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## 5.60.007

Section: Prescription Drugs Effective Date: January 1, 2024

Subsection: Central Nervous System Drugs Original Policy Date: June 27, 2014

Subject: Rozerem Page: 1 of 5

Last Review Date: December 8, 2023

#### Rozerem

#### Description

### Rozerem (ramelteon)

#### **Background**

Rozerem (ramelteon) is a hypnotic (sleep) medicine that works by acting on melatonin receptors, which are thought to be important in maintaining a normal sleep-wake cycle. Melatonin is a natural substance produced by your body to help regulate your sleep-wake cycle. Since Rozerem has no affinity for GABA receptors, it does not work like other sedative hypnotics such as benzodiazepines. It is intended for use in adults for the treatment of the symptom of trouble falling asleep from insomnia (1).

#### **Regulatory Status**

FDA-approved indication: Rozerem is indicated for the treatment of insomnia characterized by difficulty with sleep onset (1).

Although Rozerem is not a controlled substance, CNS and cognitive effects have been reported with normal use. Symptoms such as hallucinations, bizarre behavior, agitation, and mania have been reported. As with other hypnotic medications, complex behaviors may also occur during sleep and while the patient is minimally aware, including driving, eating food, and making phone calls (1).

Rozerem should be used with caution in patients with moderate hepatic impairment and is not recommended for use in patients with severe hepatic impairment (1).

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Rozerem should not be used in children as it has been associated with potential changes in reproductive hormones in adults (1).

The safety and effectiveness of Rozerem in patients less than 18 years of age have not been established (1).

#### Related policies

Hetlioz, Orexin Antagonists, Sedative Hypnotics, Xyrem, Xywav

#### **Policy**

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Rozerem may be considered **medically necessary** if the conditions indicated below are met.

Rozerem may be considered investigational for all other indications.

## **Prior-Approval Requirements**

Age 18 years of age and older

**Diagnosis** 

Patient must have the following:

Sleep onset insomnia

**AND NONE** of the following:

- 1. Severe hepatic impairment (Child-Pugh Class C)
- 2. Concurrent therapy with another Prior Authorization (PA) sleep aid (see Appendix 1) or with an oxybate product (see Appendix 2)

## Prior - Approval Renewal Requirements

Same as above

## Policy Guidelines

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#### **Pre - PA Allowance**

Age 18 years of age and older

**Quantity** 30 tablets per 365 days

**Duration** 12 months

## **Prior - Approval Limits**

**Quantity** 90 tablets per 90 days

**Duration** 12 months

### Prior - Approval Renewal Limits

Same as above

#### Rationale

#### **Summary**

Rozerem (ramelteon) is a melatonin receptor agonist used to treat the symptom of trouble falling asleep from insomnia. Rozerem should be used with caution in patients with moderate hepatic impairment and is not recommended for use in patients with severe hepatic impairment. The safety and effectiveness of Rozerem in patients less than 18 years of age have not been established (1).

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of Rozerem while maintaining optimal therapeutic outcomes.

#### References

1. Rozerem [package insert]. Deerfield, IL: Takeda, Inc.; November 2021.

#### **Policy History**

Date Action

June 2014 New addition to PA

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September 2014 Annual review

March 2015 Annual editorial review and reference update

September 2016 Annual editorial review

Addition of no concurrent use with Xyrem

Policy number change from 5.07.12 to 5.60.07

December 2017 Annual review
November 2018 Annual review

February 2019 Addition of age limit for Pre-PA

March 2019 Annual review and reference update
May 2020 Revised no dual therapy requirement

June 2020 Annual review

March 2021 Annual editorial review

May 2021 Revised no dual therapy requirement
June 2021 Annual review. Revised Appendix 1

September 2022 Annual editorial review. Added Quvivig to Appendix 1

September 2023 Annual review

December 2023 Annual review and reference update

**Keywords** 

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on December 8, 2023 and is effective on January 1, 2024.

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## Appendix 1 - List of Prior Authorization (PA) Sleep Aids

Generic Name	Brand Name
daridorexant	Quviviq
estazolam	Prosom
eszopiclone	Lunesta
flurazepam	Dalmane
lemborexant	Dayvigo
quazepam	Doral
ramelteon	Rozerem
tasimelteon	Hetlioz
suvorexant	Belsomra
temazepam	Restoril
triazolam	Halcion
zaleplon	Sonata
zolpidem	Ambien
zolpidem extended-release	Ambien CR
zolpidem oral spray	Zolpimist
zolpidem sublingual	Edluar
zolpidem sublingual	Intermezzo

### **Appendix 2 - List of Oxybate Products**

Generic Name	Brand Name
sodium oxybate	Xyrem
calcium, magnesium, potassium, sodium oxybates	Xywav