

BELSOMRA (suvorexant)

Diagnosis Considered for Coverage:
<ul style="list-style-type: none">• Insomnia
Coverage Criteria:
For diagnosis listed above: <ul style="list-style-type: none">• Inadequate response, intolerable side effect, or contraindication to either Rozerem (Plus plan only) or ONE preferred non-benzodiazepine sedative-hypnotic agent including: zolpidem immediate-release (Ambien), zolpidem extended-release (Ambien CR), eszopiclone (Lunesta), and zaleplon (Sonata), and• Dose does not exceed 20 mg per day.
Coverage Duration: Length of benefit

Effective: 5/06/2020