

PHARMACY PRE-AUTHORIZATION CRITERIA

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