AETNA BETTER HEALTH® Coverage Policy/Guideline				
Name:	Insomnia Agents: Da Belsomra	ayvigo, Quviviq,	Page:	1 of 3
Effective Date: 6/26/2024			Last Review Date:	6/6/2024
Applies	Illinois Maryland	⊠New Jersey ⊠Florida Kids	⊠Virginia ⊠Pennsylvania Kids	

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Dayvigo, Quviviq, and Belsomra under the patient's prescription drug benefit.

Description:

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.

Quviviq

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

Applicable Drug List:

Preferred Agent:

Dayvigo

Non-Preferred Agent:

Belsomra Quviviq

Policy/Guideline:

Criteria for Initial Approval:

- I. The patient is unable to take Dayvigo for the given diagnosis, due to a trial and inadequate treatment response, or intolerance, or a contraindication.
- II. 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

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Coverage Policy/Guideline Insomnia Ager Belsomra		ayvigo, Quviviq,	Page:	2 of 3
Effective Date: 6/26/2024			Last Review Date:	6/6/2024
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 Potential factors contributing to sleep disturbances have been addressed or are currently being 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 to ANY of the following:
 - A) a generic nonbenzodiazepine sedative-hypnotic (e.g., eszopiclone, zaleplon, zolpidem), or B) a benzodiazepine (e.g., temazepam)

OR

 The patient experienced an intolerance to ANY of the following: A) a generic non-benzodiazepine sedative-hypnotic (e.g., eszopiclone, zaleplon, zolpidem), or B) a benzodiazepine (e.g., temazepam)

OR

• The patient has a contraindication that would prohibit a trial of ALL of the following A) a generic nonbenzodiazepine sedative-hypnotic (e.g., eszopiclone, zaleplon, zolpidem), and B) a benzodiazepine (e.g., temazepam)

OR

The request is for continuation of therapy

AND

 The patient has achieved or maintained a positive response to treatment from baseline

AND

The patient's need for continued therapy has been assessed

AND

 Potential factors contributing to sleep disturbances continue to be addressed (e.g., inappropriate sleep hygiene, sleep environment issues, treatable medical/psychiatric comorbid disorders)

Approval Duration and Quantity Restrictions:

Approval Duration: 12 months

Quantity Level Limit: 30 tablets per 30 days

References:

1. Belsomra [package insert]. Rahway, NJ: Merck Sharp & Dohme LLC; February 2023.

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Coverage Policy/Guideline						
Name:	Insomnia Agen Belsomra	Insomnia Agents: Dayvigo, Quviviq, Belsomra		3 of 3		
Effective Date: 6/26/2024			Last Review Date:	6/6/2024		
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- 2. Dayvigo [package insert]. Nutley, NJ: Eisai Inc.; May 2023.
- 3. Quviviq [package insert]. Radnor, PA: Idorsia Pharmaceuticals US Inc.; October 2023.
- 4. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2023. https://online.lexi.com. Accessed November 28, 2023.
- 5. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 11/28/2023).
- 6. Sateia MJ, Buysse DJ, Krystal AD, et al. Clinical practice guideline for the pharmacologic treatment of chronic insomnia in adults: An American Academy of Sleep Medicine clinical practice guideline. *J Clin Sleep Med.* 2017;13(2):307-349.
- 7. American Academy of Sleep Medicine. International Classification of Sleep Disorders, 3rd edition, text revision. American Academy of Sleep Medicine, 2023.
- 8. Edinger JD, Arnedt JT, Bertisch SM, et al. Behavioral and psychological treatments for chronic insomnia disorder in adults: an American Academy of Sleep Medicine clinical practice guideline. *J Clin Sleep Med*. 2021;17(2):255-262.
- 9. The 2023 American Geriatrics Society Beers Criteria Update Expert Panel. American Geriatrics Society 2023 updated AGS Beers Criteria for potentially inappropriate medication use in older adults. *J Am Geriatr Soc.* 2023;71:2052-2081.