

## EDLUAR (zolpidem, sublingual)

**Diagnosis Considered for Coverage:**

- Insomnia

**Coverage Criteria:**

**For diagnosis listed above:**

**For patients < 65 years old**

- Patient has a physical or neurological limitation which prevents swallowing a tablet, **and**
- Dose does not exceed 10 mg per day.

**For patients  $\geq$  65 years old**

- Patient has a physical or neurological limitation which prevents swallowing a tablet, **and**
- Dose does not exceed 10 mg per day, **and**
- Provider attests to the medical necessity for using this high risk medication, and has a treatment plan including monitoring plan for adverse side effects.

**Coverage Duration:** Length of benefit

Effective: 12/01/2018