

PRIOR AUTHORIZATION CRITERIA

DRUG CLASS ELDERLY	TRICYCLIC ANTIDEPRESSANT (TCA) AGENTS –
BRAND NAME (generic)	(amitriptyline/perphenazine)
	(amoxapine)
	ANAFRANIL (clomipramine)
	(chlordiazepoxide/amitriptyline)
	(doxepin)
	ELAVIL (amitriptyline)
	(imipramine pamoate)
	LIMBITROL (chlordiazepoxide/amitriptyline)
	NORPRAMIN (desipramine)
	PAMELOR (nortriptyline)
	(protriptyline)
	SILENOR (doxepin)
	SURMONTIL (trimipramine)
	TOFRANIL

TCA Agents (Elderly) Post Limit Policy 755-J11-2017

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(imipramine hydrochloride)

Quantity limits applies only to patients 65 years of age or older.

Status: CVS Caremark Criteria

Type: Post Limit Prior Authorization

POLICY

FDA-APPROVED INDICATIONS

Amitriptyline/Perphenazine

Perphenazine and amitriptyline hydrochloride tablets are recommended for treatment of (1) patients with moderate to severe anxiety and/or agitation and depressed mood, (2) patients with depression in whom anxiety and/or agitation are severe, and (3) patients with depression and anxiety in association with chronic physical disease. In many of these patients, anxiety masks the depressive state so that, although therapy with a tranquilizer appears to be indicated, the administration of a tranquilizer alone will not be adequate.

Schizophrenic patients who have associated depressive symptoms should be considered for therapy with perphenazine and amitriptyline hydrochloride tablets.

Amoxapine

Amoxapine is indicated for the relief of symptoms of depression in patients with neurotic or reactive depressive disorders as well as endogenous and psychotic depressions. It is indicated for depression accompanied by anxiety or agitation.

Anafranil

Anafranil (clomipramine hydrochloride) is indicated for the treatment of obsessions and compulsions in patients with Obsessive-Compulsive Disorder (OCD).

Chlordiazepoxide/Amitriptyline

Chlordiazepoxide and amitriptyline hydrochloride is indicated for the treatment of patients with moderate to severe depression associated with moderate to severe anxiety.

The therapeutic response to chlordiazepoxide and amitriptyline hydrochloride occurs earlier and with fewer treatment failures than when either amitriptyline or chlordiazepoxide is used alone.

Symptoms likely to respond in the first week of treatment include: insomnia, feelings of guilt or worthlessness, agitation, psychic and somatic anxiety, suicidal ideation and anorexia.

Doxepin

Doxepin hydrochloride capsules are recommended for the treatment of psychoneurotic patients with depression and/or anxiety, depression and/or anxiety associated with alcoholism (not to be taken concomitantly with alcohol), depression and/or anxiety associated with organic disease (the possibility of drug interaction should be considered if the patient is receiving other drugs concomitantly), psychotic depressive disorders with associated anxiety including involuntal depression and manic-depressive disorders.

Elavil

Elavil (amitriptyline) is indicated for the relief of symptoms of depression. Endogenous depression is more likely to be alleviated than are other depressive states.

Imipramine Pamoate

Imipramine pamoate is indicated for the relief of symptoms of depression. Endogenous depression is more likely to be alleviated than other depressive states. One to three weeks of treatment may be needed before optimal therapeutic effects are evident.

Norpramin

Norpramin (desipramine) is indicated for the treatment of depression.

Pamelor

Pamelor (nortriptyline HCl) is indicated for the relief of symptoms of depression. Endogenous depressions are more likely to be alleviated than are other depressive states.

Silenor

Silenor (doxepin) is indicated for the treatment of insomnia characterized by difficulty with sleep maintenance.

Surmontil

Surmontil (trimipramine) is indicated for the relief of symptoms of depression. Endogenous depression is more likely to be alleviated than other depressive states.

Tofranil

Tofranil (imipramine) is indicated for the relief of symptoms of depression. Endogenous depression is more likely to be alleviated than other depressive states. Tofranil is also indicated for childhood enuresis. It may be useful as temporary adjunctive therapy in reducing enuresis in children aged 6 years and older, after possible organic causes have been excluded by appropriate tests.

Protriptyline

Protriptyline hydrochloride tablets are indicated for the treatment of symptoms of mental depression in patients who are under close medical supervision. Its activating properties make it particularly suitable for withdrawn and anergic patients.

COVERAGE CRITERIA

Tricyclic Antidepressant (TCA) Agents will be covered with prior authorization in patients 65 years of age or older when the following criteria are met:

- The requested drug is being prescribed for the following: A) depression (amitriptyline, amoxapine, desipramine, nortriptyline, trimipramine, imipramine, imipramine pamoate, protriptyline) B) depression and/or anxiety (doxepin) C) depression with anxiety and/or agitation (perphenazine/amitriptyline) D) depression associated with anxiety (chloridiazepoxide/amitriptyline)
AND
- The patient has tried, failed, and/or been intolerant to at least TWO of the following agents: bupropion, mirtazapine, serotonin-norepinephrine reuptake inhibitor (SNRI) (e.g., venlafaxine), selective serotonin reuptake inhibitor (SSRI) (e.g., citalopram, escitalopram, fluoxetine, sertraline)
AND
 - The request is for desipramine (Norpramin) or nortriptyline (Pamelor)
OR
 - If the request is NOT for desipramine (Norpramin) or nortriptyline (Pamelor), then the patient has tried, failed, and/or been intolerant to a trial of desipramine (Norpramin) or nortriptyline (Pamelor).

Quantity limit applies.

