



**GEORGIA MEDICAID FEE-FOR-SERVICE
SEDATIVE HYPNOTICS PA SUMMARY**

Preferred	Non-Preferred
Doxepin hydrochloride capsules (10, 25, 50mg) Doxepin hydrochloride oral concentrate (10mg/ml)	Silenor (doxepin hydrochloride tablets 3, 6mg)
Zaleplon generic Zolpidem immediate-release (IR) tablets generic	Ambien (zolpidem) Ambien CR (zolpidem extended-release) Belsomra (suvorexant) Edluar (zolpidem sublingual [SL]) Eszopiclone generic Lunesta (eszopiclone) Rozerem (ramelteon) Sonata (zaleplon) Zolpidem extended-release (ER) generic Zolpidem sublingual tablets generic Zolpimist (zolpidem oromucosal spray)
	Hetlioz (tasimelteon)

LENGTH OF AUTHORIZATION: Varies

NOTES:

- ❖ If generic eszopiclone is approved, the PA will be issued for brand Lunesta. If brand Ambien CR is approved, the PA will be issued for generic zolpidem ER.
- ❖ If Ambien, Ambien CR, Belsomra, Edluar, eszopiclone generic, Lunesta, Rozerem, Sonata, zolpidem ER generic or zolpidem sublingual generic is approved, the length of authorization is 3 months.
- ❖ If Silenor or Hetlioz is approved, the length of authorization is 1 year.

PA CRITERIA:

Ambien, Ambien CR, Sonata, Zolpidem ER Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic zaleplon and generic zolpidem immediate-release tablets, are not appropriate for the member.
- ❖ In addition for brand Ambien CR, prescriber must submit a written letter of medical necessity stating the reasons generic zolpidem ER is not appropriate for the member.



Belsomra, Eszopiclone Generic, Lunesta, Rozerem

- ❖ Member must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or intolerable side effects to the preferred products, generic zaleplon and generic zolpidem immediate-release tablets.
- ❖ In addition for generic eszopiclone, prescriber must submit a written letter of medical necessity stating the reasons brand Lunesta is not appropriate for the member.

Edluar, Zolpidem Sublingual Generic, Zolpimist

- ❖ Member must be unable to swallow solid oral dosage forms of medication
OR
- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic zaleplon and generic zolpidem immediate-release tablets, are not appropriate for the member.

Hetlioz

- ❖ Approvable for members with a diagnosis of non-24-hour sleep wake disorder (non-24 or N24) who are totally blind

AND

- ❖ Member must have tried and failed to achieve an adequate response with over-the-counter melatonin.

Silenor

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic doxepin hydrochloride 10mg capsules, is 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 **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

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