Sedative Hypnotics

Policy # 00359
Original Effective Date: 08/21/2013
Current Effective Date: 12/14/2020

Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc.(collectively referred to as the "Company"), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

When Services May Be Eligible for Coverage

Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:

- *Benefits are available in the member's contract/certificate, and*
- *Medical necessity criteria and guidelines are met.*

For Patients with "Step Therapy" (generic before brand) ONLY:

Based on review of available data, the Company may consider brand name sedative hypnotics including, but not limited to Edluar®‡ (zolpidem sublingual), Intermezzo®‡ (zolpidem sublingual), Lunesta®‡ (eszopiclone), Rozerem®‡ (ramelteon), Silenor®‡ (doxepin), Sonata®‡ (zaleplon), Ambien®‡/Ambien CR®‡ (zolpidem), Zolpimist®‡ (zolpidem oral spray), Dayvigo™‡ (lemborexant), and Belsomra®‡ (suvorexant) to be **eligible for coverage**** when one of the below patient selection criteria is met:

Patient Selection Criteria

Coverage eligibility for brand name sedative hypnotics will be considered when one of the following criteria is met:

- There is clinical evidence or patient history that suggests the generically available products will be ineffective or cause an adverse reaction to the patient; OR
- Patient has tried and failed (e.g., intolerance or inadequate response) a generic sedative hypnotic (e.g., generic zolpidem immediate release, generic zolpidem extended release, generic zolpidem sublingual tablets, generic zaleplon, generic ramelteon, generic doxepin, or generic eszopiclone).

When Services Are Considered Not Medically Necessary

Based on review of available data, the Company considers the use of brand name sedative hypnotics when patient selection criteria are not met or for usage not included in the above patient selection criteria to be **not medically necessary.****

Sedative Hypnotics

Policy # 00359
Original Effective Date: 08/21/2013
Current Effective Date: 12/14/2020

When Services May Be Eligible for Coverage

Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:

- *Benefits are available in the member's contract/certificate, and*
- *Medical necessity criteria and guidelines are met.*

For Patients with "Prior Authorization" ONLY:

Based on review of available data, the Company may consider Dayvigo (lemborexant) to be **eligible for coverage**** when the below patient selection criteria are met:

Patient Selection Criteria

Coverage eligibility for Dayvigo (lemborexant) will be considered when the following criteria are met:

- Patient has a diagnosis of insomnia; AND
- Patient is 18 years of age or older; AND
- Patient has tried and failed (e.g., intolerance or inadequate response) TWO of the following GENERIC products for the condition: zolpidem (immediate release or extended release tablets [NOT sublingual]), zaleplon capsules, or eszopiclone tablets unless there is clinical evidence or patient history that suggests the use of these GENERIC products will be ineffective or cause an adverse reaction to the patient.
  *(Note: This specific patient criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met.)*

When Services Are Considered Investigational

Coverage is not available for investigational medical treatments or procedures, drugs, devices or biological products.

Based on review of available data, the Company considers the use of Dayvigo (lemborexant) for any indication other than insomnia or for patients younger than 18 years of age to be **investigational.***

Sedative Hypnotics

Policy # 00359
Original Effective Date: 08/21/2013
Current Effective Date: 12/14/2020

When Services Are Considered Not Medically Necessary

Based on review of available data, the Company considers the use of Dayvigo (lemborexant) when the patient has not tried and failed (e.g., intolerance or inadequate response) TWO of the above-listed generic products to be **not medically necessary.****

When Services May Be Eligible for Coverage

Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:

- *Benefits are available in the member's contract/certificate, and*
- *Medical necessity criteria and guidelines are met.*

For Patients With BOTH "Prior Authorization" AND "Step Therapy":

Based on review of available data, the Company may consider brand name sedative hypnotics including, but not limited to Edluar (zolpidem sublingual), Intermezzo (zolpidem sublingual), Lunesta (eszopiclone), Rozerem (ramelteon), Silenor (doxepin), Sonata (zaleplon), Ambien/Ambien CR (zolpidem), Zolpimist (zolpidem oral spray), Dayvigo (lemborexant), and Belsomra (suvorexant) to be **eligible for coverage**** when the patient selection criteria for the requested drug is met:

Patient Selection Criteria

Coverage eligibility will be considered for brand name sedative hypnotics with ALL of the specific drug's criteria are met:

- For Dayvigo requests ONLY:
  - Patient has a diagnosis of insomnia; AND
  - Patient is 18 years of age or older; AND
  - Patient has tried and failed (e.g., intolerance or inadequate response) TWO of the following GENERIC products for the condition: zolpidem (immediate release or extended release tablets [NOT sublingual]), zaleplon capsules, or eszopiclone tablets unless there is clinical evidence or patient history that suggests the use of these GENERIC products will be ineffective or cause an adverse reaction to the patient. *(Note: This specific patient criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met.)*
- For all other brand name sedative hypnotics requests (i.e., NOT Dayvigo):

- There is clinical evidence or patient history that suggests the generically available products will be ineffective or cause an adverse reaction to the patient; OR
- Patient has tried and failed (e.g., intolerance or inadequate response) a generic sedative hypnotic (e.g., generic zolpidem immediate release, generic zolpidem extended release, generic zolpidem sublingual tablets, generic zaleplon, generic ramelteon, generic doxepin, or generic eszopiclone).

