



GEORGIA MEDICAID FEE-FOR-SERVICE SEDATIVE HYPNOTICS PA SUMMARY

Preferred	Non-Preferred
Eszopiclone generic Zaleplon generic Zolpidem immediate-release (IR) tablets generic Zolpidem extended-release (ER) tablets generic	Ambien (zolpidem) Ambien CR (zolpidem extended-release) Belsomra (suvorexant) Dayvigo (lemborexant) Edluar (zolpidem sublingual [SL]) Lunesta (eszopiclone) Rozerem (ramelteon) Quviviq (daridorexant) Zolpidem sublingual tablets generic
n/a	Hetlioz and Hetlioz LQ (tasimelteon)
Doxepin (sleep) generic	n/a

LENGTH OF AUTHORIZATION: Varies

PA CRITERIA:

Ambien, Ambien CR and Lunesta

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic eszopiclone, generic zaleplon, generic zolpidem immediate-release tablets and generic zolpidem extended-release tablets, are not appropriate for the member.

Belsomra, Dayvigo, Quviviq and Rozerem

- ❖ Approvable for members 18 years of age or older who have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to at least two of the following preferred products: generic eszopiclone, generic zaleplon and generic zolpidem immediate-release tablets or generic zolpidem extended-release tablets, only one of which can be a zolpidem product.

Edluar and Zolpidem Sublingual Generic

- ❖ Approvable for members 18 years of age or older who are 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 eszopiclone, generic zaleplon, generic zolpidem immediate-release tablets and generic zolpidem extended-release tablets, are not appropriate for the member.

Hetlioz



- ❖ Approvable for members 18 years of age or older with a diagnosis of non-24-hour sleep wake disorder (Non-24) who have experienced an inadequate response with melatonin.
- ❖ Approvable for members 16 years of age or older with a diagnosis of nighttime sleep disturbances in Smith-Magenis Syndrome (SMS).

Hetlioz LQ

- ❖ Approvable for members 3 to 15 years of age or older with a diagnosis of nighttime sleep disturbances in Smith-Magenis Syndrome (SMS).

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 Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL list.