VENTURA COUNTY
HEALTH CARE PLAN

PRIOR AUTHORIZATION POLICY

POLICY: Sedative Hypnotics Medications Prior Authorization Policy for the InMynd Program

- Ambien® (zolpidem tablets – Sanofi-Aventis, generic)
- Ambien CR® (zolpidem extended-release tablets – Sanofi-Aventis, generic)
- Belsomra® (suvorexant tablets – Merck)
- Dayvigo® (lemborexant tablets – Eisai)
- Doral® (quazepam tablets – Galt)
- Edluar® (zolpidem sublingual tablets – Meda)
- estazolam tablets – generic only
- flurazepam capsules – generic only
- Halcion® (triazolam tablets – Pfizer, generic)
- Intermezzo® (zolpidem sublingual tablets – Purdue, generic)
- Lunesta® (eszopiclone tablets – Sunovion, generic)
- Quviviq™ (daridorexant tablets – Idorsia)
- Rozerem® (ramelteon tablets – Takeda, generic)
- Restoril® (temazepam capsules – Mallinckrodt, generic)
- Silenor® (doxepin tablets – Somaxon, generic)
- Sonata® (zaleplon capsules – Pfizer, generic)
- Zolpimist® (zolpidem oral spray –Aytu BioScience)

REVIEW DATE: 06/08/2022

OVERVIEW

All of the medications included in this policy are indicated for the **treatment of insomnia**.[1-12]

Zolpidem immediate-release (IR), Edluar, Zolpimist, zaleplon, and the benzodiazepine sedative hypnotics are indicated for the short-term treatment of insomnia.[1,3,5,6,12] Zolpidem extended-release (ER), eszopiclone, Silenor, and Rozerem are also indicated for the treatment of insomnia, but their product labeling does not specifically limit their use to short-term.[2,4,8,9] All of the agents in this category have been shown to decrease sleep latency. Zaleplon and Rozerem are specifically indicated for the treatment of insomnia characterized by difficulty with sleep onset.[3,8] Zolpidem IR, zolpidem ER, Silenor, and eszopiclone have also been shown to improve sleep maintenance or increase the duration of sleep.[1,2,4,9] Belsomra, Dayvigo, and Quviviq are indicated for the treatment of insomnia, characterized by difficulties with sleep onset and/or sleep maintenance.[10-12] Zolpidem sublingual tablets are indicated for use as needed for the treatment of insomnia when a middle-of-the-night awakening is followed by difficulty returning to sleep.[7]

Eszopiclone, zaleplon, zolpidem IR, zolpidem ER, zolpidem sublingual tablets, Edluar, Zolpimist, and the benzodiazepine sedative hypnotics are all schedule IV controlled substances.[1-7,12] Belsomra, Dayvigo, and Quviviq are also schedule IV controlled substances.[10-12] Neither Rozerem nor Silenor are controlled substances.[8,9] Doxepin is also available generically as oral capsules (10 mg, 25 mg, 50 mg, 75 mg, 100 mg, and 150 mg) and oral solution (10 mg/mL).[13] These higher dose formulations are recommended for use in patients with depression and/or anxiety of varying etiologies.

Disease Overview

Insomnia is defined in the International Classification of Sleep Disorders, Third Edition, as a complaint of trouble initiating or maintaining sleep, resulting in daytime consequences (e.g., daytime fatigue, irritability, and decreased concentration) which is not attributable to environmental circumstances or inadequate opportunity for sleep.[14] Generally, transient insomnia lasts less than 1 week, short-term (acute) insomnia lasts up to 3 months, and chronic insomnia lasts more than 3 months at a frequency of at least three times per week.[14,15] Describing insomnia by timing (difficulty falling asleep [sleep onset insomnia], difficulty staying asleep or getting back to sleep after awakening [sleep maintenance insomnia], or disrupted or non-refreshing sleep and/or early morning awakening) can be useful in the diagnosis and help to distinguish among sleep disorders. Additionally, the pattern of sleep difficulty provides a basis to match a medication based on timing of onset and duration of effect.

