Commercial & HealthCare Exchange PA Criteria

Effective: June 3, 2020

Prior Authorization: Dayvigo

Products Affected: Dayvigo (lemborexant tablets)

Medication Description: Dayvigo is an orexin receptor antagonist indicated for the treatment of insomnia, characterized by difficulties with sleep onset and/or sleep maintenance. The orexin neuropeptide signaling system is a central promoter of wakefulness. Blocking the binding of wake-promoting neuropeptides orexin A and orexin B to orexin receptors (OXR) OX1R and OX2R is thought to suppress wake drive.

Covered Uses: Insomnia

Exclusion Criteria: Narcolepsy

Required Medical Information:

1. Diagnosis
2. Previous therapies tried/failed

Age Restrictions: 18 years of age and older

Prescriber Restrictions: N/A

Coverage Duration: 12 months

Other Criteria:

1. Clinical diagnosis of insomnia; **AND**
2. Previous trial and failure, contraindication, or intolerance to **TWO** of the following:
    a. eszopiclone
    b. zolpidem/zolpidem ER
    c. zaleplon
    d. ramelteon

References:

1. Dayvigo tablets [package insert]. Eisai, Inc, Woodcliff Lake, NJ

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	6/3/2020