

**Regence BlueCross BlueShield of Oregon · Regence BlueShield
Regence BlueCross BlueShield of Utah · Regence BlueShield of Idaho
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Medication Policy Manual

Policy No: dru062

Topic: Ambien[®], zolpidem

Date of Origin: May 20, 1997

Revised/Effective Date: May 8, 2009

Next Review Date: May 2010

IMPORTANT REMINDER

This Medical Policy has been developed through consideration of medical necessity, generally accepted standards of medical practice, and review of medical literature and government approval status.

Benefit determinations should be based in all cases on the applicable contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control.

The purpose of medical policy is to provide a guide to coverage. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care.

Description

Zolpidem (Ambien[®]) is a medication used for the short-term treatment of insomnia in people who have difficulty getting to sleep, have trouble staying asleep, or awaken too early in the morning. Zolpidem is a controlled-substance.

Policy/Criteria

- I.** Most contracts require prior authorization approval of zolpidem prior to coverage of quantities greater than 14 tablets per month. Zolpidem in quantities up to 14 tablets per month may be considered medically necessary in patients with insomnia and may be covered without authorization.

- II.** Zolpidem in quantities between 15 and 34 tablets per month may be considered medically necessary in patients with primary insomnia when all criteria A through D below are met.
 - A.** Difficulty initiating or maintaining sleep, or non-restorative sleep has occurred for at least one month.

AND

- B.** Specific measurable functional impairment due to insomnia is present.

AND

- C.** The sleep disturbance is not due to otherwise reversible conditions. Other reversible conditions may include, but are not limited to, another sleep disorder, mental disorder, or physiological effects of another substance.

AND

- D.** Non-pharmacologic therapies have been inadequate in improving functional impairments. Examples of non-pharmacologic therapies include, but are not limited to, stimulus control therapy, sleep restriction therapy, relaxation therapy, or cognitive therapy.

III. Administration, Quantity Limitations and Authorization Period

- A.** Regence considers zolpidem to be a self-administered medication.

- B.** When prior authorization is approved, zolpidem may be authorized in quantities up to 34 tablets per month. Doses exceeding 10 mg per day are considered not medically necessary.

C. Authorization shall be reviewed as follows to confirm that current medical necessity criteria are met and that there is clinical documentation of significantly improved functional impairment(s) due to treatment with zolpidem.

1. **Initial Authorization** - Authorization shall be reviewed at 6 months
2. **Continued Authorization** - Continued authorization or re-authorization (after the initial 6 month period) shall be reviewed at least annually.

IV. Concomitant, alternating, or repeated sequential use of zolpidem with either zaleplon (Sonata[®]), zolpidem MR (Ambien CR[®]), ramelteon (Rozerem[®]), eszopiclone (Lunesta[®]) or zolpidem (Edluar[®], ZolpiMist[®]) exceeding 14 tablets per month is considered duplication of therapy and not medically necessary.

V. Zolpidem is considered investigational when used for all conditions other than those outlined in policy criteria above.

Position Statement

- Sleep medications such as zolpidem appear to help people fall asleep about 15 – 30 minutes faster than they would without medication. The impact of this additional 15 – 30 minutes of sleep on a person’s overall health is uncertain.
- Zolpidem has shown modest benefit in helping people sleep. However, it has not been shown in clinical studies to improve health outcomes among people with insomnia. ^[1,2]
- The diagnosis of primary versus secondary insomnia can be difficult to determine. However, it is important to identify patients with secondary insomnia so that the underlying cause of insomnia can be treated. ^[19]
- Many national organizations, including the National Sleep Foundation and the National Heart, Lung, and Blood Institute, recommend non-pharmacologic methods as options to improve sleep quality. ^[3-5]
- Failure of insomnia to remit after 7 to 10 days of treatment may indicate the presence of a primary psychiatric and/or medical illness, which should be evaluated. ^[6]

