



## Clinical Policy: Sedative Hypnotics

Reference Number: PHW.PDL.054

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[Revision Log](#)

### Policy/Criteria

*Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.*

It is the policy of health plans affiliated with PA Health and Wellness® that Sedative Hypnotics are **medically necessary** when the following criteria are met:

### I. Requirements for Prior Authorization of Sedative Hypnotics

#### A. Prescriptions That Require Prior Authorization

Prescriptions for Sedative Hypnotics that meet any of the following conditions must be prior authorized:

1. A non-preferred Sedative Hypnotic.
2. A Sedative Hypnotic benzodiazepine when prescribed for a child under 21 years of age.
3. A Sedative Hypnotic that is subject to the U.S. Drug Enforcement Agency Controlled Substances Act (i.e., controlled substance) when a beneficiary has a concurrent prescription for a buprenorphine agent indicated for the treatment of opioid use disorder.
4. A Sedative Hypnotic with a prescribed quantity that exceeds the quantity limit.

#### B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for a Sedative Hypnotic, the determination of whether the requested prescription is medically necessary will take into account whether the beneficiary:

1. For a non-preferred Sedative Hypnotic, has a documented history of therapeutic failure, contraindication, or intolerance of the preferred Sedative Hypnotics approved or medically accepted for the beneficiary's diagnosis or indication; **AND**
2. For a non-preferred controlled-release Sedative Hypnotic, has a documented history of therapeutic failure of the same regular-release Sedative Hypnotic; **AND**
3. For a Sedative Hypnotic benzodiazepine for a child under 21 years of age, **one** of the following:

- a. Has a diagnosis of **one** of the following:
  - i. Seizure disorder,
  - ii. Chemotherapy induced nausea and vomiting,
  - iii. Cerebral palsy,
  - iv. Spastic disorder,
  - v. Dystonia
- b. Is receiving palliative care;

**AND**

- 4. For Hetlioz (tasimelteon), **all** of the following:
  - a. Has a diagnosis of non-24 hour sleep-wake disorder,
  - b. Is totally blind (has no light perception),
  - c. **One** of the following:
    - i. Has a documented history of therapeutic failure of a 6-month trial of melatonin
    - ii. Has documented contraindication or intolerance to melatonin;

**AND**

- 5. For a beneficiary with a concurrent prescription for a buprenorphine agent indicated for the treatment of opioid use disorder, **both** of the following:
  - a. Is prescribed the buprenorphine agent and the Sedative Hypnotic controlled substance by the same prescriber or, if prescribed by different prescribers, all prescribers are aware of the other prescription(s)
  - b. Has an acute need for therapy with the Sedative Hypnotic controlled substance;

**AND**

- 6. For a Sedative Hypnotic controlled substance, has documentation that the prescriber or the prescriber's delegate conducted a search of the Pennsylvania Prescription Drug Monitoring Program (PDMP) for the beneficiary's controlled substance prescription history; **AND**
- 7. If a prescription for a Sedative Hypnotic is for a quantity that exceeds the quantity limit, the determination of whether the prescription is medically necessary will also take into account the guidelines set forth in PA.CP.PMN.59 Quantity Limit Override.

NOTE: If the beneficiary does not meet the clinical review guidelines above but, in the professional judgement of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary, the request for prior authorization will be approved.

**FOR RENEWALS OF PRIOR AUTHORIZATION FOR SEDATIVE**

**HYPNOTICS**: The determination of medical necessity of a request for renewal of a prior authorization for a Sedative Hypnotic that was previously approved will take into account whether the beneficiary:

1. Has documentation of tolerability and a positive clinical response to the medication;  
**AND**
2. For a Sedative Hypnotic controlled substance, has documentation that the prescriber or the prescriber's delegate conducted a search of the PDMP for the beneficiary's controlled substance prescription history; **AND**
3. If the prescription for a Sedative Hypnotic is for a quantity that exceeds the quantity limit, the determination of whether the prescription is medically necessary will also take into account the guidelines set forth in PA.CP.PMN.59 Quantity Limit Override.

NOTE: If the beneficiary does not meet the clinical review guidelines above but, in the professional judgement of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary, the request for prior authorization will be approved.

C. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section B. above to assess the medical necessity of a prescription for a Sedative Hypnotic. If the guidelines in Section B. are met, the reviewer will prior authorize the prescription. If the guidelines are not met, the prior authorization request will be referred to a physician reviewer for a medical necessity determination. Such a request for prior authorization will be approved when, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary.

D. Approval Duration:

- **New Request: 6 months**
- **Renewal Request: 12 months**

Reviews, Revisions, and Approvals	Date
Policy created	01/01/2020