

## **An Overview of “Z” Drugs**

The “Z-Drugs” are non-benzodiazepine sedative-hypnotics that are FDA approved for the treatment of insomnia in adults. The Z-drugs selectively bind to the certain subunits of the GABA-A complex which allow for hypnotic effects but lack of myorelaxant, anxiolytic, and anticonvulsant effects seen with benzodiazepines.

The three agents in the Z-Drugs group and their approved indications for use are listed below:

- Zolpidem (Ambien) indicated for short-term treatment of insomnia characterized by difficulties with sleep initiation.
- Zaleplon (Sonata) indicated for the short-term treatment of insomnia.
- Eszopiclone (Lunesta) indicated for the treatment of insomnia. The only Z-drug with an approval for long-term/chronic treatment use.

## **Clinical Considerations with Z-Drugs**

The primary areas of concern with members chronically utilizing Z-drugs stems from the drug’s high-abuse potential and the risk for developing tolerance and dependence. Z-drugs were developed to serve as alternatives to benzodiazepines but should not be considered “safer” than benzodiazepines. Additionally, Z-drugs are listed on the Beers Criteria and are “high-risk” medications for geriatric members. In real-world practice, Z-drugs are overprescribed and used for longer-than-recommended treatment cycles which can put members at a higher risk for developing tolerance, dependence, and adverse effects.

The following points should be taken into consideration when Z-drug therapy may be initiated:

- Studies have shown that the Z-drugs have an abuse potential similar to benzodiazepine and benzodiazepine-like hypnotics.
- If therapy is continued for more than two weeks, the possibility of withdrawal syndrome should be considered, and abrupt discontinuation of therapy avoided.
- Following rapid dose decrease or abrupt discontinuation of the use of sedative-hypnotics there have been reports of signs and symptoms like those associated with withdrawal from other CNS-depressant drugs.
- With the possibility of physical and psychological dependence to any of the Z-drugs, these medications require close monitoring.
- Z-drugs should be used cautiously in patients with a history of alcoholism or substance abuse.
- Examples of risks associated with Z-drug use include but are not limited to physical dependence, falls, daytime sedation, and cognitive impairment.
- Sleep studies have shown that Z-drug treatment period should not exceed two weeks as sleep patterns will return to pre-treatment levels after a few weeks of regular use.



In summary, Z-drugs are approved for use to treat insomnia in adults. The Z-drugs have a high-abuse potential and exert sedative-hypnotic effects that we similarly see with benzodiazepines. To promote responsible prescribing patterns, it is important for providers to consider the clinical benefits and risks associated with Z-drug treatment. Sleep studies have shown that Z-drug treatment period should not

exceed 2 weeks as sleep patterns will return to pre-treatment levels after a few weeks of regular use. Due to the associated risks and reduced long-term efficacy, it is recommended to deprescribe by tapering and eventually discontinuing the Z-drugs whenever possible.

**References:**

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**REFERRED DRUG LIST UPDATES CAN BE FOUND HERE:**

	
ACC-RBHA, DD, ALTCS and DCS CHP	Behavioral Health (Non-Title 19/21)

**\*\* Drugs that are not on the formulary will require a PA (prior authorization) request to be submitted\*\***

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