Overview
Belsomra and Dayvigo are an orexin receptor antagonist indicated for the treatment of insomnia, characterized by difficulties with sleep onset and/or sleep maintenance.

Coverage Guidelines
Authorization may be reviewed for members new to AllWays Health Partners who are currently receiving treatment with Belsomra or Dayvigo 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 requiring sleep maintenance
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

For MassHealth members, additional criteria may apply for members under the age of 18. Please refer to the MassHealth Pediatric Behavioral Health Medication Initiative guideline for criteria.

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:
   
<table>
<thead>
<tr>
<th>Medication</th>
<th>Quantity Limit</th>
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</thead>
<tbody>
<tr>
<td>Belsomra 5mg, 10mg, and 20mg</td>
<td>30 tablets per 30 days</td>
</tr>
<tr>
<td>Dayvigo 5mg and 10mg</td>
<td>30 tablets per 30 days</td>
</tr>
</tbody>
</table>

References

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.

Disclaimer
AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.