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.

<table>
<thead>
<tr>
<th>Program-Specific Information</th>
<th>Preferred Agents</th>
<th>Non-Preferred Agents</th>
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</thead>
<tbody>
<tr>
<td>• Eszopiclone</td>
<td>• Ambien®</td>
<td>• Ambien CR®</td>
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<tr>
<td>• Temazepam 15, 30mg</td>
<td>• Belsomra®</td>
<td>• Doxepin (gen Silenor®)</td>
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<tr>
<td>• Zaleplon</td>
<td>• Edluar®</td>
<td>• Estazolam</td>
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<tr>
<td>• Zolpidem Tabs</td>
<td>• Halcion®</td>
<td>• Flurazepam</td>
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<td>• Hetlioz®</td>
<td>• Intermezzo®</td>
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<td></td>
<td>• Lunesta®</td>
<td>• Ramelteon</td>
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<td></td>
<td>• Restoril™</td>
<td>• Rozerem®</td>
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<td></td>
<td>• Silenor®</td>
<td>• Temazepam 7.5, 22.5mg</td>
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<td></td>
<td>• Triazolam</td>
<td>• Zolpidem ER</td>
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<td>• Zolpidem SL</td>
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</tbody>
</table>
**Type of Criteria:**  
- ☐ Increased risk of ADE  
- ☑ Preferred Drug List  
- ☒ Appropriate Indications  
- ☐ Clinical Edit

**Data Sources:**  
- ☐ Only Administrative Databases  
- ☑ Databases + Prescriber-Supplied

### Setting & Population

- Drug class for review: Sedative Hypnotics  
- Age range: All appropriate MO HealthNet participants aged 18 years or older

### Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 3 preferred agents  
  - Documented trial period of preferred agents  
  - Documented ADE/ADR to preferred agents  
- Documented compliance on current therapy regimen  
  - Participants with a diagnostic history of substance abuse with failure to achieve the desired therapeutic outcomes only require trial of Zolpidem or Zaleplon to gain access to Rozerem or Silenor

### Denial Criteria

- Lack of adequate trial on required preferred agents  
- Therapy will be denied if no approval criteria are met

### Required Documentation

- Laboratory Results:  
- MedWatch Form:  
- Progress Notes:  
- Other: X

### Disposition of Edit

- Denial: Exception Code “0160” (Preferred Drug List)  
- Rule Type: PDL

### Default Approval Period

- 1 year

### 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.  

*SmartPA PDL Proposal Form*  
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5. USPDI, Micromedex; 2019.