



SmartPA Criteria Proposal

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| Drug/Drug Class: | Sedative Hypnotics PDL Edit |
| First Implementation Date: | November 9, 2005 |
| Revised Date: | April 1, 2021 |
| Prepared For: | MO HealthNet |
| Prepared By: | MO HealthNet/Conduent |
| Criteria Status: | <input type="checkbox"/> Existing Criteria <input checked="" type="checkbox"/> Revision of Existing Criteria <input type="checkbox"/> New Criteria |

Executive Summary

Purpose: The MO HealthNet Pharmacy Program will implement a state specific preferred drug list.

Why Issue Selected: Insomnia often presents with one or more of the following symptoms: difficulty falling asleep, waking up often during the night and having trouble going back to sleep, waking up too early in the morning, or unrefreshing sleep. These symptoms can cause problems during the day, such as sleepiness, fatigue, difficulty concentrating, and irritability. Patients with insomnia may also have another sleep disorder such as sleep apnea, narcolepsy, or restless legs syndrome. While insomnia is not defined by the number of hours a person sleeps every night, most people need between 7 and 8 hours of sleep total per night. About 60 million Americans suffer each year, affecting 40% of women and 30% of men, with incidence tending to increase with age.

Total program savings for the PDL classes will be regularly reviewed.

Denial Criteria

- History of substance misuse in the last 2 years
- Participants receiving > 1 concurrent sedative hypnotic in the last 3 months
- Lack of adequate trial on required preferred agents
- Therapy will be denied if all approval criteria are not met
- Claim exceed maximum dosing limitations for the following:

| Drug Description | Generic Equivalent | Max Dosing Limitation |
|--------------------------------|--------------------|-------------------------|
| AMBIEN 10 MG TABLET | ZOLPIDEM TARTRATE | 1 tablet per day |
| AMBIEN 5 MG TABLET | ZOLPIDEM TARTRATE | 1 tablet per day |
| AMBIEN CR 12.5 MG TABLET | ZOLPIDEM TARTRATE | 1 tablet per day |
| AMBIEN CR 6.25 MG TABLET | ZOLPIDEM TARTRATE | 1 tablet per day |
| BELSOMRA 10 MG TABLET | SUVOREXANT | 1 tablet per day |
| BELSOMRA 15 MG TABLET | SUVOREXANT | 1 tablet per day |
| BELSOMRA 20 MG TABLET | SUVOREXANT | 1 tablet per day |
| BELSOMRA 5 MG TABLET | SUVOREXANT | 1 tablet per day |
| DAYVIGO 10 MG TABLET | LEMBOREXANT | 1 tablet per day |
| DAYVIGO 5 MG TABLET | LEMBOREXANT | 1 tablet per day |
| EDLUAR 10 MG SL TABLET | ZOLPIDEM TARTRATE | 1 tablet per day |
| EDLUAR 5 MG SL TABLET | ZOLPIDEM TARTRATE | 1 tablet per day |
| ESTAZOLAM 1 MG TABLET | ESTAZOLAM | 1 tablet per day |
| ESTAZOLAM 2 MG TABLET | ESTAZOLAM | 1 tablet per day |
| FLURAZEPAM 15 MG CAPSULE | FLURAZEPAM | 1 capsule per day |
| FLURAZEPAM 30 MG CAPSULE | FLURAZEPAM | 1 capsule per day |
| HALCION 0.25 MG TABLET | TRIAZOLAM | 1 tablet per day |
| HETLIOZ 20 MG CAPSULE | TASIMELTEON | 1 capsule per day |
| INTERMEZZO 1.75 MG TAB SUBLING | ZOLPIDEM TARTRATE | 1 tablet per day |
| INTERMEZZO 3.5 MG TAB SUBLING | ZOLPIDEM TARTRATE | 1 tablet per day |
| LUNESTA 1 MG TABLET | ESZOPICLONE | 1 tablet per day |
| LUNESTA 2 MG TABLET | ESZOPICLONE | 1 tablet per day |
| LUNESTA 3 MG TABLET | ESZOPICLONE | 1 tablet per day |
| RESTORIL 15 MG CAPSULE | TEMAZEPAM | 1 capsule per day |
| RESTORIL 22.5 MG CAPSULE | TEMAZEPAM | 1 capsule per day |
| RESTORIL 30 MG CAPSULE | TEMAZEPAM | 1 capsule per day |
| RESTORIL 7.5 MG CAPSULE | TEMAZEPAM | 1 capsule per day |
| ROZEREM 8 MG TABLET | RAMELTEON | 1 tablet per day |
| SILENOR 3 MG TABLET | DOXEPIN | 1 tablet per day |
| SILENOR 6 MG TABLET | DOXEPIN | 1 tablet per day |
| SONATA 10 MG CAPSULE | ZALEPLON | 1 capsule per day |
| SONATA 5 MG CAPSULE | ZALEPLON | 1 capsule per day |
| TRIAZOLAM 0.125 MG TABLET | TRIAZOLAM | 1 tablet per day |
| ZOLPIMIST 5 MG ORAL SPRAY | ZOLPIDEM TARTRATE | 1 spray pump per day |

SmartPA PDL Proposal Form

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Required Documentation

Laboratory Results:
MedWatch Form:

Progress Notes:
Other:

Disposition of Edit

Denial: Exception Code "0160" (Preferred Drug List)
Rule Type: PDL

Default Approval Period

6 months

References

1. Drug Effectiveness Review Project – Drug Class Review on “Insomnia Drugs, Newer”. Center for Evidence-Based Policy, Oregon Health & Science University; October 2009; Evidence Scan, February 2017.
2. Evidence-Based Medicine and Fiscal Analysis: “Sedative Hypnotics – Therapeutic Class Review”, Conduent Business Services, L.L.C., Richmond, VA; November 2020.
3. Evidence-Based Medicine Analysis: “Sedatives and Hypnotics: Treatment for Insomnia”, UMKC-DIC; August 2020.
4. Lippincott, Williams, Wilkins. PDR Electronic Library, Montvale NJ; 2019.
5. USPDI, Micromedex; 2020.
6. Drug Facts and Comparisons On-Line: 2020.