**Hypnotics**

**Effective 10/01/2020**

<table>
<thead>
<tr>
<th>Plan</th>
<th>MassHealth</th>
<th>☑ Commercial/Exchange</th>
<th>Program Type</th>
<th>☐ Prior Authorization</th>
<th>☑ Quantity Limit</th>
<th>☑ Step Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit</td>
<td>☑ Pharmacy Benefit</td>
<td>☐ Medical Benefit (NLX)</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Specialty Limitations</th>
<th>N/A</th>
</tr>
</thead>
</table>

### 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

### Contact Information

<table>
<thead>
<tr>
<th>Specialty Medications</th>
<th>Non-Specialty Medications</th>
<th>Medical Specialty Medications (NLX)</th>
</tr>
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<tr>
<td>All Plans</td>
<td>MassHealth</td>
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</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th><strong>FIRST-LINE</strong></th>
<th><strong>SECOND-LINE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>zolpidem</td>
<td>zolpidem ER (<em>compare to Ambien® CR</em>)</td>
</tr>
<tr>
<td>zaleplon</td>
<td>quazepam (Doral®)</td>
</tr>
<tr>
<td>generic benzodiazepines (e.g., clonazepam, diazepam, estazolam, flurazepam, lorazepam, temazepam, triazolam)</td>
<td>eszopiclone (<em>compare to Lunesta®</em>)</td>
</tr>
<tr>
<td>trazodone</td>
<td>Rozerem® (ramelteon)</td>
</tr>
<tr>
<td>tricyclic antidepressants</td>
<td></td>
</tr>
</tbody>
</table>
**Limitations**

The following quantity limits apply:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zolpidem</td>
<td>30 tablets per 30 days</td>
</tr>
<tr>
<td>Zaleplon</td>
<td>30 capsules per 30 days</td>
</tr>
<tr>
<td>Zolpidem ER</td>
<td>30 tablets per month</td>
</tr>
<tr>
<td>Eszopiclone</td>
<td>30 tablets per month</td>
</tr>
<tr>
<td>Quazepam</td>
<td>30 tablets per month</td>
</tr>
<tr>
<td>Rozerem</td>
<td>30 tablets per month</td>
</tr>
</tbody>
</table>

**References**

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.

**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.

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