

# NYRx Drug Class Coverage Overview: Sedative Hypnotics

# **NYRx Preferred Drug List**

Drugs in the Sedative Hypnotics/Sleep Agents drug class are included on the <u>NYRx Preferred Drug List</u> (<u>PDL</u>) and are subject to prior authorization (PA) requirements of the <u>NYRx Drug Utilization Review</u> (<u>DUR</u>) <u>Program</u>:

# **Prior Authorization Requirements**

Preferred drugs will not require PA if the correct Frequency/Quantity/Duration (F/Q/D) limits are met at the time of pharmacy claim submission. Non-preferred drugs in these classes require PA unless indicated otherwise.

Preferred Drugs	Non-Preferred Drugs	Coverage Parameters		
	IV. Central	Nervous System		
	Sedative Hypnot	tics/Sleep Agents FIQID		
estazolam ceszopicione eszopicione ramelteon (gen Rozerem*) temazepam 15 mg, 30 mg cc zolpidem tablet co zolpidem ER co	Ambien® CC Ambien CR® CC Belsomra® Dayvigo™ Doral® CC doxepin Edluar® CC flurazepam CC Halcion® CC Lunesta® DQ quazepam CC(gen Doral®) Quviviq CR Rozerem® temazepam 7.5 mg, 22.5 mg CC triazolam CC zaleplon zolpidem sublingual, capsule CC	DOSE OPTIMIZATION (DO) See Dose Optimization Chart for affected strengths CLINICAL CRITERIA (CC) Zolpidem products: Confirm dosage is consistent with FDA labeling for initial prescriptions Benzodiazepine Agents (estazolam, Doral®, flurazepam, Halcion®, quazepam, Restoril®, temazepam, triazolam): Confirm diagnosis of FDA-approved or compendia-supported indication PA required for initiation of benzodiazepine therapy in patients currently on opioid or oral buprenorphine therapy PA required for any additional benzodiazepine prescription in patients currently on benzodiazepine therapy PA required when greater than a 14-day supply of a benzodiazepine is prescribed for someone on a CNS stimulant FREQUENCY/QUANTITY/DURATION (FQ/D)		
		Frequency and duration limits for the following the f	72518	
		Agent	Quantity Limit	
		Non-zalepion and non-benzodiazepine containing products	30 units/30 days	
		Zaleplon containing products	60 units/30 days	
		Agent	Duration Limit	
		estazolam*; flurazepam*; quazepam (Doral®)*; temazepam (Restoril)*; triazolam (Halcion)*; zaleplon *For the treatment of insomnia	30 days	
		daridorexant (Quviviq™); suvorexant (Belsomra®); doxepin	90 days	
		eszopicione (Lunesta); rameiteon (Rozerem®); (lemborexant) Dayvigo™; zolpidem IR; zolpidem ER (Ambien, Ambien CR, Edular) sublingual, capsule, tablet	180 days	
		Additional/Alternate parameters: • For patients naïve to non-benzodiazepin First-fill duration and quantity limit of 10 of supply, except for zalepion-containing prelimit is 20 dosage units as a 10-day supply.	dosage units as a 10-day oducts which the quantity	



#### **Clinical Criteria**

- Zolpidem products: Confirm dosage is consistent with FDA labeling for initial prescriptions.
- Benzodiazepine Agents (estazolam, Doral®, flurazepam, Halcion®, quazepam, Restoril®, temazepam, triazolam):
  - o Confirm diagnosis of FDA-approved or compendia-supported indication.
  - PA required for initiation of benzodiazepine therapy in patients currently on opioid or oral buprenorphine therapy.
  - PA required for any additional benzodiazepine prescription in patients currently on benzodiazepine therapy.
  - PA required when greater than a 14-day supply of a benzodiazepine is prescribed for someone on a CNS stimulant.

### Frequency/Quantity/Duration

Drugs in this drug class are subject to the following (F/Q/D) requirements:

• Quantity Limits:

Agent	Quantity Limit	
Non-zaleplon and non-benzodiazepine containing products	30 units/30 days	
Zaleplon containing products	60 units/30 days	

#### • Duration Limits:

Agent	Duration Limit
estazolam*; flurazepam*; quazepam (Doral®)*; temazepam (Restoril)*; triazolam (Halcion)*; zaleplon  *For the treatment of insomnia	30 days
daridorexant (Quviviq™); suvorexant (Belsomra®); doxepin	90 days
eszopiclone (Lunesta); ramelteon (Rozerem®); (lemborexant) Dayvigo™; zolpidem IR; zolpidem ER (Ambien, Ambien CR, Edular) sublingual, capsule, tablet	180 days



- Additional/Alternate F/Q/D parameters:
  - For patients naïve to non-benzodiazepine sedative hypnotics (NBSH): First-fill duration and quantity limit of 10 dosage units as a 10-day supply, except for zaleplon-containing products in which the quantity limit is 20 dosage units as a 10-day supply.

#### **Dose Optimization**

Brand Name		D	ose Optimization Limitations			
CENTRAL NERVOUS SYSTEM						
Sedative Hypnotics						
Lunesta® 1 mg	1 daily	Tablet				

• Lunesta® has a dose optimization limit of one tablet per day.

## What Pharmacy Providers Need to Do

Pharmacy providers should become familiar with the Sedative Hypnotics coverage criteria in the <u>PDL</u> and incorporate this information when discussing the need for PA with prescribers.

#### What Prescribers Need to Do

Prescribers should become familiar with the Sedative Hypnotics coverage criteria in the <u>PDL</u> and incorporate this information when prescribing for NYRx members.

#### Resource

- NYRx Education & Outreach Website
- NYRx Preferred Drug List
- NYRx Preferred Drug Quick List
- NYRx Prior Authorization Submission Guide

#### **Contact Information**

The NYRx Education & Outreach Call Center is available by phone at 1-833-967-7310 or by email at <a href="https://www.nyrxeo@primetherapeutics.com">NYRxEO@primetherapeutics.com</a> from 8:00 AM to 5:00 PM ET, Monday through Friday, excluding holidays.

The NYRx Education & Outreach team hosts virtual office hours every week for stakeholders to ask questions related to NYRx and care coordination. Visit the <a href="NYRx Education & Outreach website">NYRx Education & Outreach website</a> for more information.