



JEB BUSH, GOVERNOR

RHONDA M. MEDOWS, MD, FAAFP, SECRETARY

Dear Physician,

The Medicaid Pharmacy and Therapeutics Committee is responsible for the review of medications that are approved and placed on the Preferred Drug List (PDL) for use in the Medicaid patient population. This process includes consideration of the clinical efficacy, safety, and cost effectiveness of each product.

The Committee has had extensive discussions on the subject of pharmacotherapy and sought to align itself with the recommendations of nationally recognized authorities. In so doing, the Committee believes it is important to establish medications on the PDL that have a sound evidence-based role. When the sedative hypnotics were reviewed, triazolam (Halcion[®]) and Flurazepam (Dalmane[®]) were recommended for removal. Both medications have low usage patterns and higher adverse reaction profiles compared to other medications in sedative hypnotic class. Background information regarding the removal of the products is provided.

In an effort to provide you with an opportunity to become familiar with the available PDL medications in these categories, the effective date for removal of these products will be February 1, 2003.

Any suggestions or references to the use of alternate medications is guidance information only, and not intended to circumvent the practitioner's knowledge and experience with his or her patients' care.

Respectfully,

George Kitchens RPh
Bureau Chief Medicaid Pharmacy Services



TRIAZOLAM (Halcion®)

Triazolam is an example of a short-acting benzodiazepine that has been used as a hypnotic. Short acting benzodiazepines may, however cause a higher incidence of anterograde amnesia, amnesia, early morning awakening, withdrawal effects resulting in increased irritability and anxiousness during the day.^{22,23} Triazolam is metabolized by the cytochrome P450 3A pathway resulting in far greater drug interaction potential compared to other sedative hypnotics. Tolerance has been demonstrated as early as 2 weeks.

FLURAZEPAM (Dalmane®)

Some patients who have insomnia also have daytime anxiety.²² To manage those patients a longer-acting benzodiazepine may be appropriate. However, medication such as flurazepam, associated with a long half life (50-100 hours)²²⁻²⁵ may be more than appropriate. Its long half-life results in side effects that include; daytime sleepiness, cognitive impairment, incoordination and worsening of depression.²² Accumulation with repeated use can result in increased hypnotic effects. Flurazepam's pharmacokinetic profile may be responsible for the clinical observation that increasing effectiveness occurs on the second or third night of consecutive use, and for one or two nights after the drug is discontinued.²²

Of the population of Medicaid patients using a sedative hypnotic, 85% are receiving either of two medications, temazepam (Restoril®) or zolpidem (Ambien®) at 49% and 36% respectively. Therapeutic options to the use of triazolam and flurazepam on the PDL include:

	<u>Dose Range</u>
temazepam	7.5-30mg po hs, PRN
estazolam	0.5-2mg po hs, PRN
zolpidem (Ambien)	5-10mg po hs, PRN
zaleplon (Sonata)	5-10mg po hs, PRN

REFERENCES

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4. Parks-Veal PM. Pharmacotherapy of Insomnia and Sleep Disorders. Consult Pharm 2001;16:285-8.
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