Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Sublingual Zolpidem

**Initial approval criteria:** Non-formulary sublingual zolpidem will be covered for 3 months on the prescription drug benefit when the following criteria are met:

- Prescribed by Mental Health Clinician or Sleep Specialist **AND**
- Prescribed for the treatment of Insomnia with Middle-of-the-Night (MOTN) Awakenings **AND**
- Adequate trial (at least 10 days) and failure of all the following to reduce MOTN Awakenings: zolpidem, eszopiclone, and zolpidem ER taken at bedtime, and zaleplon taken MOTN (unless contraindication, intolerance, or allergy)

**Continued use criteria (after 3 months of treatment):** Non-formulary sublingual zolpidem will continue to be covered for 12 months on the prescription drug benefit when the following criteria are met:

- Prescribed by Mental Health Clinician or Sleep Specialist **AND**
- Prescribed for the treatment of Insomnia with Middle-of-the-Night Awakenings **AND**
- Patient has experienced an improvement in MOTN awakenings as documented by specialist

**Continued use criteria for stable members:** Non-formulary sublingual zolpidem will continue to be covered for 12 months on the prescription drug benefit when the following criteria are met:

- Prescribed by Mental Health Clinician or Sleep Specialist **AND**
- Prescribed for the treatment of Insomnia with Middle-of-the-Night (MOTN) Awakenings **AND**
- Adequate trial (at least 10 days) and failure of all the following to reduce MOTN Awakenings: zolpidem, eszopiclone, and zolpidem ER taken at bedtime, and zaleplon taken MOTN