Clinical Efficacy - Insomnia

- Zolpidem is a non-benzodiazepine hypnotic approved for the short-term treatment of insomnia.
- Comparative trials have not demonstrated a clear benefit for zolpidem over other traditional therapies, such as short-acting benzodiazepines (such as triazolam or temazepam) or buspirone.^[7-10]
 - * Zolpidem may be used for up to 4 weeks to treat subjective rebound insomnia. However, it has no advantages over temazepam at an equivalent dose.^[10]
 - * Intermittent treatment with zolpidem (10 mg/day, 3-5 tablets/week, every other week up to 12 weeks) may be used for the treatment of primary insomnia.^[11]
- The safety and efficacy of using zolpidem beyond 35 days of treatment has not been studied in well-designed trials.
- There are no published trials evaluating the efficacy of zolpidem for the treatment of insomnia related to cancer.
- The National Cancer Institute (NCI) guidelines state that:^[17]
 - * The management of sleep disturbances should include the identification of environmental and psychosocial factors involved, in addition to the treatment of malignancies
 - * Nonpharmacologic techniques, including sleep hygiene, should be the initial treatment for cancer patients with insomnia.
 - * When sleep disturbances are not resolved by supportive measures, the use of sleep medications may be useful on a short-term or intermittent basis. Zolpidem should be used with caution, as it has not been widely used or studied in patients with cancer.

Safety

- The quantity limit for zolpidem is based on FDA labeling of hypnotics for short-term use in managing insomnia.^[6]

- * Zolpidem has product labeling that indicates treatment "*should generally be limited to 7 to 10 days of use, and reevaluation of the patient is recommended if they are to be taken for more than 2 to 3 weeks.*" [6]
- * Additionally, "*prescriptions for zolpidem should not exceed a 1 month supply at a time.*" [6]
- Zolpidem is classified as a Class IV controlled substance, similar to the benzodiazepine class, and carries labeling warnings regarding risk of abuse and dependency. Adverse effects characterizing withdrawal symptoms were reported (less than 1%) within 48 hours following discontinuation of zolpidem treatment. [6]
- The FDA labeling of hypnotics includes the following safety information:
 - * After taking zolpidem (Ambien), you may get up out of bed while not being fully awake and do an activity that you do not know you are doing. The next morning, you may not remember that you did anything during the night. Reported activities include:
 - * driving a car (“sleep-driving”)
 - * making and eating food
 - * talking on the phone
 - * having sex
 - * sleep-walking

Appendix 1: Diagnostic criteria for 307.42 Primary Insomnia [18]	
A.	The predominant complaint is difficulty initiating or maintaining sleep, or nonrestorative sleep, for at least 1 month.
B.	The sleep disturbance (or associated daytime fatigue) causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
C.	The sleep disturbance does not occur exclusively during the course of Narcolepsy, Breathing-Related Sleep Disorder, Circadian Rhythm Sleep Disorder, or a Parasomnia.
D.	The disturbance does not occur exclusively during the course of another mental disorder (e.g., Major Depressive Disorder, Generalized Anxiety Disorder, a delirium).
E.	The disturbance is not due to the direct physiological effects of a substance (e.g., a

drug of abuse, a medication) or a general medical condition.

References

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3. National Sleep Foundations <http://www.sleepfoundation.org/>.
4. National Heart, Lung, and Blood Institute <http://rover2.nhlbi.nih.gov/health/public/sleep/>
5. The American Academy of Sleep Medicine <http://www.aasmnet.org/>.
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17. National Cancer Institute [homepage on the internet]. Bethesda:Sleep Disorders (PDQ) ; Updated 2006 February 16. Available from : <http://www.cancer.gov/cancertopics/pdq/supportivecare/sleepdisorders/HealthProfessional/page1>. Accessed: 2007 February 21.
18. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders: DSM-IV*, 4th Edition. Washington, DC. 1994.
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Cross References
- Ambien CR [®] , zolpidem MR dru130
- Edluar [™] zolpidem sublingual tablets dru181
- Lunesta [®] , eszopiclone dru114
- Rozerem [®] , ramelteon dru124
- Sonata [®] , zaleplon dru061
- ZolpiMist [™] , zolpidem oral spray dru182

Codes	Number	Description
N/A		