

Hypnotics
Effective 10/01/2020

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input checked="" type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Prescriptions that meet the initial step therapy requirements will adjudicate automatically at the point of sale. If the prescription does not meet the initial step therapy requirements, the prescription will deny with a message indicating that prior authorization (PA) is required. Refer to the criteria below and submit a PA request for the members who do not meet the initial step therapy requirements at the point of sale.

Initial Step-Therapy Requirements:

First-Line: Medications listed on first-line are covered without prior-authorization.

Second-Line: Second-line medications will pay if the member has filled at least **three** first-line medications or a second-line medication within the past 180 days.

Coverage Guidelines

If a member does not meet the initial step therapy requirements, then approval of a second-line medication will be granted if the member has had a documented inadequate response or side effect to at least **three** first-line medications.

FIRST-LINE	SECOND-LINE
zolpidem	zolpidem ER (<i>compare to Ambien® CR</i>)
zaleplon	quazepam (Doral®)
generic benzodiazepines (e.g., clonazepam, diazepam, estazolam, flurazepam, lorazepam, temazepam, triazolam)	eszopiclone (<i>compare to Lunesta®</i>)
trazodone	Rozerem® (ramelteon)

FIRST-LINE	SECOND-LINE
tricyclic antidepressants	

Limitations

The following quantity limits apply:

Zolpidem	30 tablets per 30 days
Zaleplon	30 capsules per 30 days
Zolpidem ER	30 tablets per month
Eszopiclone	30 tablets per month
Quazepam	30 tablets per month
Rozerem	30 tablets per month

References

1. Ambien tablets (zolpidem tartrate) [prescribing information]. Bridgewater, NJ: Sanofi-Aventis; September 2018.
2. Ambien CR tablets (zolpidem tartrate) [prescribing information]. Bridgewater, NJ: Sanofi-Aventis; September 2018.
3. Zaleplon. Lexi-Drugs [database online]. Hudson, OH: Lexicomp Inc; 2014. <http://online.lexi.com>. Accessed October 8, 2014.
4. Doral (quazepam) [prescribing information]. Marietta, GA: Galt Pharmaceuticals LLC; August 2017
5. Lunesta (eszopiclone) [prescribing information]. Marlborough, MA: Sunovion Pharmaceuticals Inc; May 2014.
6. Rozerem (ramelteon) [prescribing information]. Deerfield, IL: Takeda Pharmaceuticals America Inc; November 2010.
7. Trazodone. Lexi-Drugs. Lexicomp Online. Hudson, OH: Wolters Kluwer Clinical Drug Information Inc. <http://online.lexi.com>. Accessed October 3, 2018
8. Schutte-Rodin S, Broch L, Buysse D, et al. Clinical guideline for the evaluation and management of chronic insomnia in adults. American Academy of Sleep Medicine (AASM). J Clin Sleep Med. 2008;4:487-504.
9. Wilson SJ, Nutt DJ, Argyropoulos SV, et al. British Association for Psychopharmacology consensus statement on evidenced-based treatment of insomnia, parasomnias and circadian rhythm disorders. J of Psychopharmacology.2010;1:1-25.
10. Bonnet MH, Arand DL. Treatment of Insomnia. In: Basow DS (Ed). UpToDate [database on the internet]. Waltham (MA): UpToDate; 2015. Available at: <http://www.utdol.com/utd/index.do>
11. Auger RR, Burgess HJ, Emens JS, Deriy LV, Thomas SM, Sharkey KM. Clinical practice guideline for the treatment of intrinsic circadian rhythm sleep-wake disorders: advanced sleep-wake phase disorder (ASWPD), delayed sleep-wake phase disorder (DSWPD), non-24-hour sleep-wake rhythm disorder (N24SWD), and irregular sleep-wake rhythm disorder (ISWRD). An Updated for 2015. An American Academy of Sleep Medicine Clinical Practice Guideline. J Clin Sleep Med. 2015;11(10):1199-1236.

Review History

12/19/2005: Reviewed

02/01/2006: Implemented

11/27/2006: Reviewed

04/30/2007: Updated bi-weekly drug file update



11/26/2007: Reviewed
05/21/2008: Updated (zaleplon)
06/14/2008: Updated (zaleplon)
11/24/2008: Reviewed
11/23/2009: Reviewed & Revised
11/22/2010: Reviewed & Revised
11/29/2010: Updated (zolpidem ER 6.25mg)
01/12/2011: Updated (zolpidem ER 12.5mg; 1/3/11 file)
11/28/2011: Reviewed & Revised
04/03/2012: Updated (Intermezzo disclaimer; 3/26/12 file)
11/26/2012: Reviewed & Revised
11/25/2013: Reviewed & Revised
11/24/2014: Reviewed & Revised (Lunesta generic) P&T Mtg
11/16/2014: Updated (Added Belsomra; Sept 2015 P&T Mtg)
11/2016: Updated (removed Belsomra to own PA criteria)
11/27/2017: Reviewed P&T Mtg
11/26/2018: Updated
01/22/2019: Switched to true ST program (removed clinical rationale)
07/22/2020: Reviewed and updated July P&T Mtg: updated ST from ALL step 1 medications to previous use of three (3) step 1 medications; updated Program type to ST and QL. Effective 10/01/2020.

