Topical Doxepin 5% Cream  
Effective February 1, 2020

<table>
<thead>
<tr>
<th>Plan</th>
<th>Program Type</th>
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</table>
| ☒ MassHealth  
☐ Commercial/Exchange | ☐ Prior Authorization  
☐ Quantity Limit  
☒ Step Therapy |

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<thead>
<tr>
<th>Benefit</th>
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| ☒ Pharmacy Benefit  
☐ Medical Benefit (NLX) |  |

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<th>Specialty Limitations</th>
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<td>N/A</td>
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### Overview
Prescriptions that meet the initial step therapy requirements will adjudicate automatically at the point of sale. If the prescription does not meet the initial step therapy requirements, the prescription will deny with a message indicating that prior authorization (PA) is required. Refer to the criteria below and submit a PA request for the members who do not meet the initial step therapy requirements at the point of sale.

### Initial Step-Therapy Requirements:
**First-Line:** Medications listed on first-line are covered without prior-authorization.

**Second-Line:** Second-line medications will pay if the member has had a 14-day fill of at least two (2) different first-line medications or a second-line medication within the past 180 days.

### Coverage Guidelines
If a member does not meet the initial step therapy requirements, then approval of a second-line medication will be granted if the member has had a documented inadequate response or side effect to at least two different 1st-line therapies.

### 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

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<tr>
<th>Exceptions</th>
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### Exceptions
N/A

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**FIRST-LINE**

| Capsaicin cream  
Lidocaine patch |  |
| Super potent topical steroids  
Betamethasone dipropionate, augmented 0.05% (gel, lotion, ointment)  
Clobetasol propionate 0.05% (cream, foam, gel, ointment, solution)  
Fluocinonide 0.1% cream |  |

**SECOND-LINE**

| Doxepin 5% Cream |  |

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399 Revolution Drive, Suite 810, Somerville, MA 02145 | allwayshealthpartners.org
Limitations

1. A quantity limit of 45 grams per 30 days applies.

References


Review History

11/20/19 – Reviewed at P&T
11/18/2020- Reviewed at P&T

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