Commercial/Healthcare Exchange PA Criteria

Effective: October 2014

Prior Authorization: Belsomra-Quviviq

Products Affected: Belsomra (suvorexant) oral tablet, Quviviq (daridorexant) oral tablet

Medication Description:
Suvorexant is an agent for insomnia. Neuropeptides orexin A and B promote wakefulness by acting on orexin receptors OX1R and OX2R. Suvorexant is a highly selective antagonist for orexin receptors, thereby exerting pharmacologic activity by blocking OX1R and OX2R receptors.

Covered Uses: Treatment of insomnia characterized by difficulties with sleep onset and/or sleep maintenance.

Exclusion Criteria:

1. Patients with narcolepsy

Required Medical Information:

1. Diagnosis
2. Previous medications tried/failed

Age Restrictions: 18 years of age and older

Prescriber Restrictions: None

Coverage Duration: 12 months

Other Criteria:

A. Patient has a diagnosis of insomnia; **AND**
B. Patient has failed on eszopiclone in the past 24 months (documentation required); **AND**
C. Patient has failed on zolpidem or zolpidem ER in the past 24 months (documentation required).

References:

1. Belsomra tablets [package insert]. Merck & Co, Inc, Whitehouse Station, NJ
2. Product Information: QUVIVIQ(TM) oral tablets, daridorexant oral tablets. Idorsia Pharmaceuticals US Inc (per FDA), Radnor, PA, 2022.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	10/2014
2	Update	Moved to updated template Revision History: 03/15	All	02/03/2020
3	Update	Added Quviviq, changed name from Belsomra to Belsomra-Quviviq	Prior Authorization, Products Affected	8/11/2022