

Title:	Clinical Programs	SECTION: 3.33
Program:	Sonata (zaleplon)-Quantity Supply	

DESCRIPTION

The purpose of this document is to provide approval criteria and guidelines for prior authorization of benefits (PAB) of Sonata (zaleplon). Sonata (zaleplon) is a sedative hypnotic indicated for the short-term treatment of insomnia.

Claims submitted without obtaining prior authorization of benefits will reject on the pharmacy claim system.

Sonata (zaleplon) is subject to quantity limits and will only be approved for the dosing limit that is supported by the FDA for the approved indication. Requests for quantities greater than the quantity limit will be reviewed for medical necessity by the health plan.

Medication	Strength	Quantity Limits
Sonata (zaleplon)	5mg, 10mg capsules	1 capsule/ day

OVERRIDE(S)

Quantity Supply

APPROVAL DURATION

Approval Duration: Lifetime

APPROVAL CRITERIA

Sonata may be approved if:

- I. Patient has tried, failed or is intolerant to both Ambien (immediate release) and Lunesta in the previous 180 days.
- II. Applicable to 10mg strength only; Requests for quantities up to 60 per 30 days may be approved if:
 - A. Member has tried Sonata 10mg in the previous month

If deemed an emergency situation and the prescriber is NOT available, WellPoint Pharmacy Management Prior Authorization of Benefits Center can authorize an override for 72 hours or until the next full business day following a holiday weekend upon request from the dispensing pharmacist.