Prior Authorization Approval Criteria

Ambien CR (zolpidem, extended release)

Generic name: Zolpidem, extended release
Brand name: Ambien CR
Medication class: Hypnotic
FDA-approved uses: Treatment of insomnia, characterized by difficulties with sleep onset and/or sleep maintenance.
Available dosage forms: 6.25 mg and 12.5 mg tablets
Usual dose: 12.5 mg immediately before bedtime. 6.25 mg is recommended for the elderly or those with hepatic insufficiency.
Duration of therapy: Indefinite

Criteria for use (bullet points below are all inclusive unless otherwise noted):
- The indicated diagnosis (including any applicable labs and/or tests) and medication usage must be supported by documentation from the patient’s medical records.
- Quantity limit of nine pills per month.
- Clinically diagnosed insomnia.
- Treatment failure on one of these products (oxazepam, temazepam, lorazepam, alprazolam, flurazepam, trazodone).
- Treatment failure on Ambien.
- Underlying physical or psychological conditions (including addiction, depression, anxiety, sleep apnea, restless leg syndrome, circadian issues, pain, GERD, etc.) have been ruled out or are being adequately treated.

Criteria for quantities over 9 per month (in addition to all other criteria):
- Must have a clinically documented medical need for the increased quantity (including, but not limited to, increased dose, frequency, or duration).
- Must have tried and failed the standard approved dosing, frequency, and duration.

Continuation criteria:
- Patient is tolerating and responding to medication and there continues to be a medical need for the medication

Contraindication: Hypersensitivity to zolpidem products.

Not approved if:
- Does not meet the above-stated criteria.
- Have any contraindications to the use of zolpidem.

Duration of Approval:
- 1 year

FCHP Pharmacy and Therapeutics Committee approval: ________________________________

The criteria listed above applies to Fallon Health Plan and its subsidiaries.
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