Effective Date: 9/1/2022
Reviewed: 8/2020, 4/2021, 3/2022, 6/2022 Scope: Medicaid

Belsomra (suvorexant)
Dayvigo (lemborexant)
Quviviq (daridorexant)

I. CRITERIA FOR APPROVAL

An authorization may be granted when all the following criteria are met:

A. The member has a diagnosis of insomnia disorder as characterized by the DSM-V (difficulty with sleep onset or sleep maintenance), **AND**

B. Member is at least 18 years of age, **AND**

C. Member meets one of the following:

1. Member has experienced an inadequate treatment response, intolerance, or contraindication to at least three formulary alternatives (i.e., zolpidem, trazodone, temazepam, etc.),
2. Member has a documented history of known substance use disorder and/or is receiving current treatment for addiction, in which case most formulary alternatives may be deemed inappropriate,
3. Provider is a sleep specialist with appropriate reasoning and supporting documentation for not prescribing a formulary alternative

D. If requesting Quviviq, member has also experienced an inadequate treatment response, intolerance, or contraindication to Dayvigo or Belsomra

II. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for all members who meet all initial criteria and who achieve and maintain positive clinical response after at least 6 months of therapy with Belsomra, Dayvigo, or Quviviq as evidenced by an improvement in sleep onset and/or sleep maintenance.

III. QUANTITY LIMIT

- Belsomra, Dayvigo, Quviviq: 1 tablet per day

IV. COVERAGE DURATION

- 12 months