

SEDATIVE / HYPNOTICS

Ambien (zolpidem), Ambien CR (zolpidem extended-release), Dalmane (flurazepam), Doral* (quazepam), Edluar (zolpidem sublingual), Halcion (triazolam), Intermezzo (zolpidem sublingual) Lunesta (eszopiclone), Prosom (estazolam), Restoril (temazepam), Sonata (zaleplon), Zolpidem capsule*, Zolpimist (zolpidem) Oral Spray

*Prior authorization for the brand formulation applies only to formulary exceptions due to being a non-covered medication

Pre - PA Allowance

Age 18 years of age and older

Quantity One 30 day supply per 365 days

Drug Name	Strength	Quantity Limit per 30 days
Ambien/Zolpidem	5 mg	60
Ambien/Zolpidem	10 mg	30
Ambien CR/Zolpidem ER	6.25 mg	60
Ambien CR/Zolpidem ER	12.5 mg	30
Dalmane/Flurazepam	15 mg	60
Dalmane/Flurazepam	30 mg	30
Quazepam	15 mg	30
Edluar/Zolpidem SL	5 mg	60
Edluar/Zolpidem SL	10 mg	30
Halcion/Triazolam	0.125 mg	120
Halcion/Triazolam	0.25 mg	60
Intermezzo/Zolpidem SL	1.75 mg	60
Intermezzo/Zolpidem SL	3.5 mg	30
Lunesta/Eszopiclone	1 mg	90
Lunesta/Eszopiclone	2 mg	30
Lunesta/Eszopiclone	3 mg	30
Prosom/Estazolam	1 mg	60
Prosom/Estazolam	2 mg	30
Restoril/Temazepam	7.5 mg	120
Restoril/Temazepam	15 mg	60
Restoril/Temazepam	22.5 mg	30

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Restoril/Temazepam	30 mg	30
Sonata/Zaleplon	5 mg	120
Sonata/Zaleplon	10 mg	60
Zolpimist oral spray	5 mg/spray	1 canister

Prior-Approval Requirements

Age 18 years of age and older

Diagnosis

Patient must have the following:

Insomnia – a persistent disorder of initiating or maintaining sleep

AND ALL of the following:

1. Prescriber agrees to discontinue sedative hypnotic if patient experiences a complex sleep behavior (e.g., sleep-walking, sleep-driving, etc)
2. **NO** concurrent therapy with another Prior Authorization (PA) sleep aid (see Appendix 1) or with an oxybate product (see Appendix 2)

Prior - Approval Limits

Quantity

Drug Name	Strength	Quantity Limit per 90 days
Ambien/Zolpidem	5 mg	180
Ambien/Zolpidem	10 mg	90
Ambien CR/Zolpidem ER	6.25 mg	180
Ambien CR/Zolpidem ER	12.5 mg	90
Dalmane/Flurazepam	15 mg	180
Dalmane/Flurazepam	30 mg	90

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Quazepam	15 mg	90
Edluar/Zolpidem SL	5 mg	180
Edluar/Zolpidem SL	10 mg	90
Halcion/Triazolam	0.125 mg	360
Halcion/Triazolam	0.25 mg	180
Intermezzo/Zolpidem SL	1.75 mg	180
Intermezzo/Zolpidem SL	3.5 mg	90
Lunesta/Eszopiclone	1 mg	270
Lunesta/Eszopiclone	2 mg	90
Lunesta/Eszopiclone	3 mg	90
Prosom/Estazolam	1 mg	180
Prosom/Estazolam	2 mg	90
Restoril/Temazepam	7.5 mg	360
Restoril/Temazepam	15 mg	180
Restoril/Temazepam	22.5 mg	90
Restoril/Temazepam	30 mg	90
Sonata/Zaleplon	5 mg	360
Sonata/Zaleplon	10 mg	180
Zolpimist oral spray	5 mg/spray	3 canisters

Drug name with Approved Formulary Exception Only	Strength	Quantity Limit for 90 days
Doral brand	15 mg	90
Zolpidem capsule	7.5 mg	90



Federal Employee Program.

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Duration 12 months

Prior – Approval *Renewal* Requirements

Same as above

Prior - Approval *Renewal* Limits

Same as above

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Appendix 1 - List of Prior Authorization (PA) Sleep Aids

Generic Name	Brand Name
daridorexant	Quviviq
estazolam	Prosom
eszopiclone	Lunesta
flurazepam	Dalmane
lemborexant	Dayvigo
quazepam	Doral
ramelteon	Rozerem
tasimelteon	Hetlioz
suvorexant	Belsomra
temazepam	Restoril
triazolam	Halcion
zaleplon	Sonata
zolpidem	Ambien
zolpidem extended-release	Ambien CR
zolpidem oral spray	Zolpimist
zolpidem sublingual	Edluar
zolpidem sublingual	Intermezzo

Appendix 2 - List of Oxybate Products

Generic Name	Brand Name
sodium oxybate	Lumryz
sodium oxybate	Xyrem
calcium, magnesium, potassium, sodium oxybates	Xywav