



Policy Title	Sleep Agents
Policy Number	FS.CLIN.37

Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification and age, gender or quantity restrictions. Individual member benefits must be verified.

This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. If the Medical/Pharmacy Reviewer is aware of any new information on the subject of this document, please provide it promptly to the Medical/Pharmacy Policy Department. This information may include new FDA approved indications, withdrawals or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Policy	<p>Zolpidem tartrate extended-release (Ambien CR®) is a nonbenzodiazepine hypnotic that is indicated in the treatment of individuals who have insomnia characterized by difficulties with sleep onset and/or sleep maintenance.</p> <p>Ramelteon (Rozerem®) is a melatonin receptor agonist that is indicated in the treatment of insomnia characterized by difficulty with sleep onset.</p> <p>Zolpidem tartrate (Eduar®) and (Zolpimist) are nonbenzodiazepine hypnotics indicated for the treatment of insomnia characterized by difficulties with sleep initiation.</p> <p>Doxepin (Silenor) is indicated for the treatment of insomnia characterized by difficulties with sleep maintenance.</p> <p>The use of zolpidem tartrate extended-release (Ambien CR®), ramelteon (Rozerem®), doxepin (Silenor), zolpidem (Zolpimist) and zolpidem tartrate sublingual tablets (Eduar®) requires prior authorization (ie, clinical pharmacy and/or Medical Director review).</p>
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Policy description	<p>Zolpidem tartrate extended-release (Ambien CR®), zolpidem (Zolpimist) and zolpidem sublingual tablets (Eduar®) exert a hypnotic effect by binding to the alpha-1 subunit of GABA receptors. Zolpidem tartrate extended-release (Ambien CR®) is not structurally related to any current hypnotic medication. It is a bi-layered tablet, with one layer releasing its drug content immediately, and the other layer releasing its content at a slower rate. Currently, zolpidem tartrate extended-release (Ambien CR®) is classified as a Schedule III controlled substance.</p> <p>Ramelteon (Rozerem®) is a selective human melatonin MT1 receptor agonist. It has no affinity to benzodiazepine, dopamine, or opiate receptors. Unlike melatonin, it does not exhibit activity at the serotonin 5-HT1a or the dopamine D1 receptor. Interaction with the MT1 receptor occurs in the hypothalamic suprachiasmatic nucleus, the area of the brain believed to</p>
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	<p>mediate the circadian effects of melatonin.</p> <p>Doxepin (Silenor) is a tricyclic antidepressant with potent H1 histamine blocking activity. The sleep maintenance effect is believed to be caused by its H1 antagonist effect.</p>
<p>Policy guideline inclusion</p>	<p>Zolpidem tartrate extended-release (Brand Ambien CR®) is approved when all of the following inclusion criteria are met:</p> <ul style="list-style-type: none"> • Documentation of a diagnosis of insomnia • Documentation of a trial and failure of zolpidem tartrate immediate-release-containing product and Eszopiclone (Lunesta®) <p>Ramelteon (Rozerem®) is approved when all of the following inclusion criteria are met:</p> <ul style="list-style-type: none"> • Documentation of a diagnosis of insomnia • Documentation of one of the following: <ul style="list-style-type: none"> ○ Documentation of a trial and failure of zolpidem tartrate immediate-release-containing product and Eszopiclone (Lunesta®) ○ Documentation of abuse potential <p>Zolpidem tartrate sublingual tablet (Edluar®) is approved when all of the following inclusion criteria are met:</p> <ul style="list-style-type: none"> • Documentation of a diagnosis of insomnia • Documentation of one of the following: <ul style="list-style-type: none"> ○ Documentation of a trial and failure of zolpidem tartrate immediate-release-containing product and Eszopiclone (Lunesta®) ○ Documentation of the inability to swallow capsules/tablets (eg, dysphagia, gastrointestinal [GI] tubes) <p>Doxepin (Silenor) is approved when all of the following inclusion criteria are met:</p> <ul style="list-style-type: none"> • Documentation of a diagnosis of insomnia • Documentation of a trial and failure/contraindication/intolerance of zolpidem tartrate immediate-release-containing product and Eszopiclone (Lunesta) <p>Zolpidem (Zolpimist) oral spray is approved when all of the following inclusion criteria are met:</p> <ul style="list-style-type: none"> • Documentation of a diagnosis of insomnia • Documentation of a trial and failure/contraindication/intolerance of zolpidem tartrate immediate-release-containing tablets and Eszopiclone (Lunesta®)
<p>Policy guideline exclusion</p>	<p>Zolpidem tartrate extended-release (Brand Ambien CR®) is denied when any of the following exclusion criteria are found:</p> <ul style="list-style-type: none"> • No documentation of a diagnosis of insomnia • No documentation of a trial and failure of zolpidem tartrate immediate-release-containing product and Eszopiclone (Lunesta®) <p>Ramelteon (Rozerem®) is denied when any of the following exclusion criteria are found:</p> <ul style="list-style-type: none"> • No documentation of a diagnosis of insomnia • No documentation of one of the following: <ul style="list-style-type: none"> ○ Documentation of a trial and failure of zolpidem tartrate

immediate-release-containing product and Eszopiclone (Lunesta®)

- Documentation of abuse potential

Zolpidem tartrate sublingual tablet (Edluar®) is denied when **any** of the following exclusion criteria are met:

- No documentation of a diagnosis of insomnia
- No documentation of **one** of the following:
 - Documentation of a trial and failure of zolpidem tartrate immediate-release-containing product and Eszopiclone (Lunesta®)
 - Documentation of the inability to swallow capsules/tablets (eg, dysphagia, gastrointestinal [GI] tubes)

Doxepin (Silenor) is denied when any of the following exclusion criteria are present:

- No documentation of a diagnosis of insomnia
- No documentation of a trial and failure/contraindication/intolerance of zolpidem tartrate immediate-release-containing product and Eszopiclone (Lunesta®)

Zolpidem (Zolpimist) oral spray is denied when any of the following exclusion criteria are present:

- No documentation of a diagnosis of insomnia
- No documentation of a trial and failure/contraindication/intolerance of zolpidem tartrate immediate-release-containing tablets and Eszopiclone (Lunesta®)

Policy List of Applicable Drugs

Brand Name	Generic Name
Ambien CR	zolpidem tartrate extended-release
Rozerem	ramelteon
Edluar	zolpidem sublingual tablets
Silenor	doxepin
Zolpimist	Zolpidem

Dosing and administration

Refer to the specific manufacturer's prescribing information for administration and dosage details for each specific agent.

Policy references

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Policy link to related policies	
Version effective date	07/01/2011

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