UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2026 P 1205-10
Program	Prior Authorization/Notification – doxepin cream
Medication	Prudoxin®* (doxepin), Zonalon®* (doxepin)
P&T Approval Date	12/2016, 12/2017, 12/2018, 1/2020, 3/2021, 3/2022, 3/2023, 3/2024, 4/2025, 4/2026
Effective Date	7/1/2026

1. Background:

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

2. Coverage Criteria[a]:

A. Initial Authorization

1. **Prudoxin* or Zonalon*** will be approved based on the following criteria:

   a. Diagnosis of moderate pruritus due to one of the following:

      (1) Atopic dermatitis

      -OR-

      (2) Lichen simplex chronicus

   Initial authorization will be issued for 1 month

B. Reauthorization

1. **Prudoxin* or Zonalon*** will be approved based on both of the following criteria:

   a. Diagnosis of moderate pruritis due to either atopic dermatitis or lichen simplex chronicus

   -AND-

   b. Documentation of positive clinical response to therapy

   Reauthorization will be issued for 1 month

[a] State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

* Brand Prudoxin and Zonalon are typically excluded from coverage.

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3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

4. References:

1. Prudoxin [package insert]. Ltd. San Antonio, TX: DPT Laboratories, Ltd; June 2017.
2. Zonalon [package insert]. Ltd. San Antonio, TX: DPT Laboratories, Ltd; June 2017.

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Change Control	
Date	Change
12/2016	New program.
12/2017	Annual review with no changes.
12/2018	Annual review. Updated references.
1/2020	Annual review. Updated references.
3/2021	Updated to note brand Zonalon is typically excluded from coverage.
3/2022	Updated to note brand Prudoxin is typically excluded from coverage. Added indication requirement to reauthorization section.
3/2023	Annual review. Added state mandate language.
3/2024	Annual review. No changes.
4/2025	Annual review. No changes.
4/2026	Annual review. No changes.

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