



# Insomnia Agents Quantity Limit Program Summary

Quantity limits apply to Medicaid.

## POLICY REVIEW CYCLE

**Effective Date**  
07-01-2024

**Date of Origin**  
05-01-2010

## FDA APPROVED INDICATIONS AND DOSAGE

See package insert for FDA prescribing information: <https://dailymed.nlm.nih.gov/dailymed/index.cfm>

## POLICY AGENT SUMMARY QUANTITY LIMIT

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
	zaleplon cap	10 MG ; 5 MG	30	Capsules	30	DAYS			
	zolpidem tartrate cap	7.5 MG	30	Capsules	30	DAYS			
	Zolpidem Tartrate SL Tab 1.75 MG	1.75 MG	30	Tablets	30	DAYS			
	Zolpidem Tartrate SL Tab 3.5 MG	3.5 MG	30	Tablets	30	DAYS			
Ambien	zolpidem tartrate tab	10 MG ; 5 MG	30	Tablets	30	DAYS			
Ambien cr	zolpidem tartrate tablet	12.5 MG ; 6.25 MG	30	Tablets	30	DAYS			
Belsomra	suvorexant tab	10 MG ; 15 MG ; 20 MG ; 5 MG	30	Tablets	30	DAYS			
Dayvigo	lemborexant tab	10 MG ; 5 MG	30	Tablets	30	DAYS			
Edluar	Zolpidem Tartrate SL Tab 10 MG	10 MG	30	Tablets	30	DAYS			
Edluar	Zolpidem Tartrate SL Tab 5 MG	5 MG	30	Tablets	30	DAYS			
Lunesta	eszopiclone tab	1 MG ; 2 MG ; 3 MG	30	Tablets	30	DAYS			
Quviviq	daridorexant hcl tab	25 MG ; 50 MG	30	Tablets	30	DAYS			
Rozerem	ramelteon tab	8 MG	30	Tablets	30	DAYS			
Silenor	doxepin hcl (sleep) tab	3 MG ; 6 MG	30	Tablets	30	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Zolpimist	zolpidem tartrate oral spray	5 MG/ACT	1	Inhaler	30	DAYS			

## CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
	zaleplon cap	10 MG ; 5 MG	Medicaid
	zolpidem tartrate cap	7.5 MG	Medicaid
	Zolpidem Tartrate SL Tab 1.75 MG	1.75 MG	Medicaid
	Zolpidem Tartrate SL Tab 3.5 MG	3.5 MG	Medicaid
Ambien	zolpidem tartrate tab	10 MG ; 5 MG	Medicaid
Ambien cr	zolpidem tartrate tab er	12.5 MG ; 6.25 MG	Medicaid
Belsomra	suvorexant tab	10 MG ; 15 MG ; 20 MG ; 5 MG	Medicaid
Dayvigo	lemborexant tab	10 MG ; 5 MG	Medicaid
Edluar	Zolpidem Tartrate SL Tab 10 MG	10 MG	Medicaid
Edluar	Zolpidem Tartrate SL Tab 5 MG	5 MG	Medicaid
Lunesta	eszopiclone tab	1 MG ; 2 MG ; 3 MG	Medicaid
Quviviq	daridorexant hcl tab	25 MG ; 50 MG	Medicaid
Rozerem	ramelteon tab	8 MG	Medicaid
Silenor	doxepin hcl (sleep) tab	3 MG ; 6 MG	Medicaid
Zolpimist	zolpidem tartrate oral spray	5 MG/ACT	Medicaid

## QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
	<p><b>Quantity limit for the Target Agent(s)</b> will be approved when ONE of the following is met:</p> <ol style="list-style-type: none"> <li>1. The requested quantity (dose) does NOT exceed the program quantity limit <b>OR</b></li> <li>2. The requested quantity (dose) exceeds the program quantity limit AND ONE of the following: <ol style="list-style-type: none"> <li>A. BOTH of the following: <ol style="list-style-type: none"> <li>1. The requested agent does NOT have a maximum FDA labeled dose for the requested indication <b>AND</b></li> <li>2. There is support for therapy with a higher dose for the requested indication <b>OR</b></li> </ol> </li> <li>B. BOTH of the following: <ol style="list-style-type: none"> <li>1. The requested quantity (dose) does NOT exceed the maximum FDA labeled dose for the requested indication <b>AND</b></li> <li>2. There is support for why the requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does NOT exceed the program quantity limit <b>OR</b></li> </ol> </li> <li>C. BOTH of the following: <ol style="list-style-type: none"> <li>1. The requested quantity (dose) exceeds the maximum FDA labeled dose for the requested indication <b>AND</b></li> <li>2. There is support for therapy with a higher dose for the requested indication</li> </ol> </li> </ol> </li> </ol>

Module	Clinical Criteria for Approval
	<b>Length of Approval:</b> up to 12 months