



**Hypnotics**  
Effective November 26, 2018

|                              |                                                                                                           |                     |                                                                                             |
|------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------------------------------------------|
| <b>Plan</b>                  | <input checked="" type="checkbox"/> MassHealth<br><input checked="" type="checkbox"/> Commercial/Exchange | <b>Program Type</b> | <input type="checkbox"/> Prior Authorization                                                |
| <b>Benefit</b>               | <input checked="" type="checkbox"/> Pharmacy Benefit<br><input type="checkbox"/> Medical Benefit (NLX)    |                     | <input type="checkbox"/> Quantity Limit<br><input checked="" type="checkbox"/> Step Therapy |
| <b>Specialty Limitations</b> | N/A                                                                                                       |                     |                                                                                             |
| <b>Contact Information</b>   | <b>Specialty Medications</b>                                                                              |                     |                                                                                             |
|                              | All Plans                                                                                                 | Phone: 866-814-5506 | Fax: 866-249-6155                                                                           |
|                              | <b>Non-Specialty Medications</b>                                                                          |                     |                                                                                             |
|                              | 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                                                                           |
|                              | <b>Medical Specialty Medications (NLX)</b>                                                                |                     |                                                                                             |
|                              | All Plans                                                                                                 | Phone: 844-345-2803 | Fax: 844-851-0882                                                                           |
| <b>Exceptions</b>            | 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**

| FIRST-LINE                                                                                                                                                                           | SECOND-LINE                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| zolpidem<br>zaleplon<br>generic benzodiazepines (e.g., clonazepam, diazepam, estazolam, flurazepam, lorazepam, temazepam, triazolam, etc.)<br>trazodone<br>tricyclic antidepressants | zolpidem ER<br>quazepam<br>eszopiclone<br>ramelteon |

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:



### **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**

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

12/19/05 – 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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