STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

DARIDOREXANT

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
DARIDOREXANT HCL	QUVIVIQ	47751		GPI-10 (6050002010)	

GUIDELINES FOR USE

INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)

1. Does the patient have a diagnosis of insomnia and meet **ALL** of the following criteria?
   - The patient is 18 years of age or older
   - The patient has premature awakening and/or abnormal sleep onset delay lasting 30 minutes or longer, occurring 3 or more times weekly for the last month for acute insomnia or for at least 3 months for chronic insomnia
   - The patient has daytime impairment despite adequate time attempting to sleep and treatment of any treatable causes
   - The patient is NOT concurrently using Z hypnotics (e.g., eszopiclone, zaleplon, zolpidem) or benzodiazepines (e.g., estazolam, temazepam, triazolam) for sleep
   - The patient does NOT have narcolepsy
   - The patient had a trial of or contraindication to TWO generic insomnia medications (e.g., eszopiclone, zaleplon, zolpidem) AND Belsomra

   If yes, **approve for 3 months by HICL or GPI-10 with a quantity limit of #1 per day.**
   If no, do not approve.
   INITIAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

   Our guideline named **DARIDOREXANT (Quviviq)** requires the following rule(s) be met for approval:
   A. You have insomnia (a type of sleep condition)
   B. You are 18 years of age or older
   C. You have premature awakening (waking up too early) and/or abnormal sleep onset delay (cannot fall asleep) lasting 30 minutes or longer, occurring 3 or more times weekly for the last month for acute (short-term) insomnia or for at least 3 months for chronic (long-term) insomnia
   D. You have daytime impairment despite adequate time attempting to sleep and treatment of any treatable causes
   E. You are NOT using Quviviq at the same time with Z hypnotics (such as eszopiclone, zaleplon, zolpidem) or benzodiazepines (such as estazolam, temazepam, triazolam) for sleep
   F. You do NOT have narcolepsy (a type of sleep condition)
   G. You had a trial of or contraindication (harmful for) to TWO generic insomnia medications (such as eszopiclone, zaleplon, zolpidem) AND Belsomra

   (Initial denial text continued on next page)

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DARIDOREXANT

INITIAL CRITERIA (CONTINUED)

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RENEWAL CRITERIA

1. Does the patient have a diagnosis of insomnia and meet **ALL** of the following criteria?
   - The patient has demonstrated improvement of insomnia symptoms but is not currently a candidate for discontinuation
   - The patient is NOT concurrently using Z hypnotics (e.g., eszopiclone, zaleplon, zolpidem) or benzodiazepines (e.g., estazolam, temazepam, triazolam) for sleep

   If yes, **approve for 6 months by HICL or GPI-10 with a quantity limit of #1 per day.**
   If no, do not approve.
   RENEWAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

   Our guideline named **DARIDOREXANT (Quviviq)** requires the following rule(s) be met for renewal:
   A. You have insomnia (a type of sleep condition)
   B. You have demonstrated improvement of insomnia symptoms but are not currently a candidate for discontinuation
   C. You are NOT using Quviviq at the same time with Z hypnotics (such as eszopiclone, zaleplon, zolpidem) or benzodiazepines (such as estazolam, temazepam, triazolam) for sleep

   Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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DARIDOREXANT

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Quviviq.

REFERENCES

- Quviviq [Prescribing Information]. Radnor, PA: Idorsia Pharmaceuticals US, Inc.; January 2022.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 05/09/22
Created: 04/22
Client Approval: 04/22
P&T Approval: 10/21