

PHARMACY PRE-AUTHORIZATION CRITERIA



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| DRUG | Edluar (zolpidem tartrate sublingual tablets) Zolpimist (zolpidem oral spray) |
| POLICY # | 11130 |
| INDICATIONS | Zolpimist Oral Spray and Edluar Sublingual Tablets are indicated for the short-term treatment of insomnia characterized by difficulties with sleep initiation. |
| CRITERIA | ConnectiCare considers Edluar and Zolpimist to be medically necessary for patients with clinically documented insomnia who meet the following criteria: <ul style="list-style-type: none">• Patient has failed on Ambien in the past 24 months (<u>documentation required</u>) AND <ul style="list-style-type: none">• Patient is unable to swallow, has dysphagia, esophagitis, mucositis, or uncontrollable nausea/vomiting. |
| LIMITATIONS | If the above criteria are met approval of Zolpimist may be granted for 6 months. Based on the maximum daily dose (10mg per day) the quantity will be limited to one 7.7ml bottle (60 metered actuations) A quantity limit of 30 tablets per month allowed by the plan |
| REFERENCES | Zolpimist full prescribing information. ECR Pharmaceuticals. Richmond, Virginia. Edluar full prescribing information. Somerset, NJ. Meda Pharmaceuticals Inc. |
| P&T REVIEW HISTORY | 9/09, 9/10, 4/11, 12/11, 10/12, 10/13, 10/14, 11/15, 5/16, 2/17, 1/18 |
| REVISION RECORD | 9/15, 2/16 |