Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Medical Assistance
600 Washington Street
Boston, MA 02111

MassHealth
Prescriber Bulletin 2
March 2000

TO: Physicians, Dental Providers, Outpatient Hospitals, Podiatrists, Community Health Centers, Nurse Midwives, and Nurse Practitioners Participating in MassHealth

FROM: Mark E. Reynolds, Acting Commissioner

RE: **Prior Authorization for Sedative-Hypnotic Sleep Medications**

Background

Insomnia is a sleep disorder that affects an estimated 60 million Americans a year according to the National Sleep Foundation. While many patients with insomnia may be treated effectively without the use of drugs, some patients are more effectively treated with sedative, sleep-hypnotic medication. In those instances where sleep-hypnotic therapy is indicated, research findings indicate that many medications stop working after several weeks of continued use. Use of the medication, therefore, should be limited to a maximum of two to three weeks.

In February 1995 the Division published Pharmacy Bulletin 49 requiring prior authorization for all benzodiazepines when used beyond 120 continuous days. This bulletin amends Pharmacy Bulletin 49 by requiring prior authorization, as further described below, only for those benzodiazepines as well as non-benzodiazepine and barbiturate medications that are FDA approved for the primary purpose of treating insomnia.

Drugs Requiring Prior Authorization

All medications that are FDA-approved for treatment of insomnia, will require written prior authorization on and after April 1, 2000. If granted, prior authorization will be given for a maximum of 30 days. The Division will allow a maximum of three 30-day prior authorizations per any consecutive 12-month period. Any drug or combination of drugs in the following list, as well as any new- to-the-market medications used for insomnia that may not be included in the list, count toward the yearly limit.

Amobarbital/Secobarbital (Tuinal)	Chloral Hydrate (Noctec)
Estazolam (ProSom)	Ethchlorvynol (Placidyl)
Flurazepam (Dalmane)	Pentobarbital (Nembutal)
Quazepam (Doral)	Secobarbital (Seconal)
Temazepam (Restoril)	Triazolam (Halcion)
Zaleplon (Sonata)	Zolpidem (Ambien)

Note

Benzodiazepines that are FDA approved for a primary purpose other than the treatment of insomnia, such as diazepam, lorazepam, or alprazolam, will no longer be subject to prior authorization.

Prior Authorization

The initial prescription request in a 12-month period, if for no more than a 30-day supply, may be made by the pharmacist by calling the Drug Utilization Review Program. All subsequent requests must be made by the prescriber in writing. The prescriber must complete a Request for Prior Authorization form or submit a written request on letterhead containing the information required in Subchapter 5 of your provider manual. The request must include the name, address, and telephone number of the pharmacy that will fill the prescription. Send or fax the completed form or request on letterhead with the appropriate information to the address listed below:

Drug Utilization Review Program
University of Massachusetts Medical School
11 Midstate Drive
Auburn, MA 01501

Fax: (508) 721-7138
Tel: (800) 745-7318

Questions

If you have any questions about the information in this bulletin, please contact the Unisys Provider Services Department at (617) 628-4141 or 1-800-325-5231.