



## Missouri Pharmacy Program – Preferred Drug List



### ***Sedative Hypnotics***

***Effective 11/09/2005***

***Revised 07/07/2011***

#### **Preferred Agents**

- Lunesta®
- Chloral Hydrate
- Temazepam
- Estazolam
- Triazolam
- Flurazepam
- Zolpidem

#### **Non-Preferred Agents**

- Sonata®
- Ambien®
- Ambien CR®
- Restoril®
- Halcion®
- Somnote®
- Doral®
- Zaleplon®
- Edluar®
- Rozerem

<b><u>Approval Criteria</u></b>	<b><u>Denial Criteria</u></b>
Failure to achieve desired therapeutic outcomes with trial on 3 or more preferred agents	Lack of adequate trial on required preferred agents. Therapy will be denied if no approval criteria are met
Documented trial period for preferred agents	
Documented ADE/ADR to preferred agents	
Documented compliance on current therapy regimen	
<b>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)</b> <ul style="list-style-type: none"> <li>○ After Zolpidem or Zaleplon failure access to:           <ul style="list-style-type: none"> <li>▪ Rozerem®</li> <li>▪ Silenor®</li> </ul> </li> </ul>	Drug Prior Authorization Hotline: (800) 392-8030