

## Priority Health Medicare Prior Authorization Criteria (Part D)

# Eszopiclone

## Products affected

- Eszopiclone

## Details

<b>Covered uses</b>	All medically accepted indications not otherwise excluded from Part D.
<b>Exclusion criteria</b>	N/A
<b>Required medical information</b>	N/A
<b>Age restrictions</b>	N/A
<b>Prescriber restrictions</b>	N/A
<b>Coverage duration</b>	One year. Age 65 and older limited to 90 tablets per 365 days.
<b>Other criteria</b>	If 65 years old or greater, for treatment of long-term insomnia (requiring more than 90 tablets per 365 days), must have tried and failed trazodone or temazepam as well as Rozerem.