



## Insomnia Agents Step Therapy

<b>Drug(s) Applied:</b>	<b>Belsomra</b> (suvorexant), <b>Dayvigo</b> (lemborexant)
-------------------------	--

### 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. If for Belsomra, must try/fail Dayvigo **and**
2. 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, zaleplon, zolpidem), including melatonin **and**
    - (2) At least one formulary generic benzodiazepine hypnotic agent

**Approval Duration:** Belsomra 3 months; Dayvigo 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 60 days

**Approval Duration:** Belsomra 3 months; Dayvigo 12 months

**Policy Owned by:** Curative PBM team