When Services Are Considered Investigational

Coverage is not available for investigational medical treatments or procedures, drugs, devices or biological products.

Based on review of available data, the Company considers the use of Dayvigo (lemborexant) for any indication other than insomnia or for patients younger than 18 years of age to be **investigational.***

When Services Are Considered Not Medically Necessary

Based on review of available data, the Company considers the use of Dayvigo (lemborexant) when the patient has not tried and failed (e.g., intolerance or inadequate response) TWO of the above-listed generic products to be **not medically necessary.****

Based on review of available data, the Company considers the use of brand name sedative hypnotics (other than Dayvigo) when the patient has not tried and failed a generic sedative hypnotic to be **not medically necessary.****

Background/Overview

Sedative hypnotics encompass drugs with various mechanisms of action. Drugs such as zolpidem (Ambien, Ambien CR, Edluar, Intermezzo, and Zolpimist), Sonata, and Lunesta interact with the gamma-aminobutyric acid (GABA) receptor complexes located near the benzodiazepine receptors. These agents are Schedule IV controlled substances. Belsomra and Dayvigo are both orexin receptor antagonists and also Schedule IV substances. Rozerem is a melatonin receptor agonist and Silenor is a tricyclic compound that acts as an H1 receptor antagonist. Neither Rozerem nor Silenor are controlled substances. Rozerem's unique mechanism of action may be beneficial for older patients with or at risk for memory/cognitive/psychomotor impairment.

Sedative Hypnotics

Policy # 00359
Original Effective Date: 08/21/2013
Current Effective Date: 12/14/2020

Rationale/Source

The patient selection criteria presented in this policy take into consideration clinical evidence or patient history that suggests the available generic sedative hypnotics will be ineffective or cause an adverse reaction to the patient. Based on a review of the data, in the absence of the above mentioned caveats, there is no advantage of using a brand name sedative hypnotic over the available generic sedative hypnotics. Generic drugs are considered to have equal bioavailability and efficacy in comparison to brand name drugs.

References

1. Ambien tablets [package insert]. Bridgewater, NJ: Sanofi-Aventis; June 2013.
2. Ambien CR tablets [package insert]. Bridgewater, NJ: Sanofi-Aventis; April 2013.
3. Sonata capsules [package insert]. Bristol, TN: King Pharmaceuticals; April 2013.
4. Lunesta tablets [package insert]. Marlborough, MA: Sepracor, Inc.; May 2014.
5. Rozerem tablets [package insert]. Lincolnshire, IL: Takeda Pharmaceuticals, Inc; June 2013.
6. Edluar sublingual tablets [package insert]. Somerset, NJ: Meda Pharmaceuticals, Inc.; April 2013.
7. Silenor tablets for oral administration [package insert]. San Diego, CA: Somaxon Pharmaceuticals, Inc; October 2011.
8. Zolpimist oral spray [package insert]. Flemington, NJ: NovaDel Pharma; September 2011.
9. Intermezzo sublingual tablets [package insert]. Pt. Richmond, CA: Transcept Pharmaceuticals; June 2013.
10. 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;4:487-504.
11. The American Geriatrics Society 2012 Beers Criteria Update Expert Panel. American Geriatrics Society updated Beers criteria for potentially inappropriate medication use in older adults. J Am Geriatr Soc. 2012 [epub ahead of print].
12. Greenblatt DJ, Legangneux E, Harmatz JS, et al. Dynamics and kinetics of a modified-release formulation of zolpidem: comparison with immediate-release standard zolpidem and placebo. J Clin Pharmacol. 2006;46(12):1469-1480.
13. Drover DR. Comparative pharmacokinetics and pharmacodynamics of short-acting hypnosedatives. Zaleplon, zolpidem and zopiclone. Clin Pharmacokinet. 2004;43(4):227-238.
14. Hesse LM, von Moltke LL, Greenblatt DJ. Clinically important drug interactions with zopiclone, zolpidem, and zaleplon. CNS Drugs. 2003;17(7):513-532.

