

## zolpidem, sublingual (INTERMEZZO)

### Diagnosis Considered for Coverage:

- Middle-of-the night awakening associated insomnia

### Coverage Criteria:

#### For diagnosis listed above:

##### For patients < 65 years old

- Patient has difficulty returning to sleep (i.e. insomnia), **and**
- Dose does not exceed one sublingual tablet per night.

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

- Patient has difficulty returning to sleep (i.e. insomnia), **and**
- Dose does not exceed one sublingual tablet per night, **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.

#### For brand-name Intermezzo:

- Meets above coverage criteria for generic, **and**
- Allergic or intolerable side effect to the generic formulation.

### Coverage Duration: Length of benefit

Effective: 12/01/2018GF