

**Hypnotics**  
**Effective 10/01/2020**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input checked="" type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Medical and Specialty Medications</b>		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
<b>Exceptions</b>	<b>Non-Specialty Medications</b>		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029

### 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)
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

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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.

