



Prior Authorization Approval Criteria
Department of Pharmacy Services

Generic Name: eszopiclone

Brand Name: Lunesta

Medication Class: Hypnotic medication (non-benzodiazepine, cyclopyrrolone)

FDA Approved Uses: treatment of insomnia

Available Dosage Forms: 1mg, 2mg, 3mg tablet

Usual Dose: 1- 3mg at bedtime

Duration of Therapy: indefinite

Approximate monthly cost (based on AWP 2008): 2mg or 3mg \$158.25

Criteria for Use: *(bullet points below are all inclusive unless otherwise noted)*

- Clinically diagnosed insomnia.
- Treatment failure on one of these products (oxazepam, temazepam, lorazepam, alprazolam, diazepam, flurazepam, trazodone).
- Treatment failure on Ambien.
- Underlying physical or psychological conditions (including depression, anxiety, sleep apnea, restless leg syndrome, circadian issues, pain, GERD, etc.) have been ruled out or are being adequately treated.
- Must not be taking other medications that can cause wakefulness.

Contraindications:

- History of hypersensitivity to eszopiclone or any of the products ingredients.

Not Approved if:

- Patient does not meet the above stated criteria
- Patient has any contraindications to the use of Lunesta.
- Patient has suspected or diagnosed addiction.

Step Therapy Requirements:

- Ambien (zolpidem) and benzodiazepine or trazodone

P&T Approval: _____ Date: _____