



**Belsomra (survorexant)  
Dayvigo (lemborexant)  
Effective 05/01/2021**

<b>Plan</b>	<input checked="" type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	N/A		

**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:

Belsomra 5mg, 10mg, and 20mg	30 tablets per 30 days
Dayvigo 5mg and 10mg	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.

### 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.