

# QUANTITY LIMIT PRIOR AUTHORIZATION CRITERIA

## BRAND NAME

(generic)

**PRUDOXIN  
(doxepin)**

**ZONALON  
(doxepin)**

**Status: CVS Caremark® Criteria**

**Type: Quantity Limit; Post Limit Prior Authorization**

## POLICY

### FDA-APPROVED INDICATIONS

#### **Prudoxin**

Prudoxin cream is indicated for the short-term (up to 8 days) management of moderate pruritus in adult patients with atopic dermatitis or lichen simplex chronicus.

#### **Zonalon**

Zonalon cream is indicated for the short-term (up to 8 days) management of moderate pruritus in adult patients with atopic dermatitis or lichen simplex chronicus.

### INITIAL QUANTITY LIMIT\*\*

#### INITIAL LIMIT QUANTITY

Limits should accumulate across all drugs and strengths up to highest quantity listed depending on the order the claims are processed.

<u>Drug</u>	<u>1 Month Limit*</u>	<u>3 Month Limit*</u>
Prudoxin (doxepin)	45 grams / 25 days	Does Not Apply*
Zonalon (doxepin)	45 grams / 25 days	Does Not Apply*

\* The duration of 25 days is used for a 30-day fill period to allow time for refill processing.

\* **These drugs are for short-term acute use; therefore, the mail limit will be the same as the retail limit. The intent is for prescriptions of the requested drug to be filled one month at a time, even if filled at mail order; there should be no 3 month supplies filled.**

\*\*If the patient is requesting more than the initial quantity limit, the claim will reject with a message indicating that a prior authorization is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

### COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for the management of moderate pruritus in an adult patient with atopic dermatitis or lichen simplex chronicus

#### **AND**

- The requested drug being prescribed for short-term use (up to 8 days)

Prudoxin, Zonalon Limit, Post PA Policy 3765-HJ UDR 07-2023

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Quantity limits apply.

90 grams per 25 days\*, 3 month limit Does Not Apply\*

\*The duration of 25 days is used for a 30-day fill period to allow time for refill processing.

\* These drugs are for short-term acute use; therefore, the mail limit will be the same as the retail limit. The intent is for prescriptions of the requested drug to be filled one month at a time, even if filled at mail order; there should be no 3 month supplies filled.

Duration of Approval (DOA):

- 3765-HJ: DOA: 3 months

## **REFERENCES**

1. Prudoxin [package insert]. Newtown, PA: Prestium Pharma, Inc.; June 2017.
2. Zonalon [package insert]. Newtown, PA: Prestium Pharma, Inc.; June 2017.
3. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2023. [https://online.lexi.com.](https://online.lexi.com.;); Accessed June 7, 2023.
4. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 06/07/2023).
5. Eichenfield L, Tom W, Berger T, et al. Guidelines of Care for the Management of Atopic Dermatitis Section 2. Management and treatment of atopic dermatitis with topical therapies. *J Am Acad Dermatol* 2014; 71:116-32.

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