



## 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

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