. Is the request for clomipramine?  
 Yes (Go to #7)  
 No (Go to #8)
7. Is the client greater than or equal to ( $\geq$ ) 10 years of age?  
 Yes (Approve – 365 days)  
 No (Deny)
8. Is the request for amoxapine, desipramine, doxepin (except 3mg/6mg), nortriptyline, protriptyline or trimipramine?  
 Yes (Go to #9)  
 No (Go #10)
9. Is the client greater than or equal to ( $\geq$ ) 12 years of age?  
 Yes (Approve – 365 days)  
 No (Deny)
10. Is the request for doxepin 3mg/6mg or maprotiline?  
 Yes (Go to #11)  
 No (Deny)

11. Is the client greater than or equal to ( $\geq$ ) 18 years of age?
- Yes (Approve - 365 days)
  - No (Deny)



# Tricyclic Antidepressants

## Clinical Criteria Logic Diagram





## Tricyclic Antidepressants

### Clinical Criteria References

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2020. Available at [www.clinicalpharmacology.com](http://www.clinicalpharmacology.com). Accessed on April 24, 2020.
2. Micromedex [online database]. Available at [www.micromedexsolutions.com](http://www.micromedexsolutions.com). Accessed on April 24, 2020.
3. Kashani JH, Shekim WO, & Reid JC: Amitriptyline in children with major depressive disorder: a double-blind crossover pilot study. J Amer Acad Child Psychiatry 1984; 23:348-351.

## Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

| <b>Publication Date</b> | <b>Notes</b>  |
|-------------------------|---|
| 04/24/2020              | <ul style="list-style-type: none"><li>• Initial publication and presentation to the DUR Board</li></ul> |