Effective Date **2/15/2024**
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Coverage Policy Number **IP0023**

Sedative Hypnotic Medications

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Related Coverage Resources

INSTRUCTIONS FOR USE
The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Overview

This policy supports medical necessity review for the following sedative hypnotic products:

- Ambien® (zolpidem tablets)
- Ambien CR® (zolpidem extended-release tablets)
- Belsomra® (suvorexant)
- Edluar® (zolpidem sublingual tablets)
- Intermezzo® (zolpidem sublingual tablets)
- Quviviq™ (daridorexant)
- Restoril® (temazepam)
- zolpidem tartrate 7.5 mg capsules
- Zolpimist® (zolpidem oral spray)

Receipt of sample product does not satisfy any criteria requirements for coverage.

Medical Necessity Criteria

Coverage criteria are listed for products **in below table:**

Non-Covered Product	Criteria
Ambien (zolpidem immediate-release tablets)	**Ambien** is considered medically necessary when the individual meets **ALL** of the following: **Chronic Insomnia**. Individual meets **BOTH** of the following: A. **ONE** of the following: i. Has a cancer diagnosis ii. **ALL** of the following: 1. Age 18 years or older 2. Has tried at least one form of behavioral therapy for insomnia (for example, relaxation training, stimulus control therapy, sleep restriction therapy) 3. Not currently taking prescription stimulants (for example, methylphenidate, amphetamine products) 4. Underlying psychiatric and/or medical conditions that may cause or exacerbate insomnia have been evaluated and are currently being addressed, according to the health care professional. B. Documentation of **BOTH** of the following: i. Has tried **zolpidem** (the bioequivalent generic product) AND cannot take due to a formulation difference in the inactive ingredient(s) which would result in a significant allergy or serious adverse reaction. ii. Failure, contraindication, or intolerance to **TWO** of the following: 1. doxepin (Silenor generic) 2. eszopiclone (Lunesta generic) 3. zaleplon (Sonata generic)
Ambien CR (zolpidem extended-release tablets)	**Ambien CR** is considered medically necessary when the individual meets **ALL** of the following: **Chronic Insomnia**. Individual meets **BOTH** of the following: A. **ONE** of the following: i. Has a cancer diagnosis ii. **ALL** of the following: 1. Age 18 years or older 2. Has tried at least one form of behavioral therapy for insomnia (for example, relaxation training, stimulus control therapy, sleep restriction therapy) 3. Not currently taking prescription stimulants (for example, methylphenidate, amphetamine products) 4. Underlying psychiatric and/or medical conditions that may cause or exacerbate insomnia have been evaluated and are currently being addressed, according to the health care professional. B. Documentation of **BOTH** of the following: i. Has tried **zolpidem** (the bioequivalent generic product) AND cannot take due to a formulation difference in the

Non-Covered Product	Criteria
	inactive ingredient(s) which would result in a significant allergy or serious adverse reaction. ii. Failure, contraindication, or intolerance to **TWO** of the following: 1. doxepin (Silenor generic) 2. eszopiclone (Lunesta generic) 3. zaleplon (Sonata generic)
Belsomra (suvorexant)	**Belsomra** is considered medically necessary when the individual meets **ALL** of the following: **Chronic Insomnia**. Individual meets **BOTH** of the following: A. **ONE** of the following: i. Has a cancer diagnosis ii. **ALL** of the following: 1. Age 18 years or older 2. Has tried at least one form of behavioral therapy for insomnia (for example, relaxation training, stimulus control therapy, sleep restriction therapy) 3. Not currently taking prescription stimulants (for example, methylphenidate, amphetamine products) 4. Underlying psychiatric and/or medical conditions that may cause or exacerbate insomnia have been evaluated and are currently being addressed, according to the health care professional. B. Documentation of **ONE** of the following: i. 18 to 64 years of age and failure, contraindication, or intolerance to **THREE** of the following: 1. Dayvigo 2. doxepin (Silenor generic) 3. eszopiclone (Lunesta generic) 4. ramelteon (Rozerem generic) 5. zaleplon (Sonata generic) 6. zolpidem (Ambien generic) ii. 65 years of age and older and failure, contraindication, or intolerance to **ONE** of the following: 1. Dayvigo 2. doxepin (Silenor generic) 3. ramelteon (Rozerem generic)
Edluar (zolpidem sublingual tablets)	**Edluar** is considered medically necessary when the individual meets **ALL** of the following: **Chronic Insomnia**. Individual meets **BOTH** of the following: A. **ONE** of the following: i. Has a cancer diagnosis ii. **ALL** of the following: 1. Age 18 years or older 2. Has tried at least one form of behavioral therapy for insomnia (for example, relaxation training, stimulus control therapy, sleep restriction therapy) 3. Not currently taking prescription stimulants (for example, methylphenidate, amphetamine products)

