doxepin tablet (Silenor)
Effective 11/01/2022

Plan	☒ MassHealth ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☒ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	**Specialty Medications**		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview
Doxepin tablet is indicated for the treatment of insomnia characterized by difficulty with sleep maintenance.

Coverage Guidelines
Authorization may be reviewed on a case by case basis for members who are currently receiving treatment with doxepin tablet, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

OR

Authorization may be granted for members when all the following criteria are met, and documentation is provided:

1. Appropriate diagnosis
2. Physician documented of an inadequate response or adverse reaction to **TWO** of the following, or a contraindication to **ALL** of the following:
    a. Belsomra or Dayvigo
    b. doxepin capsule or liquid
    c. eszopiclone
    d. ramelteon
    e. zaleplon
    f. zolpidem immediate-release or extended release
3. **ONE** of the following:
    a. Requested quantity is ≤ 1 unit/day
    b. Medical necessity for > 1 unit/day

Additional criteria may apply for members under the age of 18. Please refer to the Pediatric Behavioral Health Medication Initiative guideline for criteria.

Continuation of Therapy

Reauthorizations requires physician documentation of continuation of therapy and positive response to therapy.

Limitations

1. Initial approvals and reauthorizations will be granted for 12 months.
2. The following quantity limits apply:

doxepin tablet	30 tablets per 30 days

References

1. Silenor (doxepin) [prescribing information]. Morristown, NJ: Currax Pharmaceuticals, LLC; October 2020.Riemann D, Baglioni C, Bassetti C, et al. European guideline for the diagnosis and treatment of insomnia. *J Sleep Res.* 2017;26(6):675-700. doi:10.1111/jsr.12594
2. Sateia MJ, Buysse DJ, Krystal AD, Neubauer DN, Heald JL. Clinical practice guideline for the pharmacologic treatment of chronic insomnia in adults: an American Academy of Sleep Medicine clinical practice guideline. *J Clin Sleep Med.* 2017;13(2):307-349. doi:10.5664/jcsm.6470

Review History

11/16/2022 – Created for Nov P&T; matched MH UPPL. Doxepin tablet will require a PA and QL. Criteria was matched to MH UPPL. Effective 11/1/22.

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