

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Sublingual zolpidem

Notes:

- ^ Adequate trial is defined as at least 10 days treatment duration
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria: Non-formulary **sublingual zolpidem** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by a Mental Health Clinician or Sleep Specialist
- Prescribed for the treatment of Insomnia with Middle-of-the-Night (MOTN) Awakenings
- Patient has failed an adequate trial[^] of or patient has an allergy or intolerance* to all the following to reduce MOTN Awakenings: zolpidem, eszopiclone, and zolpidem ER taken at bedtime, and zaleplon taken MOTN (unless contraindication, intolerance, or allergy)

Criteria for *new members entering Kaiser Permanente already taking the medication who have not been reviewed previously.* Non-formulary **sublingual zolpidem** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed for the treatment of Insomnia with Middle-of-the-Night (MOTN) Awakenings
- Patient has failed an adequate trial[^] of or patient has an allergy or intolerance* to all the following to reduce MOTN Awakenings: zolpidem, eszopiclone, and zolpidem ER taken at bedtime, and zaleplon taken MOTN