



## 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



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**References:**

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