

**ramelteon tablet (ROZEREM)**

**Diagnosis Considered for Coverage:**

- Insomnia

**Coverage Criteria:**

**For diagnosis listed above:**

- Dose does not exceed 8 mg per day, **and**
- One of the following:
  - Patient has known abuse potential or dependence to controlled substance, **or**
  - Patient is 65 years or older, **or**
  - Inadequate response, intolerable side effect, or contraindication to one preferred generic non-benzodiazepine sedative-hypnotic agent including zolpidem immediate-release (Ambien), zolpidem extended-release (Ambien CR), eszopiclone (Lunesta), and zaleplon (Sonata).

**Coverage Duration:** one year

Effective Date: 8/31/2022