

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Suvorexant (Belsomra)

Notes:

- Quantity Limits: Yes
- ^ Adequate trial is defined as 10 days treatment duration
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Non-Formulary **Suvorexant (Belsomra)** requires a clinical review. Appropriateness of therapy will be based on the following criteria:

Initiation (new start) criteria: Non-formulary **suvorexant (Belsomra)** will be covered on the prescription drug benefit for when the following criteria are met:

- Prescribed by Mental Health Clinician or Sleep Specialist
- Diagnosis of insomnia (persistent problem falling and staying asleep)
- Patient has failed an adequate trial^ of 4 generic sleep medications (zolpidem, zaleplon, eszopiclone, benzodiazepine, traZODone, tricyclic antidepressant, mirtazapine or melatonin) unless contraindication, intolerance*, or allergy.
- Patient has failed and adequate trial^ of lemborexant (Dayvigo) unless contraindication, intolerance*, or allergy to lemborexant (Dayvigo).

Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously and criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:

Non-formulary **suvorexant (Belsomra)** will be covered on the prescription drug benefit when the following criteria are met:

- Diagnosis of insomnia (persistent problem falling and staying asleep)
- Patient has failed and adequate trial^ of lemborexant (Dayvigo) unless contraindication, intolerance*, or allergy to lemborexant (Dayvigo).