## PRIOR AUTHORIZATION CRITERIA

### DRUG CLASS
- **INSOMNIA AGENTS**

### BRAND NAME (generic)
- **BELSOMRA** (suvorexant)
- **DAYVIGO** (lemborexant)

**Status**: CVS Caremark Criteria  
**Type**: Initial Prior Authorization

### POLICY

#### FDA-APPROVED INDICATIONS

**Belsomra**  
Belsomra (suvorexant) is indicated for the treatment of insomnia characterized by difficulties with sleep onset and/or sleep maintenance.

**Dayvigo**  
Dayvigo (lemborexant) is indicated for the treatment of adult patients with insomnia, characterized by difficulties with sleep onset and/or sleep maintenance.

### COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for the treatment of insomnia characterized by difficulties with sleep onset and/or sleep maintenance  
  **AND**

- Potential factors contributing to sleep disturbances have been addressed (e.g., inappropriate sleep hygiene and sleep environment issues) as well as treatable medical/psychiatric disorders that are co-morbid with insomnia  
  **AND**

- If the patient is less than 65 years of age, the patient experienced an inadequate treatment response, intolerance or contraindication to a generic non-benzodiazepine sedative-hypnotic (e.g., eszopiclone, zaleplon, zolpidem) **OR** a short/intermediate-acting benzodiazepine (e.g., temazepam, triazolam)

**Quantity Limits apply.**  
30 tablets/month

### REFERENCES


