PRIOR AUTHORIZATION CRITERIA

DRUG CLASS	**INSOMNIA AGENTS**
BRAND NAME (generic)	**BELSOMRA (suvorexant)** **DAYVIGO (lemborexant)** **QUVIVIQ (daridorexant)**
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 is indicated for the treatment of adult patients with insomnia, characterized by difficulties with sleep onset and/or sleep maintenance.

Quviviq
Quviviq 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
  - The request is NOT for continuation of therapy
    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
      - The patient is 65 years of age or older
        OR

- The patient is less than 65 years of age
  AND
  - 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)

OR

- The request is for continuation of therapy
  AND
  - The patient has achieved or maintained a positive response to treatment from baseline
    AND
  - The patient's need for continued therapy has been assessed
    AND
  - Potential factors contributing to sleep disturbances continue to be addressed (e.g., inappropriate sleep hygiene, sleep environment issues, treatable medical/psychiatric comorbid disorders)

Quantity Limits apply.
30 tablets per 25 days* or 90 tablets per 75 days*.
**The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.*

Duration of Approval (DOA):

- 1177-C: Initial therapy DOA: 6 months; Continuation of therapy DOA: 12 months

REFERENCES

1. Belsomra [package insert]. Rahway, New Jersey: Merck Sharp & Dohme LLCC; February 2023.
2. Dayvigo [package insert]. Nutley, New Jersey: Eisai Inc.; January 2023.
3. Quviviq [package insert]. Radnor, Pennsylvania: Idorsia Pharmaceuticals US Inc.; October 2022.
4. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2023. https://online.lexi.com. Accessed March 13, 2023.
5. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 03/13/2023).
6. Sateia MJ, Buysse DJ, Krystal AD, et al. 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.
7. Qaseem A, Kansagara D, Forciea MA, et al. Management of chronic insomnia disorder in adults: A clinical practice guideline from the American College of Physicians. *Ann Intern Med*. 2016;165(2):125-133. doi: 10.7326/M15-2175. Epub 2016 May 3.
8. Edinger JD, Arnedt JT, Bertisch SM, et al. Behavioral and psychological treatment for chronic insomnia disorder in adults: an American Academy of Sleep Medicine clinical practice guideline. *J Clin Sleep Med*. 2021;17(2):255-262.
9. 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.