

DAYVIGO (lemborexant, oral)

Diagnosis Considered for Coverage:
<ul style="list-style-type: none">• Insomnia
Coverage Criteria:
For diagnosis listed above: <ul style="list-style-type: none">• Dose does not exceed 10 mg per day, and• One of the following:<ul style="list-style-type: none">• Inadequate response, intolerable side effect, or contraindication to ramelteon (Rozerem),or<ul style="list-style-type: none">• For patient < 65 years old: inadequate response, intolerable side effect or contraindication to ONE preferred non-benzodiazepine sedative-hypnotic agent including: zolpidem immediate-release (Ambien), zolpidem extended-release (Ambien CR), eszopiclone (Lunesta), and zaleplon (Sonata).
Coverage Duration: Length of benefit

Effective: 6/30/2020