

Custom Criteria for
BlueCross Blue Shield of Rhode Island Commercial



LUNESTA (eszopiclone)

GPI CODING:

602040350003**

DESCRIPTION:

Lunesta is a non-benzodiazepine sedative-hypnotic and the first indicated for chronic treatment of insomnia. The purpose of this document is to provide approval criteria and guidelines for medical exceptions for Lunesta prior to being a covered benefit. Claims submitted without obtaining prior authorization of benefits will reject on the pharmacy claim system.

APPROVAL DURATION:

Approval duration: 12 months

CRITERIA FOR LUNESTA

- I. Patients less than or equal to 64 years of age can receive all strengths of Lunesta **AND**
- II. Lunesta 3mg is not covered for patients 65 years of age and older **AND**
- III. Patient needs to have demonstrated an inadequate treatment response to generic Zolpidem and Zolpidem CR