

Priority Health Medicare Prior Authorization Criteria (Part D)

Zolpidem/Zolpidem ER

Products affected

- Zolpidem Tartrate
- Zolpidem Tartrate ER

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	N/A
Age restrictions	N/A
Prescriber restrictions	N/A
Coverage duration	One year.
Other criteria	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.