

# Suvorexant (BELSOMRA)

## Criteria for Use

### December 2023

VA Pharmacy Benefits Management Services, Medical Advisory Panel, and VISN Pharmacist Executives

*The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD UTILIZE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.*

*The Product Information should be consulted for detailed prescribing information.*

*See the VA National PBM-MAP-VPE Monograph on this drug at [www.pbm.va.gov](http://www.pbm.va.gov) or <http://vawww.pbm.va.gov> for further information.*

### Exclusion Criteria

If the answer to ANY item below is met, then the patient should NOT receive suvorexant.

- Narcolepsy and/or cataplexy (familial or idiopathic)
- Concomitant therapy with STRONG CYP3A4 inhibitors
- Circadian rhythm sleep disorders, restless legs syndrome, parasomnia including nightmare disorder, sleep terror disorder, sleepwalking disorder, or REM behavior disorder
- Active substance use disorder
- Considered a high suicide risk
- Untreated sleep-related breathing disorder-obstructive or central sleep apnea syndrome or central alveolar hypoventilation syndrome
- Severe hepatic impairment (i.e., Child-Pugh C)
- Concurrent use with any other sedative hypnotics for the treatment of insomnia

### Inclusion Criteria:

The answers to ALL of the following must be fulfilled in order to meet criteria.

- Prescribed and monitored by a VA/VA Community Care sleep specialist or locally designated expert in sleep disorders
- Documented diagnosis of insomnia characterized by difficulties with sleep onset and/or sleep maintenance.
- When available, cognitive behavioral therapy for insomnia (CBT-I) has been tried, via face to face, tele-mental health or non-VA care
- An adequate short-term trial of 2 formulary sedative hypnotics for the treatment of sleep onset and maintenance have been tried and failed to resolve symptoms or were not tolerated
- An adequate trial of daridorexant has been tried and failed or was not tolerated

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