



## Commercial/Healthcare Exchange PA Criteria

*Effective: December 2010*

**Prior Authorization:** Silenor

**Products Affected:** Silenor (doxepin tablets); Doxepin 3mg and 6mg oral tablets

**Medication Description:** Silenor is indicated for the treatment of insomnia characterized by difficulty with sleep maintenance.

**Covered Uses:** Insomnia

**Exclusion Criteria:**

1. Co-administration with Monoamine Oxidase Inhibitors (MAOIs)
2. Glaucoma
3. Urinary Retention

**Required Medical Information:**

1. Previous medications tried/failed

**Age Restrictions:** 18 years of age and older

**Prescriber Restrictions:** N/A

**Coverage Duration:** 12 Months

**Other Criteria:**

Approve Silenor for 12 months if the patient meets the following criteria:

- A. Patient has failed on Ambien 10mg in the past 24 months (documentation required)
- AND
- B. Patient has failed on Ambien CR in the past 24 months (documentation required)

Last Res.1.6.2020



Confidential Information

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**References:**

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	12/2010
2	Update	CCI Adopted EH template; CCI P&T Review History: 12/10, 12/11, 10/12, 10/13, 10/14, 11/15, 5/16, 2/17, 1/18;  CCI P&T Revision Record: 10/13;  Added Doxepin 3mg & 6mg oral tablets	All	1/6/2020