ambetter of North Carolina Inc.

AMITRIPTYLINE (ELAVIL)
Provider Tip Sheet

DOSING INFORMATION

- Initiation for depression:
  1. Week 1: Baseline EKG (if any history of cardiac disease, history of arrhythmias, or over 65 y/o), pulse, HR, weight. Consider BMP for baseline sodium in older adults. Start: 25-50 mg every night (10-25 mg every night in the elderly).
  2. Week 2 and beyond: Increase dose by 25-50 mg (10-25 mg in the elderly) per day each week, if tolerated, to an Initial Target Dose of 75 mg every night (50 mg every night in the elderly). Typical Dosage Range: 75-150 mg/day (50-100 mg every night in the elderly). Max Dose: 300 mg/day (150 mg every night in the elderly). Initiation for insomnia (off-label): Start 10 mg every night; increase in 10-25 mg every night increments, if tolerated; Typical Dosage Range: 10-50 mg every night. Initiation for pain (off-label): Start 10 mg every night; increase in 10-25 mg every night increments; Typical Dosage Range: 10-50 mg every night. Discontinuation: 25% per week to 25% per month depending on length of treatment in order to minimize withdrawal symptoms and relapse.

MONITORING

- EKG (pretreatment, initial, and annual—if any history of cardiac disease, history of arrhythmias or over 65 y/o), pulse, HR, weight. Consider posttreatment BMP to rule out hyponatremia in older adults. Blood test for serum level available with defined therapeutic range (amitriptyline + nortriptyline): 100-250 ng/ml; Toxic: >500 ng/ml. Blood draw timed to achieve a trough level.

GENERAL INFORMATION

- Mechanism of Action: TCA: serotonin > NE reuptake inhibitor.
- FDA Indications: Depression.
- Off-Label Indications: pain (doses up to 100 mg); second-line RX for PTSD.
- Pharmacokinetics: T½: 9-27 hrs.
- Common Side Effects (MDD): Sedation, anticholinergic side effects (blurred vision, urinary retention, dry mouth, constipation—more so than nortriptyline); orthostatic hypotension, weight gain, sexual side effects, headache.
- Black Box Warning: Increased SI in patients
- Contraindications: Use of a MAOI within 14 days of stopping Elavil, concurrent use of a MAOI including drugs with significant MAOI activity (e.g., linezolid), use of Elavil within 14 days of stopping a MAOI, use with cisapride due to the potential for increased QT interval and increased risk for arrhythmia, or use during the acute recovery period after a MI.

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GENERAL INFORMATION (Continued)

- Warnings and Precautions: Clinical worsening and suicide risk, highly lethal in overdose, serotonin syndrome, orthostatic hypotension, cardiac dysrhythmia, QTc prolongation, seizures, manic switch, hepatic changes, decreased blood cell count, hyperthermia, increased intraocular pressure, urinary retention, SIADH.
- Metabolism/Pharmacogenomics: Metabolized by 2D6 to less active metabolites and by 2C19 to nortriptyline. Use caution with 2D6 poor metabolizers. Significant drug-drug interactions: Use caution with strong 2D6 inhibitors (e.g., fluoxetine and paroxetine), and with medications that affect QTc; check all drug-drug interactions before prescribing.
- Dosage Form: Tablet. Generic available: Yes.

Support

We are committed to the care and well-being of our members. We are also committed to working with you as a partner to develop the best possible treatment plans for all patients.

Please view the Provider section of our website at **ambetterofnorthcarolina.com** for additional tools and resources. You may also contact your Provider Engagement Administrator directly, or contact Provider Relations for assistance at **1-833-863-1310**.