Non-formulary zolpidem extended release (Ambien CR®) will be covered on the prescription drug benefit when the following criteria are met:

For primary insomnia:

- Diagnosis of insomnia on Problem List
  - AND -
- Adequate trial and failure (10-14 days) of zolpidem immediate release without tolerance issues or adverse effects;
  - AND -
- Adequate trial and failure (10-14 days) of one other generic agent (temazepam, trazodone, or eszopiclone) unless contraindication, intolerance, or allergy.
  - AND –
- If prescribed for 12.5mg dose, patient is male and less than 65 years of age, OR patient has previous trial and treatment failure with Ambien CR 6.25 mg

  - OR –

For secondary (symptomatic) insomnia:

- Diagnosis of psychiatric or neurologic disorder on Problem List;
  - AND -
- Adequate trial and failure (10-14 days) of zolpidem immediate release without tolerance issues or adverse effects;
  - AND -
- Adequate trial and failure (10-14 days) of two other generic agents (benzodiazepine, trazodone, zaleplon, eszopiclone, TCA, or mirtazapine) unless contraindication, intolerance, or allergy
  - AND -
- If prescribed for 12.5mg dose, patient is male and less than 65 years of age, OR patient has previous trial and treatment failure with Ambien CR 6.25 mg
  - OR -
- New Member: after trial of zolpidem IR and eszopiclone
  - OR -
- Dose Change Only: Patient previously met criteria and is already taking the drug.