

SEDATIVE HYPNOTICS PA SUMMARY

PREFERRED	Zaleplon, Zolpidem
NON-PREFERRED	Ambien, Ambien CR, Edluar, Intermezzo, Lunesta, Rozerem, Sonata, Zolpidem ER, Zolpimist

LENGTH OF AUTHORIZATION: 3 months

PA CRITERIA:

Edluar or Zolpimist

- ❖ Explain why solid dosage forms cannot be swallowed.

Intermezzo

- ❖ Member must be unable to swallow oral dosage forms of medication or prescriber must submit a written letter of medical necessity stating the reason(s) the preferred products, zolpidem immediate-release and zaleplon, are not appropriate for the member..

Lunesta or Rozerem

- ❖ Submit documentation of ineffectiveness, allergies, contraindications, drug-drug interactions, or show a history of intolerable side effects to both zaleplon and zolpidem.

Ambien, Ambien CR, Sonata, or Zolpidem ER

- ❖ Submit a written letter of medical necessity stating the reason(s) the preferred products, zolpidem immediate-release and zaleplon, are not appropriate for the member.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

PA and Appeal Process:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

Quantity Level Limitations:

- ❖ For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.