15. National Institutes of Health State of the Science Conference Statement. Manifestations and management or chronic insomnia in adults. June 13-15, 2005. Sleep. 2005;28(9):1049-1057.
16. Roth T, Krystal A, Walsh J, et al. Twelve months of nightly eszopiclone treatment in patients with chronic insomnia: assessment of long-term efficacy and safety. Sleep. 2004;27(Suppl):A260.
17. Silber MH. Chronic insomnia. N Engl J Med. 2005;353(8):803-810.
18. Dundar Y, Dodd S, Strobl J, Boland A, Dickson R, Walley T. Comparative efficacy of newer hypnotic drugs for the short-term management of insomnia: a systematic review and meta-analysis. Hum Psychopharmacol Clin Exp. 2004;19:305-322.
19. Kummer J, Guendel L, Linden J, et al. Long-term polysomnographic study of the efficacy and safety of zolpidem in elderly psychiatric in-patients with insomnia. J Int Med Res. 1993;21(4):171-184.
20. Krystal AD, Erman M, Zammit GK, et al. Long-term efficacy and safety of zolpidem extended-release 12.5 mg, administered 3 to 7 nights per week for 24 weeks, in patients with chronic primary insomnia: a 6-month, randomized, double-blind, placebo-controlled, parallel-group, multicenter study. Sleep. 2008;31:79-90.
21. McCall WV. Diagnosis and management of insomnia in older people. J Am Geriatr Soc. 2005;53:S272-S277.
22. Belsomra [package insert]. Whitehouse Station, NJ: Merck & Co., Inc.; August 2014.
23. Dayvigo [package insert]. Eisai, Inc. Woodcliff Lake, NJ. April 2020.

Policy History

Original Effective Date: 08/21/2013
Current Effective Date: 12/14/2020

08/01/2013	Medical Policy Committee review
08/21/2013	Medical Policy Implementation Committee approval. New policy.
08/07/2014	Medical Policy Committee review
08/20/2014	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
08/06/2015	Medical Policy Committee review
08/19/2015	Medical Policy Implementation Committee approval. Added Belsomra (suvorexant) to the policy.
08/04/2016	Medical Policy Committee review

Sedative Hypnotics

Policy # 00359
Original Effective Date: 08/21/2013
Current Effective Date: 12/14/2020

08/17/2016	Medical Policy Implementation Committee approval. Added a new brand, Zolpimist, to the policy. Added a new generic, zolpidem sublingual tablets, to the policy
08/03/2017	Medical Policy Committee review
08/23/2017	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
08/09/2018	Medical Policy Committee review
08/15/2018	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
08/01/2019	Medical Policy Committee review
08/14/2019	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
08/06/2020	Medical Policy Committee review
08/12/2020	Medical Policy Implementation Committee approval. Removed the exceptions for Rozerem and Silenor since they are now available in generic form.
11/05/2020	Medical Policy Committee review
11/11/2020	Medical Policy Implementation Committee approval. Added a new drug, Dayvigo, to the policy. Split the policy into step only, PA only, and PA/step sections.

Next Scheduled Review Date: 11/2021

*Investigational – A medical treatment, procedure, drug, device, or biological product is Investigational if the effectiveness has not been clearly tested and it has not been incorporated into standard medical practice. Any determination we make that a medical treatment, procedure, drug, device, or biological product is Investigational will be based on a consideration of the following:

A. Whether the medical treatment, procedure, drug, device, or biological product can be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and whether such approval has been granted at the time the medical treatment, procedure, drug, device, or biological product is sought to be furnished; or
B. Whether the medical treatment, procedure, drug, device, or biological product requires further studies or clinical trials to determine its maximum tolerated dose, toxicity, safety, effectiveness, or effectiveness as compared with the standard means of treatment or diagnosis, must improve health outcomes, according to the consensus of opinion among experts as shown by reliable evidence, including:

1. Consultation with the Blue Cross and Blue Shield Association technology assessment program (TEC) or other nonaffiliated technology evaluation center(s);
2. Credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community; or
3. Reference to federal regulations.

**Medically Necessary (or "Medical Necessity") - Health care services, treatment, procedures, equipment, drugs, devices, items or supplies that a Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

A. In accordance with nationally accepted standards of medical practice;
B. Clinically appropriate, in terms of type, frequency, extent, level of care, site and duration, and considered effective for the patient's illness, injury or disease; and
C. Not primarily for the personal comfort or convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

For these purposes, "nationally accepted standards of medical practice" means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of Physicians practicing in relevant clinical areas and any other relevant factors.

‡ Indicated trademarks are the registered trademarks of their respective owners.

NOTICE: If the Patient's health insurance contract contains language that differs from the BCBSLA Medical Policy definition noted above, the definition in the health insurance contract will be relied upon for specific coverage determinations.

NOTICE: Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Company recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.