Guidelines

The American Academy of Sleep Medicine (AASM) published a clinical guideline for the evaluation and management of chronic insomnia in adults (2008).[17] Insomnia is primarily diagnosed by clinical evaluation through a thorough sleep history and detailed medical, substance, and psychiatric history. At a minimum, patients should complete a general medical/psychiatric questionnaire to identify comorbid disorders; a sleepiness assessment (e.g., Epworth Sleepiness Scale) to identify sleepy patients and comorbid disorders of sleepiness; and a 2-week sleep log to identify general patterns of sleep-wake times and day-to-day variability. A sleep diary should be maintained prior to and during the course of active treatment and in the case of relapse or reevaluation in the long-term. The primary treatment goals are to improve sleep quality and quantity and to improve insomnia related daytime impairments. Initial approaches to treatment should include at least one behavioral intervention such as stimulus control therapy or relaxation therapy, or the combination of cognitive therapy, stimulus control therapy, sleep restriction therapy with or without relaxation therapy. Patients should be instructed to keep a regular schedule; have a healthy diet, regular daytime exercise, and a quiet sleep environment; and avoid napping, caffeine, other stimulants, nicotine, alcohol, excessive fluids, or stimulating activities before bedtime. Short-term hypnotic treatment should be supplemented with behavioral and cognitive therapies when possible. Chronic hypnotic medication may be indicated for long-term use in patients with severe or refractory insomnia or chronic comorbid illness. Whenever possible, patients should receive an adequate trial of cognitive behavioral treatment during long-term pharmacotherapy. Long-term prescribing should be accompanied by regular follow-up, ongoing assessment of effectiveness, monitoring for adverse events, and evaluation for new onset or exacerbation of existing comorbid disorders.

The AASM published an updated clinical practice guideline for the pharmacologic treatment of chronic insomnia in adults (2017).[14] The recommendations are intended as a guide for choosing a specific pharmacological agent (vs. no treatment) for treatment of chronic insomnia in adults, when such treatment is indicated. Each of the recommendations listed is weak, meaning it reflects a lower degree of certainty in the outcome and appropriateness of the patient care strategy for all patients but should not be construed as an indication of ineffectiveness. The guideline suggests that clinicians can use Belsomra as a treatment for sleep maintenance insomnia; eszopiclone can be used as a treatment for sleep onset and sleep maintenance insomnia; zaleplon can be used as a treatment for sleep onset insomnia; zolpidem can be used as a treatment for sleep onset and sleep maintenance insomnia; triazolam can be used as a treatment for sleep onset insomnia; temazepam can be used as a treatment for sleep onset and sleep maintenance insomnia; ramelteon can be used as a treatment for sleep onset insomnia; and Silenor can be used as a treatment for sleep maintenance insomnia. The guideline suggested that clinicians not use trazodone, tiagabine, diphenhydramine, melatonin, tryptophan, or valerian as a treatment for sleep onset or sleep maintenance insomnia. The authors note that cognitive behavioral therapy for insomnia (CBT-I) is a standard of care for this condition; however, the AASM guideline does not address the relative benefits of CBT-I vs. pharmacotherapy.

The American College of Physicians (ACP) developed a guideline on the management of chronic insomnia disorder in adults (2016).[18,19] The guideline is consistent with the AASM guidelines on chronic insomnia. Psychological therapy options include CBT-I and other interventions, such as stimulus control, relaxation strategies, and sleep restriction. ACP recommends that all adults receive CBT-I as the initial treatment for chronic insomnia disorder (strong recommendation, moderate-quality evidence). ACP recommends that clinicians use a shared decision-making approach, including a discussion of the benefits, harms, and costs of short-term use of medications, to decide whether to prescribe a medication in adults with chronic insomnia disorder in whom CBT-I alone was unsuccessful (weak recommendation, low-quality evidence). A review of the evidence found that eszopiclone, zolpidem, Belsomra, and Silenor may improve short-term global and sleep outcomes for adults with insomnia disorder (low- to moderate-quality evidence), but the comparative effectiveness and long-term efficacy of pharmacotherapies for insomnia are unknown.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of sedative hypnotics. All approvals are provided for the duration noted below.

Automation: A patient who uses at least 180 days of any sedative/hypnotic medication in a 365-day time period will require Prior Authorization. If the patient has a prescription for a cancer medication (see Appendix A) within a 180-day period, the claim will adjudicate. When available, the ICD-10 codes for cancer will be used as part of automation to allow approval of the requested medication (see Appendix B).

