PRIOR AUTHORIZATION CRITERIA

DRUG CLASS INSOMNIA AGENTS

BRAND NAME (generic)

BELSOMRA (suvorexant)

DAYVIGO (lemborexant)

QUVIVIQ (daridorexant)

Status: CVS Caremark® Criteria

Type: Initial Prior Authorization with Quantity Limit

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

Insomnia Characterized by Difficulties with Sleep Onset and/or Sleep Maintenance

Authorization may be granted when the requested drug is being prescribed for the treatment of insomnia characterized by difficulties with sleep onset and/or sleep maintenance when ALL of the following criteria are met:

- 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
- The patient meets ONE of the following:
 - The patient is 65 years of age or older
 - The patient is less than 65 years of age and ONE of the following criteria is met:
 - The patient experienced an inadequate treatment response to ANY of the following: a generic non-benzodiazepine sedative-hypnotic (e.g., eszopiclone, zaleplon, zolpidem), a benzodiazepine (e.g., temazepam)

Insomnia (Belsomra, Dayvigo, Quviviq) PA with Limit Policy 1177-C UDR 01-2024

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- The patient experienced an intolerance to ANY of the following: a generic non-benzodiazepine sedative-hypnotic (e.g., eszopiclone, zaleplon, zolpidem), a benzodiazepine (e.g., temazepam)
- The patient has a contraindication that would prohibit a trial of ALL of the following: a generic nonbenzodiazepine sedative-hypnotic (e.g., eszopiclone, zaleplon, zolpidem), a benzodiazepine (e.g., temazepam)

CONTINUATION OF THERAPY

Insomnia Characterized by Difficulties with Sleep Onset and/or Sleep Maintenance

Authorization may be granted when the requested drug is being prescribed for the treatment of insomnia characterized by difficulties with sleep onset and/or sleep maintenance when ALL of the following criteria are met:

- The patient has achieved or maintained a positive response to treatment from baseline
- The patient's need for continued therapy has been assessed
- 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, NJ: Merck Sharp & Dohme LLC; February 2023.
- 2. Dayvigo [package insert]. Nutley, NJ: Eisai Inc.; May 2023.
- 3. Quvivig [package insert]. Radnor, PA: Idorsia Pharmaceuticals US Inc.; October 2023.
- 4. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2023. https://online.lexi.com. Accessed November 28, 2023.
- 5. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 11/28/2023).
- 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.
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- 8. Edinger JD, Arnedt JT, Bertisch SM, et al. Behavioral and psychological treatments 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 2023 American Geriatrics Society Beers Criteria Update Expert Panel. American Geriatrics Society 2023 updated AGS Beers Criteria for potentially inappropriate medication use in older adults. *J Am Geriatr Soc.* 2023;71:2052-2081.

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