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Quick reference guide

Zaleplon, zolpidem and zopiclone for the short-term management of insomnia

1 Guidance

- 1.1 When, after due consideration of the use of non-pharmacological measures, hypnotic drug therapy is considered appropriate for the management of severe insomnia interfering with normal daily life, it is recommended that hypnotics should be prescribed for short periods of time only, in strict accordance with their licensed indications.
- 1.2 It is recommended that, because of the lack of compelling evidence to distinguish between zaleplon, zolpidem, zopiclone or the shorter-acting benzodiazepine hypnotics, the drug with the lowest purchase cost (taking into account daily required dose and product price per dose) should be prescribed.
- 1.3 It is recommended that switching from one of these hypnotics to another should only occur if a patient experiences adverse effects considered to be directly related to a specific agent. These are the only circumstances in which the drugs with the higher acquisition costs are recommended.
- 1.4 Patients who have not responded to one of these hypnotic drugs should not be prescribed any of the others.

2 Implementation

2.1 Implications for the NHS

- 2.1.1 It is likely that this guidance will result in the preferential prescription of hypnotics with lower acquisition costs and possibly lead to a reduction in the prescribing of hypnotics, both overall and more specifically for long-term use. It is therefore expected that there will be some savings in terms of costs directly associated with the prescription of hypnotics. In 2002, a total of 3.9 million prescriptions were written for zaleplon, zolpidem and zopiclone with a net ingredient cost of £15.9 million. However, the overall effect and the timescale of this effect on NHS resources will depend on any reduction in overall hypnotic prescribing, the proportion of prescriptions relating to the short-term management, the proportion of patients prescribed more expensive hypnotics as a result of adverse effects directly related to the cheaper alternatives and the uptake of any non-pharmacological alternatives.

2.2 Local implementation and audit

- 2.2.1 NHS organisations and clinicians who prescribe treatment for people with insomnia should review their current practice and policies and the current patterns of prescribing hypnotic drugs, as reported in high-level performance indicators, to take account of the guidance set out in Section 1.
- 2.2.2 Local guidelines, protocols or care pathways that refer to the care of people with insomnia should incorporate the guidance in Section 1.

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This guidance is written in the following context:

This guidance represents the view of the Institute, which was arrived at after careful consideration of the available evidence. Health professionals are expected to take it fully into account when exercising their clinical judgement. This guidance does not, however, override the individual responsibility of health professionals to make appropriate decisions in the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

2.2.3 To measure compliance locally with the guidance, the following criteria could be used.

- Hypnotic drug therapy is used for the management of severe insomnia interfering with normal daily life only after due consideration of the use of non-pharmacological measures.
- When hypnotic drug therapy is used, the drugs are prescribed for short periods of time only, in strict accordance with the licensed indications.
- When hypnotic drug therapy with shorter-acting benzodiazepine hypnotics, zaleplon,

zolpidem or zopiclone, is prescribed, the drug with the lowest purchase cost is chosen.

- A patient is switched from one of these hypnotic drugs to another only if he or she experiences adverse effects considered to be directly related to a specific agent.
- A patient who has not responded to one of these hypnotic drugs is not prescribed any of the others.

2.2.4 Further details on criteria for audit are included in the full guidance (see Further Information).

Further information

Distribution

The distribution list for this quick reference guide is available on the NICE website at www.nice.org.uk/TA077distributionlist

Full guidance

The full guidance is available from www.nice.org.uk/TA077guidance

It contains the following sections: 1 Guidance; 2 Clinical need and practice; 3 The technology; 4 Evidence and interpretation; 5 Recommendations for further research; 6 Implications for the NHS; 7 Implementation and audit; 8 Related guidance; 9 Review of guidance.

The full guidance also gives details of the Appraisal Committee, the sources of evidence considered and suggested criteria for audit.

Information for the Public

NICE has produced information describing this guidance for people with insomnia, their families, and the public. This information is available from the NHS Response Line and from the NICE website at www.nice.org.uk/TA077publicinfo

Related guidance

There is no specific related NICE guidance for the management of insomnia

Ordering information

Copies of this quick reference guide can be obtained from the NICE website at www.nice.org.uk/TA077quickrefguide or from the NHS Response Line by telephoning 0870 1555 455 and quoting reference number N0545. *Information for the Public* can be obtained by quoting reference number N0546 for the English version and N0547 for a version in English and Welsh.

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