



**Belsomra (survorexant)  
Effective November 16, 2015**

<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 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 is an orexin receptor antagonist indicated for the treatment of insomnia, characterized by difficulties with sleep onset and/or sleep maintenance.

**Coverage Guidelines**

Approval of Belsomra will be granted if the member meets the following criteria:

1. Member has a diagnosis of insomnia requiring sleep maintenance **AND**
2. Member has had a documented side effect, allergy, or treatment failure with **ALL** the following medications:
  - a. Diphenhydramine (Benadryl®) \*
  - b. At least two of the following 1st line agents from different categories:
    - i. zolpidem
    - ii. zaleplon
    - iii. generic benzodiazepines [clonazepam, diazepam, estazolam, flurazepam, etc.]
    - iv. trazodone
    - v. tricyclic antidepressants
  - c. At least two of the following 2nd line agent:
    - i. zolpidem ER
    - ii. quazepam
    - iii. eszopiclone
    - iv. ramelteon

*\*Members aged 65 or older may bypass the diphenhydramine requirement*



## Limitations

1. Approvals will be granted for 12 months

## 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.

## Review History

11/16/15 – Reviewed

12/01/16 – Reviewed & revised

11/27/17 – Reviewed & revised

11/26/19 – Reviewed & revised

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