

Formulary Sedative Hypnotic Step Therapy

POLICY NUMBER: RX.PA.057.E

REVISION DATE: 12/15

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2. For members without a documented pharmacy claim history of zolpidem tartrate (Ambien) or zaleplon (Sonata), a medical necessity review is completed, and the following criterion must be met:

- Must have chart documentation which shows the member has tried and failed zolpidem tartrate (Ambien) or zaleplon (Sonata)

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to duration of member's membership with plan
Reauthorization	N/A

If the established criteria are not met, the request is referred to a Medical Director for review.

REFERENCES

1. Ambien [package insert]. Bridgewater, NJ: sanofi-aventis, US LLC; August 2010.
2. Ambien CR® [package insert]. Bridgewater, NJ: sanofi-aventis, US LLC; May 2012. 3.
3. Sonata [package insert]. Bristol, TN: King Pharmaceuticals, Inc; February 2009.

RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
<i>Annual Review</i>	<i>02/17, 02/18</i>

