Mass General Brigham
Health Plan

Hypnotics
Effective 01/01/2026

Plan	☐ MassHealth UPPL ☒ Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical Benefit** **Pharmacy Benefit**	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
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 **two** first-line medications or a second-line medication within the past 180 days.

FIRST-LINE	SECOND-LINE
Estazolam Eszopiclone Temazepam Triazolam Zolpidem immediate release tablet[§]/zolpidem extended-release tablet*zaleplon	Belsomra Ramelteon

*Zolpidem immediate-release tablet and zolpidem extended-release tablet contain the same active ingredient. Previous use of both counts as trial with one agent.
[§]Zolpidem sublingual tablet is nonformulary and is not part of the hypnotics step therapy program.

Coverage Guidelines
Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs
OR
Authorization may be granted for members when all of the following criteria are met:

1. Member meets ONE of the following:
    a. Member has had an inadequate response, adverse effect or contraindication to at least two first line medications

b. Member has had an inadequate response, adverse effect, or contraindication to at least one second-line medication

Limitations

1. Approvals will be granted for 36 months.
2. The following quantity limits apply:

Drug Name and Dosage Form	Quantity Limit
Belsomra tablet	1 tablet per day
Eszopiclone tablet	1 tablet per day
Ramelteon	1 tablet per day
Zaleplon	1 capsule per day
Zolpidem ER tablet	1 tablet per day
Zolpidem immediate release	1 tablet per day

References

1. 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.
2. Belsomra (suvorexant) [prescribing information]. Rahway, NJ: Merck Sharp & Dohme LLC; March 2025.
3. Rozerem (ramelteon) [prescribing information]. Cambridge, MA: Takeda Pharmaceuticals America Inc; June 2025.
4. 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.
5. 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.

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.
09/10/2025 – Reviewed and updated for September P&T. Removed quazepam from policy, as agent is moving to nonformulary status. Removed trazodone from step therapy configuration. Removed all benzodiazepines except estazolam, temazepam and triazolam from the step therapy configuration and removed all TCAs from step therapy configuration. Move zolpidem ER from second-line to first-line. Updated never of step requirements from three agents to two. Added approval length of 36 months. Effective 01/01/2026.
10/08/2025 – Reviewed and updated for October P&T. Added Belsomra to the policy as a second-line agent. Effective 01/01/2026.