Non-Covered Product	Criteria
	4. Underlying psychiatric and/or medical conditions that may cause or exacerbate insomnia have been evaluated and are currently being addressed, according to the health care professional. B. Documentation of **ONE** of the following: i. Cannot swallow of has difficulty swallowing solid oral dosage forms ii. Failure, contraindication, or intolerance to **THREE** of the following: 1. doxepin (Silenor generic) 2. eszopiclone (Lunesta generic) 3. zaleplon (Sonata generic) 4. zolpidem (Ambien generic)
Intermezzo (zolpidem sublingual tablets)	**Intermezzo** is considered medically necessary when the individual meets **ALL** of the following: **Chronic Insomnia**. Individual meets **BOTH** of the following: A. **ONE** of the following: i. Has a cancer diagnosis ii. **ALL** of the following: 1. Age 18 years or older 2. Has tried at least one form of behavioral therapy for insomnia (for example, relaxation training, stimulus control therapy, sleep restriction therapy) 3. Not currently taking prescription stimulants (for example, methylphenidate, amphetamine products) 4. Underlying psychiatric and/or medical conditions that may cause or exacerbate insomnia have been evaluated and are currently being addressed, according to the health care professional. B. Documentation of **BOTH** of the following: i. Has tried **zolpidem sublingual tablets** (the bioequivalent generic product) AND cannot take due to a formulation difference in the inactive ingredient(s) which would result in a significant allergy or serious adverse reaction. ii. Failure, contraindication, or intolerance to **TWO** of the following: 1. doxepin (Silenor generic) 2. eszopiclone (Lunesta generic) 3. zaleplon (Sonata generic)
Quviviq (daridorexant)	**Quviviq** is considered medically necessary when the individual meets **ALL** of the following: **Chronic Insomnia**. Individual meets **BOTH** of the following: A. **ONE** of the following: i. Has a cancer diagnosis ii. **ALL** of the following: 1. Age 18 years or older

Non-Covered Product	Criteria
	2. Has tried at least one form of behavioral therapy for insomnia (for example, relaxation training, stimulus control therapy, sleep restriction therapy) 3. Not currently taking prescription stimulants (for example, methylphenidate, amphetamine products) 4. Underlying psychiatric and/or medical conditions that may cause or exacerbate insomnia have been evaluated and are currently being addressed, according to the health care professional. B. Documentation of **ONE** of the following: i. 18 to 64 years of age and failure, contraindication, or intolerance to **THREE** of the following: 1. Dayvigo 2. doxepin (Silenor generic) 3. eszopiclone (Lunesta generic) 4. ramelteon (Rozerem generic) 5. zaleplon (Sonata generic) 6. zolpidem (Ambien generic) ii. 65 years of age and older and failure, contraindication, or intolerance to **ONE** of the following: 1. Dayvigo 2. doxepin (Silenor generic) ramelteon (Rozerem generic)
Restoril (temazepam)	**Restoril** is considered medically necessary when the individual meets **ALL** of the following: **Chronic Insomnia**. Individual meets **BOTH** of the following: A. **ONE** of the following: i. Has a cancer diagnosis ii. **ALL** of the following: 1. Age 18 years or older 2. Has tried at least one form of behavioral therapy for insomnia (for example, relaxation training, stimulus control therapy, sleep restriction therapy) 3. Not currently taking prescription stimulants (for example, methylphenidate, amphetamine products) 4. Underlying psychiatric and/or medical conditions that may cause or exacerbate insomnia have been evaluated and are currently being addressed, according to the health care professional. B. Documentation of **BOTH** of the following: i. Has tried **temazepam** (the bioequivalent generic product) AND cannot take due to a formulation difference in the inactive ingredient(s) which would result in a significant allergy or serious adverse reaction. ii. Failure, contraindication, or intolerance to **ONE** of the following: 1. doxepin (Silenor generic) 2. eszopiclone (Lunesta generic) 3. zaleplon (Sonata generic)

Non-Covered Product	Criteria
	4. zolpidem (Ambien generic)
Zolpidem Tartrate 7.5 mg oral capsules	**Zolpidem Tartrate 7.5 mg** is considered medically necessary when the individual meets **ALL** of the following: **Chronic Insomnia**. Individual meets **BOTH** of the following: A. **ONE** of the following: i. Has a cancer diagnosis ii. **ALL** of the following: 1. Age 18 years or older 2. Has tried at least one form of behavioral therapy for insomnia (for example, relaxation training, stimulus control therapy, sleep restriction therapy) 3. Not currently taking prescription stimulants (for example, methylphenidate, amphetamine products) 4. Underlying psychiatric and/or medical conditions that may cause or exacerbate insomnia have been evaluated and are currently being addressed, according to the health care professional. B. Documentation of **BOTH** of the following: i. Failure, contraindication, or intolerance to generic zolpidem tartrate 5 mg or 10 mg tablet ii. Failure, contraindication, or intolerance to **TWO** of the following: 1. doxepin (Silenor generic) 2. eszopiclone (Lunesta generic) 3. zaleplon (Sonata generic)
Zolpimist (zolpidem oral spray)	**Zolpimist** is considered medically necessary when the individual meets **ALL** of the following: **Chronic Insomnia**. Individual meets **BOTH** of the following: A. **ONE** of the following: i. Has a cancer diagnosis ii. **ALL** of the following: 1. Age 18 years or older 2. Has tried at least one form of behavioral therapy for insomnia (for example, relaxation training, stimulus control therapy, sleep restriction therapy) 3. Not currently taking prescription stimulants (for example, methylphenidate, amphetamine products) 4. Underlying psychiatric and/or medical conditions that may cause or exacerbate insomnia have been evaluated and are currently being addressed, according to the health care professional. C. Documentation of **ONE** of the following: i. Cannot swallow of has difficulty swallowing solid oral dosage forms ii. Failure, contraindication, or intolerance to **THREE** of the following: 1. doxepin (Silenor generic) 2. eszopiclone (Lunesta generic)

