BlueCross BlueShield Federal Employee Program

ROZEREM
(ramelteon)

Pre - PA Allowance

Age 18 years of age and older
Quantity 30 tablets per 365 days
Duration 12 months

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 Limits

Quantity 90 tablets per 90 days
Duration 12 months

Prior – Approval *Renewal* Requirements

Same as above

Prior – Approval *Renewal* Limits

Same as above

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	Lumryz
sodium oxybate	Xyrem
calcium, magnesium, potassium, sodium oxybates	Xywav