Non-formulary **suvorexant (Belsomra)** requires a clinical review. Appropriateness of therapy will be based on the following criteria:

- Prescribed by Mental Health Clinician or Sleep Specialist
  - **AND** –

- Diagnosis of insomnia on Problem List
  - **AND** –

- Adequate trial and failure (10 days) of 4 generic agents (zolpidem, zaleplon, eszopiclone, benzodiazepine, trazodone, tricyclic antidepressant, mirtazapine or melatonin) unless contraindication, intolerance, or allergy.
  - **AND** –

- Pt does not have narcolepsy (contraindication)
  - **OR** –

- Patient is already stable on the drug
  - **OR** –

- Dose Change Only: Patient previously met criteria and is already taking the drug.