UnitedHealthcare Community Plan

Clinical Pharmacy Program Guidelines for Rozerem

Program	Prior Authorization
Medication	Rozerem (ramelteon)
Issue Date	12/2009
Pharmacy and Therapeutics Approval Date	3/2018
Effective Date	5/2018

1. Background:

Rozerem is indicated for the treatment of insomnia characterized by difficulty with sleep onset.

2. Coverage Criteria:

A. <u>Authorization</u>

1. **Rozerem** will be approved based on **<u>one</u>** of the following criteria:

   a. History of trial and failure of at least 2 weeks, contraindication, or intolerance to **<u>both</u>** of the following sedative-hypnotic alternatives:

      (1) Zolpidem (generic Ambien)
      (2) Zaleplon (generic Sonata)

      -OR-

   b. History of or potential for a substance abuse disorder

Authorization will be issued for 12 months.

3. References:

1. Rozerem Prescribing Information. Takeda Global; Deerfield, IL. November 2010.

Program	Prior Authorization - Rozerem (ramelteon)
Change Control	
Date	Change
9/2009	Criteria taken from previously approved Unison policy, Sedatives / Hypnotics. Removed automated step process and zaleplon listing. Policy reformatted and renamed to Rozerem.
12/2010	Annual Review, no changes
9/2011	Annual Review, no changes
9/2012	Annual Review, no changes
12/2015	Annual Review, no changes
11/2016	Updated clinical criteria to align with Employer and Individual's policy except products for trial/failure differ and updated policy template
3/2017	Annual review. Updated policy template.
3/2018	Annual review.