

# The Carlat Psychiatry Report

## AMBIEN CR (zolpidem CR) Fact Sheet

**Manufacturer:** Sanofi-Aventis; market exclusivity expires in 2009; regular immediate release Ambien is already available as a generic (see “Ambien Fact Sheet”).

### Indications:

- Indicated for both sleep initiation and sleep maintenance.

**Mechanism:** A so-called “non-benzodiazepine” in the chemical category called “imidazopyridines.” Binds to the GABA-benzodiazepine receptor complex, like benzodiazepines, but is more selective for the omega-1 receptor subtype than are BZs.

### Dosing:

- Supplied as 6.25 mg pink and 12.5 mg blue tablets (not breakable).
- Start at 6.25 mg QHS for elderly, 12.5 mg QHS otherwise.

### Side effects:

- Most common: drowsiness and dizziness.
- Does not alter normal sleep stages.
- Anecdotal: uncommonly, can cause black outs (loss of memory of activities) soon after ingested if the patient does not go right to sleep.
- Classified as a Schedule IV drug, but abuse potential is likely somewhat less than BZs.
- Pregnancy Category C

### Drug-drug interactions:

- Additive effect when combined with alcohol and other drugs or medications that have sedative effects.
- Zoloft appears to increase Ambien concentrations by about 40%.

### Pharmacokinetics:

- The dual layer packaging of Ambien CR causes some medication to be released immediately, with the rest released gradually, resulting in higher serum levels throughout the night than seen with regular Ambien.
- Half life is 2.8 hours; duration of action about 10 hours.
- Metabolized in the liver.
- Works more slowly if taken after eating.
- Cut dose in half in hepatic insufficiency. No adjustments needed in renal impairment.

### Advantages/disadvantages compared to others in class:

- Continuous release formulation can theoretically lead to better sleep maintenance, but on the other hand, might cause more next day impairment than regular Ambien.