Non-Covered Product	Criteria
	3. zaleplon (Sonata generic) 4. zolpidem (Ambien generic)

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Reauthorization Criteria

Continuation of sedative hypnotic medications are considered medically necessary when the above medical necessity criteria are met AND there is documentation of beneficial response.

Authorization Duration

Initial approval duration: up to 12 months

Reauthorization approval duration: up to 12 months

Conditions Not Covered

Any other use is considered experimental, investigational, or unproven.

Background

OVERVIEW
The products included in this policy are indicated for the treatment of insomnia.

- Zolpidem immediate release (IR), Edluar, Zolpimist, and zaleplon, non-benzodiazepine sedative hypnotics, are indicated for the **short-term treatment of insomnia**.[1,3,5,6]
- Eszopiclone, a non-benzodiazepine; Silenor, a tricyclic compound; and Rozerem, a melatonin receptor agonist, 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]
- Zaleplon and Rozerem are specifically indicated for the treatment of insomnia characterized by difficulty with sleep onset.[3,8]
- Zolpidem IR, zolpidem extended release (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, orexin receptor antagonists, 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] However, zolpidem sublingual tablets are not indicated for treatment of middle-of-the-night insomnia when the patient has fewer than 4 hours of bedtime remaining before the planned time of waking.
- Zolpidem Capsules is a branded product indicated for short-term treatment of transient insomnia in adults < 65 years of age.[17]

Eszopiclone, zaleplon, zolpidem, Belsomra, Dayvigo, and Quviviq are schedule IV-controlled substances.[1-7,10-12,17] Neither Rozerem nor Silenor are controlled substances.[8,9]

Doxepin is also available generically as oral capsules (10, 25, 50, 75, 100, and 150 mg) and oral solution (10 mg/mL). These higher dose formulations are recommended for use in patients with depression and/or anxiety of varying etiologies.

Use in the Elderly
Although no specific adverse events (AEs) have been noted in elderly patients, changes in pharmacokinetics and/or use of high doses could put this population at increased risk of AEs. The general sensitivity of the elderly population to sedative hypnotics applies to all drugs with hypnotic effects.[15,16] However, because the potential for memory/cognitive/psychomotor impairment exists (primarily at peak concentrations) with certain non-benzodiazepine sedative hypnotics (the long-acting agents in particular), Rozerem's unique mechanism of action may be beneficial in older patients with or at risk for memory/cognitive/psychomotor impairment. Downward dosage adjustments of zolpidem IR, zolpidem ER, Edluar, zolpidem sublingual tablets, Zolpimist, zaleplon, Silenor, and eszopiclone are recommended when used in elderly or debilitated patients.[1-7,9] Zolpidem capsules are not indicated for use in geriatric patients.[17] The product labeling for Rozerem does not recommend a dosage adjustment in the elderly.[8] Belsomra, Dayvigo, and Quviviq have been studied in patients ≥ 65 years of age, and no clinically meaningful differences in safety or effectiveness were observed between these patients and younger patients at the recommended doses.[10-12] However, in addition to daytime somnolence, Belsomra and Dayvigo have the potential to cause sleep paralysis, hypnagogic/hypnopompic hallucinations, and cataplexy-like symptoms, which are not seen with the other agents.

GUIDELINES
In 2017, an updated American Academy of Sleep Medicine (AASM) clinical guideline for the pharmacologic treatment of chronic insomnia in adults was published.[13] The guideline indicates that hypnotic medications, along with management of comorbidities and non-pharmacological interventions such as cognitive behavioral therapy for insomnia (CBT-I), are an important therapeutic option for chronic insomnia. 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; Rozerem can be used as a treatment for sleep onset insomnia; and Silenor can be used as a treatment for sleep maintenance insomnia. The authors note that 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. In addition, several agents used for insomnia are on the 2023 Beers list of medications that are categorized as potentially inappropriate agents for elderly persons aged ≥ 65 years (e.g., amitriptyline, benzodiazepines, doxepin [> 6 mg/day]); zolpidem, zaleplon, and eszopiclone should also be avoided.[14]

References

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