



VOLUME 9: PHARMACY SERVICES	Effective Date: 9/08
CHAPTER 31	Revision Date (s): 3/13
9.31 USE OF TRICYCLIC ANTIDEPRESSANTS	Attachments: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

I. PROCEDURE OVERVIEW

Tricyclic antidepressants (TCAs) may be used within California Department of Corrections and Rehabilitation (CDCR) for the treatment of neuropathic pain, urinary incontinence, and prophylaxis of migraine headache. TCAs may also be prescribed in Food and Drug Administration approved doses for the treatment of major depression when diagnostic criteria set forth in this procedure are met.

II. PURPOSE

To ensure the safe and appropriate use of TCAs within CDCR.

III. PROCEDURE

A. General Restrictions

1. TCAs shall not be given to patient-inmates with a recent documented history of poor compliance, hoarding, selling, overdose or misuse of any medication.
2. TCAs should be used with caution in patient-inmates with a history of suicide attempt(s).
3. TCAs shall not be allowed as Keep-On-Person medications
4. TCAs shall not be used for the treatment of insomnia.

B. TCA Criteria for Use in Non-Psychiatric Disorders

1. Use of a TCA for non-psychiatric disorders must comply with the following criteria:
 - a) Neuropathic pain secondary to diabetic neuropathy or other neurological medical condition upon examination and recommendation of a primary care physician (PCP) or a neurologist.
 - b) Migraine headache upon recommendation and evaluation by a PCP or neurologist.
 - c) Myofibrositis or musculoskeletal conditions upon recommendation and evaluation of an orthopedic specialist or rheumatologist and the PCP.
 - d) Incontinence upon recommendation and evaluation of an urologist or the PCP.
2. The criteria (diagnosis) shall be included on each medication order to facilitate pharmacist action.
3. The TCA will be ordered Nurse Administered or Direct Observation Therapy (crushed/opened and floated).

C. TCA Criteria for Use in Psychiatric Disorders

1. TCAs are considered non-Formulary medications for all psychiatric diagnoses. Justification must be included on the non-Formulary request. Use of a TCA for a psychiatric condition must comply with the following criteria:
 - a) Documented history of an Axis I diagnosis of Major Depressive Disorder (MDD) that meets the diagnostic criteria as outlined in the Diagnostic and Statistical Manual of Mental Disorders-IV-TR.

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- b) Documentation of the severity of impairment and how it interfered with the patient-inmate's ability to function and /or program in the correctional setting.
- c) Documented history of three (3) failed antidepressant therapies consisting of either of the following: selective serotonin reuptake inhibitors, serotonin-norepinephrine reuptake inhibitors, and/or mirtazapine at maximum tolerated doses for a clinical trial period of no less than four (4) to six (6) weeks with blood levels obtained to confirm compliance with the clinical trials, where appropriate.
- d) Documentation of failed trials shall include a list of the antidepressants used, the highest dose used, the length of the trial of each antidepressant and the reason for failure.
- e) Failed trials could include documented side effects that preclude the patient-inmate from taking other antidepressants.
- f) Documentation of baseline laboratory evaluation and a baseline EKG is mandatory for TCA use for psychiatric disorders. In addition, TCA plasma blood levels should be drawn after drug has achieved steady state (approximately 12 hours after last dose) and/or as clinically indicated and an annual electrocardiogram must be obtained.
- g) If switching from a monoamine oxidase inhibitors to a TCA, there must be a 14- day washout period before initiating the TCA.
- h) For psychiatric conditions TCAs must be:
 - Ordered as Direct Observation Therapy
 - Administered crushed/opened and floated.
- i) When a patient-inmate presents to Receiving and Release on a TCA, there must be:
 - Clear documentation of the symptoms of an MDD
 - An appropriate therapeutic dose prescribed
 - Evidence of efficacy
 - Blood levels ordered on admission to the institution.

IV. REFERENCES

- California Prison Health Care Services (CPHCS) Pain Guidelines, 2009
- UpToDate.com