



## Missouri Pharmacy Program – Preferred Drug List



### Sedative Hypnotics

Effective 11/09/2005

Revised 04/05/2018

#### Preferred Agents

- Eszopiclone Tablets
- Temazepam (15mg, 30mg)
- Zaleplon Capsules
- Zolpidem Tablets

#### Non-Preferred Agents

- Ambien®/ Ambien CR® Tablets
- Ambien® SL Tablets
- Belsomra® Tablets
- Doral® Tablets
- Edluar® SL Tablets
- **Estazolam Tablets**
- **Flurazepam Capsules**
- Halcion® Tablets
- Hetlioz® Capsules
- Intermezzo® SL Tablets
- Lunesta® Tablets
- Restoril® Caps (All Strengths)
- Rozerem® Tablets
- Silenor® Tablets
- Sonata® Capsules
- Temazepam (7.5mg, 22.5mg)
- Triazolam Tablets
- Zolpidem ER Tablets
- Zolpidem SL Tablets
- Zolpimist® Oral Spray

### Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 3 or more preferred agents
  - Documented trial period for preferred agents
  - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen

- For patients with diagnostic history of substance abuse with failure to achieve the desired therapeutic outcomes only require trial of 1 preferred agent (Zolpidem or Zaleplon)
  - After Zolpidem or Zaleplon failure access to:
    - Rozerem®
    - Silenor®

## Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- Drug Prior Authorization Hotline: (800) 392-8030