

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Lemborexant (Dayvigo)

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 **lemborexant (Dayvigo)** requires a clinical review. Appropriateness of therapy will be based on the following criteria:

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

- Prescribed by a mental health clinician or sleep specialist
- Diagnosis of insomnia on the Problem List
- Patient does not have narcolepsy
- Patient has failed an adequate trial^ of 4 formulary sleep medication (zolpidem, zaleplon, eszopiclone, benzodiazepine, traZODone, tricyclic antidepressant, mirtazapine or melatonin) unless patient has an allergy or intolerance* to the above.

Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously: Non-formulary **lemborexant (Dayvigo)** will be covered on the prescription drug benefit for when the following criteria are met:

- Diagnosis of insomnia on the Problem List
- Patient does not have narcolepsy
- Patient is already stable on **lemborexant (Dayvigo)**

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary **lemborexant (Dayvigo)** will be covered on the prescription drug benefit for when the following criteria are met:

- Diagnosis of insomnia on the Problem List
- Patient does not have narcolepsy
- Patient is already stable on **lemborexant (Dayvigo)**