Mass General Brigham
Health Plan

Belsomra (survorexant)
Dayvigo (lemborexant)
Quviviq (daridorexant)
Effective 11/01/2022

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical Benefit** **Pharmacy Benefit**	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A		

Overview

Belsomra, Dayvigo, and Quviviq are orexin receptor antagonist indicated for the following:

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

Coverage Guidelines

Authorization may be reviewed for members new to the plan who are currently receiving treatment with the requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for members when **ALL** the following criteria are met, and documentation is provided:

1. Member has a diagnosis of insomnia including difficulty with sleep onset and/or sleep maintenace
2. The member has a documented inadequate treatment response, intolerance or contraindication to **TWO** of the following:
    a. Eszopiclone
    b. Ramelteon
    c. Zaleplon
    d. Zolpidem immediate release or extended release

Continuation of Therapy

Reauthorization requires physician documentation of improvement of member's condition.

Limitations

1. Authorizations will be approved for 24 months.

2. The following quantity limits apply:

Belsomra 5mg, 10mg, and 20mg	30 tablets per 30 days
Dayvigo 5mg and 10mg	30 tablets per 30 days
Quviviq 25mg and 50mg	30 tablets per 30 days

References

1. Belsomra (suvorexant) [prescribing information]. Whitehouse Station, NJ: Merck, Sharpe & Dohme Corp.; July 2018. Schutte-Rodin S, Broch L, Buysse D, et al. Clinical guideline for the evaluation and management of chronic insomnia in adults. American Academy of Sleep Medicine (AASM). J Clin Sleep Med. 2008; 4:487-504.
2. Wilson SJ, Nutt DJ, Argyropoulos SV, et al. British Association for Psychopharmacology consensus on evidenced-based treatment of insomnia, parasomnias and circadian rhythm disorders. J of Psychopharmacology.2010;1:1-25.
3. Bonnet MH, Arand DL. Treatment of Insomnia. In: Basow DS (Ed). UpToDate [database on the internet]. Waltham (MA): UpToDate; 2015. Available at: http://www.utdol.com/utd/index.do
4. Auger RR, Burgess HJ, Emens JS, Deriy LV, Thomas SM, Sharkey KM. Clinical practice guideline for the treatment of intrinsic circadian rhythm sleep-wake disorders: advanced sleep-wake phase disorder (ASWPD), delayed sleep-wake phase disorder (DSWPD), non-24-hour sleep-wake rhythm disorder (N24SWD), and irregular sleep-wake rhythm disorder (ISWRD). An Updated for 2015. An American Academy of Sleep Medicine Clinical Practice Guideline. J Clin Sleep Med. 2015;11(10):1199-1236.
5. Dayvigo [package insert]. Woodcliff Lake, NJ: Eisai; December 2019.
6. Quviviq (daridorexant) [prescribing information]. Radnor, PA: Idorsia Pharmaceuticals US Inc; January 2022.

Review History

11/16/2015 – Reviewed
12/01/2016 – Reviewed & revised
11/27/2017– Reviewed & revised
11/26/2018 – Reviewed & revised
01/22/2020 – Added started & stabilized criteria
3/17/2021 – Reviewed at March P&T, added Dayvigo to criteria; updated length of approval to 24 months. Effective 05/01/21.
9/21/2022 – Reviewed and Updated for Sept P&T; added new drug Quviviq to criteria. Separated out Comm/Exch vs. MH criteria. Effective 11/1/22.