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of a sedative hypnotic is recommended in those who meet the following criteria:

FDA-Approved Indication

1. **Chronic Insomnia.** Approve for 1 year if the patient meets ONE of the following criteria (A or B):
   - **A)** Patient has a cancer diagnosis; OR
   - **B)** Patient meets ALL of the following criteria (i, ii, iii, and iv):
     - **i.** Patient has tried at least one form of behavioral therapy for insomnia; AND
       Note: Examples of behavioral therapy for insomnia include relaxation training, stimulus control therapy, or sleep restriction therapy.
     - **ii.** Patient is not currently taking prescription stimulants (e.g., methylphenidate, amphetamine products); AND
     - **iii.** Underlying psychiatric and/or medical conditions that may cause or exacerbate insomnia have been evaluated and are currently being addressed, according to the prescriber; AND
     - **iv.** Patient's sleep quality and quantity and/or insomnia-related daytime impairments continue to improve or remain stable while on a sedative hypnotic agent, according to the prescriber.
       Note: PA is required after 6 months of use of any (or any combination of) sedative-hypnotic agent(s) [not necessarily 6 months of the drug being requested].

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of sedative hypnotics is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Ambien® tablets [prescribing information]. Bridgewater, NJ: Sanofi-Aventis; August 2019.
2. Ambien CR® tablets [prescribing information]. Bridgewater, NJ: Sanofi-Aventis; August 2019.
3. Sonata® capsules [prescribing information]. New York, NY: Pfizer; August 2019.
4. Lunesta® tablets [prescribing information]. Marlborough, MA: Sunovion; August 2019.
5. Edluar® sublingual tablets [prescribing information]. Somerset, NJ: Meda; August 2019.
6. Zolpimist® oral spray [prescribing information]. Englewood, CO: Aytu BioScience; August 2019.
7. Intermezzo® sublingual tablets [prescribing information]. Stamford, CT: Purdue; August 2019.
8. Rozerem® tablets [prescribing information]. Deerfield, IL: Takeda; November 2021.
9. Silenor® tablets for oral administration [prescribing information]. Morristown, NJ: Currax; October 2020.
10. Belsomra® tablets [prescribing information]. Whitehouse Station, NJ: Merck; March 2021.
11. Dayvigo® tablets [prescribing information]. Woodcliff Lake, NJ: Eisai; April 2020.
12. Quviviq™ tablets [prescribing information]. Radnor, PA: Idorsia; April 2022
13. Facts and Comparisons® eAnswers. © 2022 UpToDate, Inc. Available at: http://fco.factsandcomparisons.com/lco/action/home. Accessed May 31, 2022. Search terms: benzodiazepines, doxepin.
14. Sateia MJ, Buysse DJ, Krystal AD, et al. Clinical practice guideline for the pharmacologic treatment of chronic insomnia in adults: an American Academy of Sleep Medicine clinical practice guideline. *J Clin Sleep Med*. 2017;13(2):307-349.
15. Brasure M, MacDonald R, Fuchs E, et al. Management of Insomnia Disorder. Comparative Effectiveness Review No. 159. (Prepared by the Minnesota Evidence-based Practice Center under Contract No. 290-2012-00016-I). AHRQ Publication No.15(16)-EHC027-EF. Rockville, MD: Agency for Healthcare Research and Quality. December 2015. Available at: www.effectivehealthcare.ahrq.gov . Accessed on June 2, 2022.
16. Sutton EL. Insomnia. *Ann Intern Med*. 2021;174(3):ITC33-ITC48.
17. Schutte-Rodin S, Broch L, Buysse D, et al. Clinical guideline for the evaluation and management of chronic insomnia in adults. *J Clin Sleep Med*. 2008;4(5):487-504.
18. Qaseem A, Kansagara D, Forciea MA, et al. Management of chronic insomnia disorder in adults: A clinical practice guideline from the American College of Physicians. *Ann Intern Med*. 2016;165:125-133. Available at: http://annals.org/aim/fullarticle/2518955/management-chronic-insomnia-disorder-adults-clinical-practice-guideline-from-american. Accessed on June 2, 2022.
19. Wilt TJ, MacDonald R, Brasure M, et al. Pharmacologic treatment of insomnia disorder: An evidence report for a clinical practice guideline by the American College of Physicians. *Ann Intern Med*. 2016;165(2):103-112.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	06/02/2021
Annual Revision	**Quviviq:** Quviviq was added to the policy. **Chronic insomnia:** The criterion regarding the "patient's sleep quality and quantity and/or insomnia-related daytime impairments continue to improve or remain stable, according to the prescriber" was modified to include "while on a sedative hypnotic agent". Also, a note was added to clarify that PA is required after 6 months of use of any (or any combination of) sedative-hypnotic agent(s) [not necessarily 6 months of the drug being requested].	06/08/2022

APPENDIX A

Note: This list is not inclusive. As new STCs become available, they will roll into this policy and the list will be updated periodically.

