Hypnotics
Effective November 26, 2018

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

<table>
<thead>
<tr>
<th>Plan</th>
<th>Specialty Medications</th>
<th>Non-Specialty Medications</th>
<th>Medical Specialty Medications (NLX)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Plans</td>
<td>Phone: 866-814-5506</td>
<td>Fax: 866-249-6155</td>
<td></td>
</tr>
<tr>
<td>MassHealth</td>
<td>Phone: 877-433-7643</td>
<td>Fax: 866-255-7569</td>
<td></td>
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<tr>
<td>Commercial</td>
<td>Phone: 800-294-5979</td>
<td>Fax: 888-836-0730</td>
<td></td>
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<tr>
<td>Exchange</td>
<td>Phone: 855-582-2022</td>
<td>Fax: 855-245-2134</td>
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Medical Specialty Medications (NLX)

| Plan | Phone: 844-345-2803 | Fax: 844-851-0882 |

Contact Information

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

<table>
<thead>
<tr>
<th>FIRST-LINE</th>
<th>SECOND-LINE</th>
</tr>
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<tbody>
<tr>
<td>zolpidem</td>
<td>zolpidem ER</td>
</tr>
<tr>
<td>zaleplon</td>
<td>quazepam</td>
</tr>
<tr>
<td>generic benzodiazepines (e.g., clonazepam, diazepam, estazolam, flurazepam, lorazepam, temazepam, triazolam, etc.)</td>
<td>eszopiclone</td>
</tr>
<tr>
<td>trazadone</td>
<td>ramelton</td>
</tr>
</tbody>
</table>

If a member does not meet the initial step therapy requirements, then approval of a second-line medication will be granted if the member meets the following criteria:

399 Revolution Drive, Suite 810, Somerville, MA 02145 | allwayshealthpartners.org
AllWays Health Partners includes AllWays Health Partners, Inc. and AllWays Health Partners Insurance Company
zolpidem ER, quazepam, & eszopiclone

1. Member has a diagnosis of insomnia requiring sleep maintenance AND
2. Member has had a documented side effect, allergy, or treatment failure with ALL the following medications:
   a. zolpidem [Ambien]
   b. zaleplon
   c. At least one of the following 1st line agents: *
      i. generic benzodiazepines
      ii. trazodone
      iii. tricyclic antidepressants

Rozerem

1. Member has a diagnosis of insomnia AND
2. Member has had a documented side effect, allergy, or treatment failure with ALL the following medications:
   a. zolpidem
   b. zaleplon
   c. At least one of the following 1st line agents: *
      i. generic benzodiazepines [clonazepam, diazepam, estazolam, flurazepam, etc.]
      ii. trazodone
      iii. tricyclic antidepressants

*Members aged 65 or older may bypass this requirement

Limitations

1. Approvals will be granted for 12 months.
2. A quantity limit of 30 tablets per month applies.

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
12/19/05 – Reviewed
11/27/06 – Reviewed
04/30/07 – Bi-weekly drug file update
11/26/07 – Reviewed
06/14/08 – Zaleplon
11/24/08 – Reviewed
11/23/09 – Updated
11/29/10 – Zolpidem ER 6.25mg
11/22/10 – Updated
01/12/11 – Zolpidem ER 12.5mg
11/28/11 – Updated
04/03/12 – Intermezzo disclaimer
11/26/12 – Updated
11/25/13 – Updated
11/24/14 – Lunesta generic
11/16/15 – Added Belsomra
11/2016 – Removed Belsomra to its own PA criteria
11/27/17 – Reviewed
11/26/18 – Updated

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