



| Choice |

Drugs That Require Step Therapy (ST)

In some cases, **Express Scripts Medicare®** (PDP) requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Step 1 and Step 2 drugs both treat your medical condition, we may not cover the Step 2 drug unless you try the Step 1 drug first. If the Step 1 drug does not work for you, we will then cover the Step 2 drug.

You will need authorization from Express Scripts Medicare before filling prescriptions for the Step 2 drugs shown in the following chart. Express Scripts Medicare will only provide coverage after it determines that the drug is being prescribed according to the criteria specified in the chart.

You, your appointed representative or your prescriber can request a review by calling Express Scripts Medicare toll free at **1.844.374.7377**, 24 hours a day, 7 days a week. Customer Service is available in English and other languages. TTY users should call **1.800.716.3231**.

The formulary may change at any time. You will receive notice when necessary.

Express Scripts Medicare (PDP) is a prescription drug plan with a Medicare contract.
Enrollment in Express Scripts Medicare depends on contract renewal.

HIGH RISK MEDICATIONS - SEDATIVE HYPNOTICS

Products Affected

Step 2:

- zaleplon 10 mg capsule
- zaleplon 5 mg capsule
- zolpidem 10 mg tablet
- zolpidem 5 mg tablet

Details

Criteria	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. This step therapy program applies to chronic utilizers greater than 64 years of age only. Authorization for zolpidem may be given if being used for an indication other than insomnia. Authorization for a step 2 drug may be given in patients aged less than 65 years.
-----------------	---

Index

Z

zaleplon 10 mg capsule.....	1	zolpidem 10 mg tablet.....	1
zaleplon 5 mg capsule.....	1	zolpidem 5 mg tablet.....	1

