How the Program Works

ZolpimistDirect provides medication to patients nationwide.

ZolpimistDirect will always stock ZOLPIMIST™, and ship ZOLPIMIST™ directly to the patient’s home or office.

ZolpimistDirect will complete the benefits investigation and provide prior authorization assistance.

ZolpimistDirect offers the lowest possible copays available to your patients, Pay As Little As $0 and Pay No More Than $49

To Enroll your Patients, Send Prescriptions Direct to ZolpimistDirect

E-SCRIBE
Benzer Pharmacy
• Tampa, FL 33610
• NCPDP # 1041196
• NPI # 1811133424

FAX
844-772-1288

CALL-IN
1-844-460-0608

Please include the following with every prescription to ZolpimistDirect

ZOLPIMIST™ Prescription
Patient Demographics
Clinical Notes/Therapeutic History

SEE INDICATIONS AND USAGE AND IMPORTANT SAFETY INFORMATION ON BACK PAGE
INDICATIONS AND USAGE
Zolpimist (zolpidem tartrate) Oral Spray is indicated for the short-term treatment of insomnia characterized by difficulties with sleep initiation. Zolpidem tartrate has been shown to decrease sleep latency for up to 35 days in controlled clinical studies. The clinical trials performed in support of efficacy were 4-5 weeks in duration with the final formal assessments of sleep latency performed at the end of treatment.

IMPORTANT SAFETY INFORMATION
Contraindications
Zolpimist Oral Spray is contraindicated in patients with known hypersensitivity to zolpidem. Observed reactions with zolpidem include anaphylaxis and angioedema.

Warnings and Precautions
• Central Nervous System (CNS) Depressant Effects and Next-day Impairment: Zolpimist, like other sedative-hypnotic drugs, has central nervous system (CNS) depressant effects. Co-administration with other CNS depressants increases the risk of CNS depression. Dosage adjustments of Zolpimist and of other concomitant CNS depressants may be necessary. Use of Zolpimist with other sedative-hypnotics (including other zolpidem products) at bedtime or the middle of the night is not recommended. The risk of next-day psychomotor impairment, including impaired driving, is increased if Zolpimist is taken with less than a full night of sleep remaining (7 to 8 hours), if a higher than the recommended dose is taken, if co-administered with other CNS depressants, or if co-administered with other drugs that increase the blood levels of zolpidem. Caution patients against driving and other activities requiring complete mental alertness if Zolpimist is taken in these circumstances.

• Need to Evaluate for Comorbid Diagnoses: Reevaluate if insomnia persists after 7 to 10 days of treatment as this may indicate the presence of a primary psychiatric and/or medical illness that should be evaluated.

• Severe Anaphylactic and Anaphylactoid Reactions: Angioedema and anaphylaxis have been reported in patients after taking the first or subsequent doses of sedative-hypnotics, including zolpidem. Some patients have required medical therapy in the emergency department. If angioedema involves the throat, glottis, or larynx, airway obstruction may occur and be fatal. Do not rechallenge if such reactions occur.

• Abnormal Thinking and Behavioral Changes: Some of these changes included decreased inhibition, bizarre behavior, agitation, and visual and auditory hallucinations have been reported. Complex behaviors such as “sleep-driving” (i.e., driving while not fully awake after ingestion of a sedative-hypnotic, with amnesia for the event) have been reported in sedative-hypnotic-naive as well as in sedative-hypnotic-experienced persons. Risk increases with dose and use with other CNS depressants and alcohol. Discontinuation of Zolpimist should be strongly considered for patients who report a “sleep-driving” episode. Other complex behaviors (e.g., preparing and eating food, making phone calls, or having sex) have been reported; patients usually do not remember these events. Amnesia, anxiety, and other neuropsychiatric symptoms may also occur.

• Depression: In primarily depressed patients treated with sedative-hypnotics, worsening of depression, and suicidal thoughts and actions (including completed suicides), have been reported. Suicidal tendencies may be present and intentional overdosage is more common in this group of patients. Prescribe the least amount of sprays feasible to avoid intentional overdose.

• Respiratory Depression: Consider this risk before prescribing in patients with compromised respiratory function.

• Withdrawal Effects: Symptoms may occur with rapid dose reduction or abrupt discontinuation of zolpidem.

Adverse Reactions
The most commonly observed adverse reactions were:
• Short-term (< 10 nights): Drowsiness, dizziness, and diarrhea
• Long-term (28-35 nights): Dizziness and drugged feelings

References

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