

Clinical Considerations for Insomnia Treatment

Insomnia frequently co-occurs with behavioral and physical health conditions. A stepwise approach is recommended.

1. Prioritize Non-Pharmacologic Interventions

These should be the first line of treatment:

- Lifestyle adjustments (e.g., nutritious diet, exercise, limiting alcohol and caffeine, tobacco cessation)
- Sleep hygiene practices (e.g., quiet sleep environment, regular bedtime, avoiding screens and naps)
- Cognitive Behavioral Therapy for Insomnia (CBT-I) – an effective, structured approach that typically lasts six to eight weeks.
- [Patient Education on CBT-I](#)

2. Use Pharmacologic Treatment When Appropriate

Medications should be considered only when non-pharmacologic options have been tried and documented.

- [Guide for Patients on Sleep Medications](#)
- [Trazadone as First-Line for Insomnia?](#)
- [Clinical Guidelines on Pharmacologic Treatment](#)
- [2023 Primary Care Insomnia Management Update](#)

NC Medicaid Policy Highlights

To ensure safe use of sedative hypnotics, NC Medicaid enforces quantity limits and prior authorization (PA) criteria:

- Quantity Limit: 15 units per 30 days (oral sedative hypnotics)
- Zolpimist Limit: One canister every 60 days
- [View Full Clinical Criteria and Approved Medications](#)

To exceed limits, documentation must show:

- Chronic insomnia lasting 30+ days
- Completion of a trial lasting three or more weeks of behavioral therapies
- Sleep hygiene education provided
- Evaluations and treatment of any co-occurring conditions (e.g., psychiatric illness, chronic pain, circadian rhythm disorder)
- Tapering plan (if discontinuing a sedative)

Special Considerations

- [EPSDT Coverage](#): Children under 21 may qualify for medically necessary treatment beyond standard limits.
- FDA Safety Alerts on Zolpidem: Lower initial doses (e.g., 5 mg for women) are recommended due to risk of next-morning impairment. Providers should counsel patients on potential safety risks with driving or other alertness-dependent activities the following day.