STC*	STC Description
0470	ANTINEOPLASTIC - ALKYLATING AGENTS
0471	ANTINEOPLASTIC - ANTIMETABOLITES
0472	ANTINEOPLASTIC - VINCA ALKALOIDS
0473	ANTIBIOTIC ANTINEOPLASTICS
0475	ANTINEOPLASTICS, MISCELLANEOUS
6323	ANTINEOPLASTIC - ANTIANDROGENIC AGENTS
7235	ANTINEOPLASTICS ANTIBODY/ANTIBODY-DRUG COMPLEXES
7977	ANTINEOPLASTIC IMMUNOMODULATOR AGENTS
8254	ANTINEOPLASTIC LHRH(GNRH) AGONIST, PITUITARY SUPPR.
8460	ANTINEOPLASTIC LHRH(GNRH) ANTAGONIST,PITUIT.SUPPRS
8569	ANTINEOPLASTIC EGF RECEPTOR BLOCKER MCLON ANTIBODY
8585	ANTINEOPLAST HUM VEGF INHIBITOR RECOMB MC ANTIBODY
9150	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS
B759	ANTINEOPLAST, HISTONE DEACETYLASE (HDAC) INHIBITORS
C232	ANTINEOPLASTIC - MTOR KINASE INHIBITORS
C370	ANTINEOPLASTIC - EPOTHILONES AND ANALOGS
C532	ANTINEOPLASTIC - TOPOISOMERASE I INHIBITORS
C593	ANTINEOPLASTIC - AROMATASE INHIBITORS
D426	ANTINEOPLASTIC - IMMUNOTHERAPY, THERAPEUTIC VAC
D560	ANTINEOPLASTIC - HALICHONDRIN B ANALOGS
D687	CYTOTOXIC T-LYMPHOCYTE ANTIGEN (CTLA-4) RMC ANTIBODY
E039	ANTINEOPLASTIC - JANUS KINASE (JAK) INHIBITORS
E150	ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITOR
E600	ANTINEOPLASTIC - VEGF-A,B AND PLGF INHIBITORS
F495	ANTINEOPLASTIC - INTERLEUKIN-6(IL-6)INHIB,ANTIBODY
F501	ANTINEOPLASTIC - VEGFR ANTAGONIST
F665	ANTINEOPLASTIC, ANTI-PROGRAMMED DEATH-1 (PD-1) MAB
G545	ANTINEOPLASTIC - IMMUNOTHERAPY, VIRUS-BASED AGENTS
G575	ANTINEOPLASTIC - MEK1 AND MEK2 KINASE INHIBITORS
G590	ANTINEOPLASTIC - ANTI-CD38 MONOCLONAL ANTIBODY
G607	ANTINEOPLASTIC - ANTI-SLAMF7 MONOCLONAL ANTIBODY
G802	ANTINEOPLASTIC- B CELL LYMPHOMA-2(BCL-2) INHIBITORS
G857	ANTI-PROGRAMMED CELL DEATH-LIGAND 1 (PD-L1) MAB
H018	ANTINEOPLASTIC, PDGFR-ALPHA BLOCKER MC ANTIBODY
H214	ANTINEOPLASTIC COMB-KINASE AND AROMATASE INHIBIT
H289	ANTINEOPLASTIC-ISOCITRATE DEHYDROGENASE INHIBITORS
H309	ANTINEOPLASTIC – ANTIBIOTIC AND ANTIMETABOLITE
H317	ANTINEOPLASTIC – CD22 ANTIBODY-CYTOTOXIC ANTIBIOTIC
H324	ANTINEOPLASTIC- CD19 DIR. CAR-T CELL IMMUNOTHERAPY
H329	ANTINEOPLASTIC – CD33 ANTIBODY-CYTOTOXIC ANTIBIOTIC
H617	ANTINEOPLASTIC – BRAF KINASE INHIBITORS
H768	ANTINEOPLASTIC-CD22 DIRECT ANTIBODY/CYTOTOXIN CONJ
H868	ANTINEOPLASTIC-CD123-DIRECTED CYTOTOXIN CONJUGATE
I054	ANTINEOPLASTIC-SELECT INHIB OF NUCLEAR EXP (SINE)
I264	ANTINEOPLASTIC – PROTEIN METHYLTRANSFERASE INHIBITORS

* Excluding topical products.

APPENDIX B

ICD-10 Codes
Cancer-related codes
C00.* to D09.*
D3A.* to D48.*
E34.0*
Q85.0*

*Indicates the inclusion of subheadings.