

PRIOR AUTHORIZATION CRITERIA

DRUG CLASS	INSOMNIA AGENTS
BRAND NAME (generic)	BELSOMRA (suvorexant)
	DAYVIGO (lemborexant)
Status: CVS Caremark Criteria	
Type: Initial Prior Authorization	

POLICY

FDA-APPROVED INDICATIONS

Belsomra

Belsomra (suvorexant) is indicated for the treatment of insomnia characterized by difficulties with sleep onset and/or sleep maintenance.

Dayvigo

Dayvigo (lemborexant) is indicated for the treatment of adult patients with insomnia, characterized by difficulties with sleep onset and/or sleep maintenance.

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for the treatment of insomnia characterized by difficulties with sleep onset and/or sleep maintenance
AND
- Potential factors contributing to sleep disturbances have been addressed or are currently being addressed (e.g., inappropriate sleep hygiene and sleep environment issues) as well as treatable medical/psychiatric disorders that are co-morbid with insomnia
AND
- If the patient is less than 65 years of age:
 - The patient experienced an inadequate treatment response to any of the following: A) a generic non-benzodiazepine sedative-hypnotic (e.g., eszopiclone, zaleplon, zolpidem), B) a benzodiazepine (e.g., temazepam)
OR
 - The patient experienced an intolerance to any of the following A) a generic non-benzodiazepine sedative-hypnotic (e.g., eszopiclone, zaleplon, zolpidem), B) a benzodiazepine (e.g., temazepam)
OR
 - The patient has a contraindication that would prohibit a trial of ALL of the following A) a generic non-benzodiazepine sedative-hypnotic (e.g., eszopiclone, zaleplon, zolpidem), B) a benzodiazepine (e.g., temazepam)

Quantity Limits apply.

30 tablets/month

REFERENCES

1. Belsomra [package insert]. Whitehouse Station, NJ: Merck Sharp & Dohme Corp., a subsidiary of Merck & Co., Inc.; March 2020.
2. Dayvigo [package insert]. Woodcliff Lake, NJ: Eisai; April 2020.
3. Lexicomp Online, AHFS DI (Adult and Pediatric) Online, Hudson, Ohio: UpToDate, Inc.; 2021; Accessed February 24, 2021.
4. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: <https://www.micromedexsolutions.com>. Accessed February 24, 2021.
5. Sateia MJ, Buysse DJ, Krystal AD, Neubauer DN, Heald JL. Clinical practice guideline for the pharmacologic treatment of chronic insomnia in adults: An American Academy of Sleep Medicine clinical practice guideline. *J Clin Sleep Med*. 2017;13(2):307-349.
6. Qaseem A, Kansagara D, Forcica MA, Cooke M, Denberg TD. Management of chronic insomnia disorder in adults: A clinical practice guideline from the American College of Physicians. *Ann Intern Med*. Epub, 2016. 165(2):125-33. doi: 10.7326/M15-2175. Epub 2016 May 3.
7. The 2019 American Geriatrics Society Beers Criteria Update Expert Panel. American Geriatrics Society 2019 Updated AGS Beers Criteria for Potentially Inappropriate Medication Use in Older Adults. *J Am Geriatr Soc* 00:1–21, 2019.