



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Insomnia Agents: Dayvigo, Quviviq, Belsomra Page: 1 of 3

Effective Date: 11/1/2023 Last Review Date: 9/12/2023

Applies to:	<input type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" type="checkbox"/> New Jersey
	<input type="checkbox"/> Maryland	<input checked="" type="checkbox"/> Florida Kids	<input checked="" type="checkbox"/> Pennsylvania Kids
	<input type="checkbox"/> Michigan	<input checked="" type="checkbox"/> Virginia	<input type="checkbox"/> Kentucky PRMD

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:

Belsomra
Dayvigo
Quviviq

Policy/Guideline:

Criteria for Initial Approval:

- I. **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 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



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- 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 or 90 tablets per 90 days

References:

1. Belsomra [package insert]. Rahway, New Jersey: Merck Sharp & Dohme LLC; February 2023.
2. Dayvigo [package insert]. Nutley, New Jersey: Eisai Inc.; January 2023.
3. Quviviq [package insert]. Radnor, Pennsylvania: Idorsia Pharmaceuticals US Inc.; October 2022.
4. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2023. <https://online.lexi.com>. Accessed March 13, 2023.
5. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 03/13/2023).



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- 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.
- Qaseem A, Kansagara D, Forcica MA, et al. Management of chronic insomnia disorder in adults: A clinical practice guideline from the American College of Physicians. *Ann Intern Med*. 2016;165(2):125-133. doi: 10.7326/M15-2175. Epub 2016 May 3.
- Edinger JD, Arnedt JT, Bertisch SM, et al. Behavioral and psychological treatment for chronic insomnia disorder in adults: an American Academy of Sleep Medicine clinical practice guideline. *J Clin Sleep Med*. 2021;17(2):255-262.
- The 2019 American Geriatrics Society Beers Criteria Update Expert Panel. American Geriatrics Society 2019 Updated
- AGS Beers Criteria for Potentially Inappropriate Medication Use in Older Adults. *J Am Geriatr Soc* 00:1-21, 2019.