REFERENCES

1. Amitriptyline [package insert]. Morgantown, WV: Mylan Pharmaceuticals; February 2017.
2. Amoxapine [package insert]. Parsippany, NJ: Actavis Pharma, Inc; February 2015.
3. Anafranil [package insert]. Hazelwood, MO: Mallinckrodt Inc; April 2017.

4. Doxepin [package insert]. Morgantown, WV: Mylan Pharmaceuticals; June 2015.
5. Elavil [package insert]. Birmingham, AL; Thompson Medical Solutions; April 2016.
6. Imipramine Pamoate [package insert]. Eatontown, NJ: West-Ward Pharmaceutical Corp; February 2017.
7. Norpramin [package insert]. Parsippany, NJ: Validus Pharmaceuticals LLC, January 2016.
8. Pamelor [package insert]. Hazelwood, MO: Mallinckrodt Inc; June 2014.
9. Silenor [package insert]. Morristown, NJ: Pernix Therapeutics LLC; October 2014.
10. Surmontil [package insert]. Horsham, PA: Teva Pharmaceuticals USA, Inc; February 2015.
11. Tofranil [package insert]. Hazelwood, MO: Mallinckrodt Inc; July 2014.
12. Protriptyline [package insert]. Eatontown, NJ: West-Ward Pharmaceuticals Corp.; April 2016.
13. Amitriptyline/Perphenazine [package insert]. Morgantown, WV: Mylan Pharmaceuticals; November 2016.
14. Chlordiazepoxide/Amitriptyline [package insert]. Morgantown, WV: Mylan Pharmaceuticals; D April 2017.
15. AHFS DI (Adult and Pediatric) [database online]. Hudson, OH: Lexi-Comp, Inc.; http://online.lexi.com/lco/action/index/dataset/complete_ashp [available with subscription]. Accessed November 2017.
16. Micromedex Solutions [database online]. Greenwood Village, CO: Truven Health Analytics Inc. Updated periodically. www.micromedexsolutions.com [available with subscription]. Accessed November 2017.
17. Qaseem A, Vincenza Snow V, Denberg T, et al. Using Second-Generation Antidepressants to Treat Depressive Disorders: A Clinical Practice Guideline from the American College of Physicians. *Ann Intern Med.* 2008; 149:725-733.
18. Mitchell J, Trangle M, et al. Institute for Clinical Systems Improvement. Adult Depression in Primary Care. Seventeenth Edition/ March 2016. www.icsi.org. Accessed November 2017.
19. American Psychiatric Association. Treatment of Patients with Major Depressive Disorder, Third Edition. November 2010. Available at: http://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/mdd.pdf . Accessed November 2017.
20. VA/DoD Clinical Practice Guideline for Management of Major Depressive Disorder (MDD). Guideline Summary NGC-7711. May 2009. Available at: <http://www.healthquality.va.gov/guidelines/MH/mdd/MDDFULL053013.pdf>. Accessed November 2017.

LIMIT CRITERIA		
Medication	Strength	1 Month Limit (25 days)* 3 Months Limit (75 days)*
Amitriptyline	10 mg	180 units / 25 days 540 units / 75 days
Amitriptyline	50 mg	90 units / 25 days 270 units / 75 days
Amitriptyline	75 mg	60 units / 25 days 180 units / 75 days
Amitriptyline	100 mg, 150 mg	30 units / 25 days 90 units / 75 days
Amitriptyline/Perphenazine	10 mg/2 mg	180 units / 25 days 540 units / 75 days
Amitriptyline/Perphenazine	25 mg/2 mg, 25 mg / 4 mg	120 units / 25 days 360 units / 75 days
Amitriptyline/Perphenazine	50 mg / 4 mg	90 units / 25 days 270 units / 75 days

Amoxapine	25 mg, 50 mg, 100 mg	120 units / 25 days 360 units / 75 days
Chlordiazepoxide/Amitriptyline	10 mg/25 mg	180 units / 25 days 540 units / 75 days
Doxepin	10 mg, 25 mg, 50 mg, 75 mg	120 units / 25 days 360 units / 75 days
Doxepin	100 mg	90 units / 25 days 270 units / 75 days
Doxepin	150 mg	60 units / 25 days 180 mg / 75 days
Doxepin	10 mg / mL	900 mL / 25 days 2,700 mL / 75 days
Elavil (amitriptyline)	25 mg	120 units / 25 days 360 units / 75 days
Imipramine pamoate	125 mg, 150 mg	30 units / 25 days 90 units / 75 days
Limbitrol	5 mg / 12.5 mg	180 units / 25 days 540 units / 75 days
Norpramin (desipramine)	10 mg, 25 mg, 50 mg	120 units / 25 days 360 units / 75 days
Norpramin (desipramine)	75 mg, 100 mg	90 units / 25 days 270 units / 75 days
Norpramin (desipramine)	150 mg	60 units / 25 days 180 units / 75 days
Pamelor (nortriptyline)	10 mg	180 units / 25 days 540 units / 75 days
Pamelor (nortriptyline)	25 mg, 50 mg	90 units / 25 days 270 units / 75 days
Pamelor (nortriptyline)	75 mg	60 units / 25 days 180 units / 75 days
Pamelor (nortriptyline)	10 mg / 5mL	2,250 mL / 25 days 6,750 mL / 75 days
Surmontil (trimipramine)	25 mg, 50 mg	120 units / 25 days 360 units / 75 days
Surmontil (trimipramine)	100 mg	60 units / 25 days 80 units / 75 days
Tofranil (imipramine)	10 mg, 25 mg	150 units / 25 days 450 units / 75 days
Tofranil (imipramine)	50 mg	120 units / 25 days 360 units / 75 days
Protriptyline	5 mg	120 units / 25 days 360 units / 75 days
Protriptyline	10 mg	180 units / 25 days 540 units / 75 days

**The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.*