Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Zolpidem extended release (Ambien CR®)

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 -
- New Member/patients already stable on Ambien CR: after adequate trial and failure (10-14 days) of zolpidem IR and eszopiclone

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/Patients already stable on Ambien CR: after adequate trial and failure (10-14 days) of zolpidem IR and eszopiclone