



Insomnia Agents Step Therapy

Drug(s) Applied:	Dayvigo (lemborexant)
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Criteria:

Drug(s) Applied will be approved when the requested medication is being used for an FDA approved indication and all of the following criteria are met:

I. Initial Therapy Criteria

A. Insomnia

1. ONE of the following:

- a) Patient's medication history includes use of 3 formulary generic nonbenzodiazepine hypnotic agents including melatonin in the past 120 days **or**
- b) Patient has an FDA labeled contraindication to ALL of the following:
 - (1) ALL formulary generic nonbenzodiazepine hypnotic agents (i.e. eszopiclone, zolpidem, zolpidem), including melatonin **and**
 - (2) At least one formulary generic benzodiazepine hypnotic agent

Approval Duration: 12 months

II. Continued Therapy Criteria

A. Insomnia

- 1. Patient meets the initial therapy criteria above **and**
- 2. Patient's medication history includes use of requested agent within the past 120 days

Approval Duration: 12 months

Policy Owned by: Curative PBM team