



## Medication Audit Checklist

**Tricyclic Antidepressants: Amitriptyline (Elavil®), Amoxapine (Asendin®), Clomipramine (Anafranil®), Desipramine (Norpramin®), Doxepin (Sinequan®), Imipramine (Tofranil®), Maprotiline (Ludiomil®), Nortriptyline (Pamelor®), Protriptyline (Vivactil®), Trimipramine (Surmontil®)**

July 2022

### Audit Information

Reviewer:
Drug:
Audit #:
Audit Date:
Dose:
Does this audit require a physician review? Y or N

### Patient Information

Patient #:
Age:
Ordering Provider:
Admit Date:
Gender:
Attending Provider:

<p><b>Indication</b></p> <p>This document lists only FDA-approved indications from the product labeling. The PEFC acknowledges that there are off-label indications for use that have supporting evidence for efficacy. If a medication is prescribed for an off-label indication, documentation in the patient chart is recommended.</p>	<p><b>Comments</b></p>	<p><b>Does this indication require a physician review?</b></p>
<ul style="list-style-type: none"> <li>• Amitriptyline: major depressive disorder, neuropathy due to diabetes mellitus</li> <li>• Amoxapine: major depressive disorder, severe depression with psychotic features</li> <li>• Clomipramine: obsessive-compulsive disorder</li> <li>• Desipramine: major depressive disorder</li> <li>• Doxepin: depression and/or anxiety associated with alcoholism, major depressive disorder, depression-psychotic disorder, insomnia</li> <li>• Imipramine: major depressive disorder</li> <li>• Maprotiline: bipolar disorder-depressed phase, major depressive disorder, dysthymia, mixed anxiety and depressive disorder</li> <li>• Nortriptyline: major depressive disorder</li> <li>• Protriptyline: major depressive disorder</li> <li>• Trimipramine: major depressive disorder</li> </ul>		

<b>Contraindications</b>	<b>Comments</b>	<b>Does this contraindication require a physician review?</b>
<ul style="list-style-type: none"> <li>• Concomitant use of MAOIs, including linezolid and IV methylene blue, use of MAOIs within 14 days of trimipramine discontinuation, or use of trimipramine within 14 days of discontinuing an MAOI; increased risk of serotonin syndrome</li> <li>• Hypersensitivity to agent or other dibenzazepines; risk of cross-sensitivity reaction</li> <li>• Myocardial infarction, during the acute recovery period (except doxepin)</li> <li>• Coadministration with cisapride; may cause QT interval prolongation and increase the risk of arrhythmia (amitriptyline and protriptyline)</li> <li>• Glaucoma, untreated narrow angle (doxepin)</li> <li>• Urinary retention, tendency towards or severe (doxepin)</li> <li>• Known or suspected seizure disorders (maprotiline)</li> </ul>		

<b>Patient Monitoring</b>	<b>Comments</b>	<b>Does this require a physician review?</b>
<p>Baseline Tests:</p> <ul style="list-style-type: none"> <li>• Pregnancy test (females)</li> <li>• Blood pressure and heart rate</li> <li>• ECG</li> <li>• Hepatic function panel (clomipramine)</li> <li>• Sodium level in high risk patients (e.g., older than 65 years, previous history of antidepressant-induced hyponatremia, low body weight, concomitant use of thiazides or other hyponatremia-inducing agents, experiencing symptoms of hyponatremia)</li> <li>• Weight</li> <li>• TD assessment (amoxapine only)</li> </ul>		

Patient Monitoring	Comments	Does this require a physician review?
<ul style="list-style-type: none"> <li>• EPS evaluation (exam for rigidity, tremor, akathisia) (amoxapine only)</li> <li>• Height &amp; weight (children &amp; adolescents)</li> </ul> <p>Ongoing:</p> <ul style="list-style-type: none"> <li>• Pregnancy test (females) as clinically indicated</li> <li>• Blood pressure and heart rate during dosage titration and as clinically indicated</li> <li>• ECG as clinically indicated</li> <li>• Hepatic function panel (clomipramine) as clinically indicated</li> <li>• Sodium level in high-risk patients, 4 weeks and as clinically indicated</li> <li>• Therapeutic blood levels (not amoxapine) as clinically indicated</li> <li>• Weight at 3, 6, and 12 months, then yearly</li> <li>• TD and EPS assessment every 3 months and as clinically indicated (amoxapine only)</li> <li>• Monitor for emergence of suicidal ideation or behavior</li> <li>• Prolactin level yearly if symptoms of prolactin elevation (e.g. gynecomastia, amenorrhea)</li> <li>• Height &amp; weight (children &amp; adolescents) as clinically indicated</li> </ul>		