

Title: Clinical Programs	SECTION: 2.51
Program: Lunesta (eszopiclone)	

DESCRIPTION

The purpose of this document is to provide approval criteria and guidelines for the prior authorization of benefits (PAB) for Lunesta (eszopiclone). Claims submitted without obtaining prior authorization of benefits will reject on the pharmacy claim system.

Medication	Strength	Comments
Lunesta (eszopiclone)	1mg, 2mg and 3mg tablets	Subject to Quantity Limits Subject to Age Restriction on 3mg only.

OVERRIDE(S)

Prior Authorization of Benefits

APPROVAL DURATION

Approval Duration: Lifetime

APPROVAL CRITERIA

I. Requests for Lunesta 1mg or 2mg:

A. Patient has had a failure of zolpidem (generic Ambien IR).

II. Lunesta 3mg

A. Patient has had a failure of zolpidem (generic Ambien IR) **AND**

B. Patient is 64 years of age or younger.

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.