



Prior Authorization Approval Criteria
Department of Pharmacy Services

Drug Class: Short-acting medications for insomnia

Brand Name: Prosom (estazolam), Sonata (zaleplon)

Medication Class: sedative hypnotic

FDA Approved Uses: Short-term treatment of insomnia

Usual Dose: Prosom 1mg to 2mg at HS
Sonata 5mg to 10mg at HS

Duration of Therapy: Short-term, intermittent

Criteria for Use: for more than 9 tablets per month: (bullet points below are all inclusive unless otherwise noted)

- Documented insomnia not caused by any underlying physical or psychological condition.
- Treatment failure on preferred products (oxazepam, temazepam, lorazepam, alprazolam, diazepam, flurazepam, trazodone).
- No history of drug abuse/dependence.

Contraindications:

- Hypersensitivity to any of the components
- Pregnancy

Special Issues:

- These agents should be limited to 7 to 10 days of use
- Should not be prescribed in quantities exceeding a 1-month supply

P&T Approval: _____ Date: _____