

Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

Non-Preferred Sedative Hypnotic Agents for Insomnia

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
<u>Preferred</u> zaleplon (generic Sonata) 5mg, 10mg capsules zolpidem (generic Ambien) 5mg, 10mg tablets	May be subject to quantity limits
<u>Non-Preferred</u> Ambien (brand) 5mg, 10mg tablets Ambien CR (brand and generic) 6.25mg, 12.5mg extended-release tablets Belsomra 5mg, 10mg, 15mg 20mg tablets Edluar 5mg, 10mg sublingual tablets Intermezzo (brand and generic) 1.75mg, 3.5mg sublingual tablets Lunesta (brand and generic) 1mg, 2mg, 3mg tablets Rozerem 8mg tablets Silenor 3mg, 6mg tablets Sonata (brand) 5mg, 10mg capsules Zolpimist 5mg/actuation solution	

***IN Medicaid – see State Specific Mandates below**

APPROVAL CRITERIA

Requests for a non-preferred sedative hypnotic agent for insomnia may be approved if the following criteria are met:

- I. Individual has been on requested non-preferred sedative hypnotic agent in the past 180 days (medication samples/ coupons/ discount cards are excluded from consideration as a trial);

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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OR

- II. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to two preferred agents;

Preferred agents: zaleplon (generic Sonata), zolpidem (generic Ambien).

Non-preferred agents: Ambien (brand), Ambien CR (brand and generic), Belsomra, Edluar, Intermezzo (brand and generic), Lunesta (brand and generic), Rozerem, Silenor, Sonata (brand), Zolpimist.

OR

- III. Rozerem (ramelteon) and Silenor (doxepin) may be approved for individuals with a history of substance abuse disorders (AASM 2008).
- IV. Requests for Lunesta (brand and generic) 3mg must also meet the following criteria, in addition to I. or II. above:
- A. Individual is 64 years of age or younger.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
Indiana	1/31/2017	Non-Preferred agents on the IN AAAX list will not require prior authorization.

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2016. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2016; Updated periodically.

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