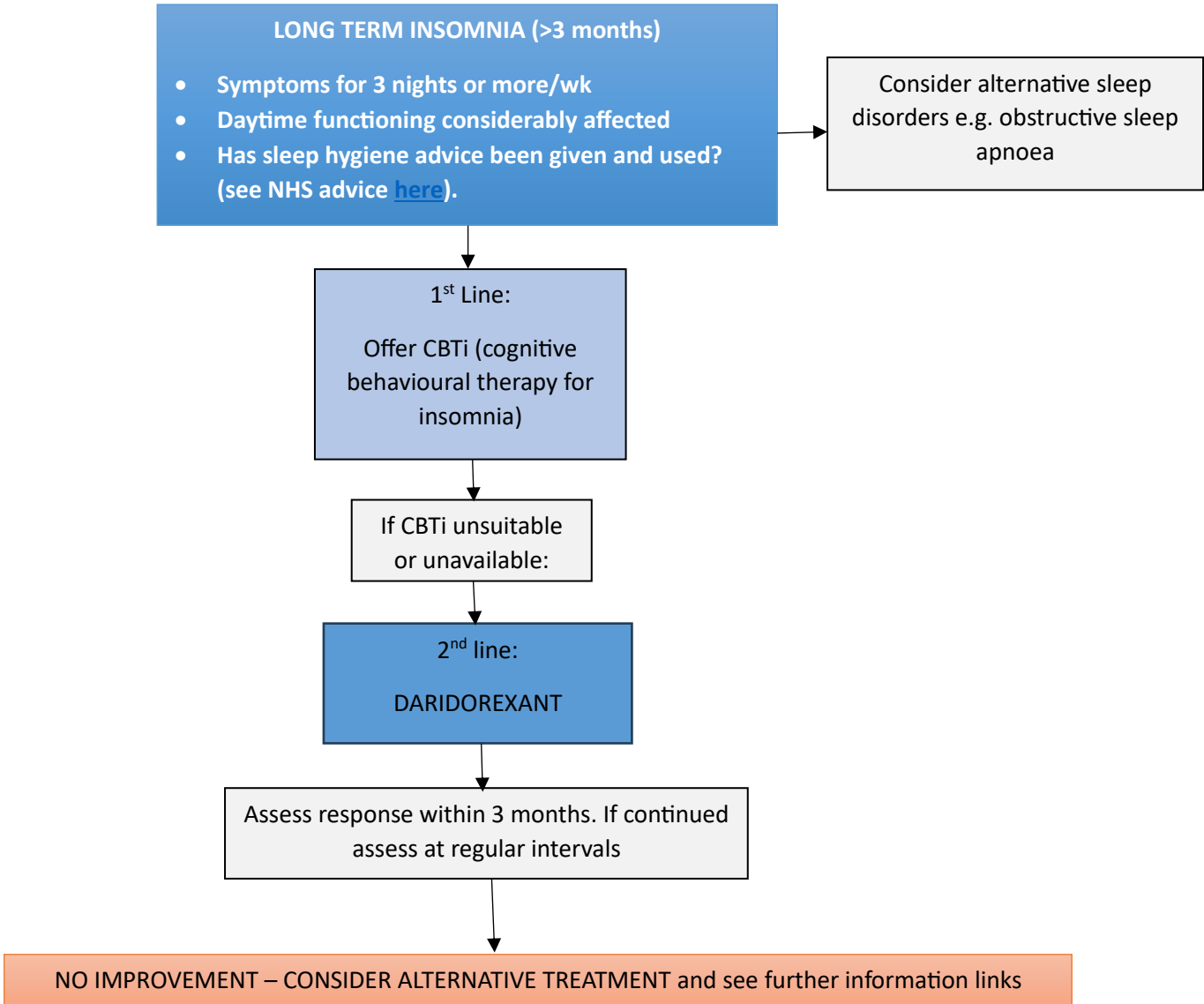


# Daridorexant for treating long-term insomnia NICE TA922

## NICE TA922 recommendation:

- Daridorexant (Quviviq®) is recommended for treating insomnia in **adults** with symptoms lasting for 3 nights or more per week for at least 3 months, and whose daytime functioning is considerably affected, only if:
  - cognitive behavioural therapy for insomnia (CBTi) has been tried and not worked, or
  - CBTi is not available or is unsuitable.
- The length of treatment should be as short as possible. Treatment with daridorexant should be assessed within 3 months of starting and should be stopped in people whose long-term insomnia has not responded adequately. If treatment is continued, assess whether it is still working at regular intervals.
- The list price for the 50-mg or the 25-mg dose is £1.40 per day (£42 per pack of 30 tablets). Do not prescribe 2x25mg tablets to achieve 50mg dose as this will double the price.
- Local BSW traffic light status: **GREEN**

## Treatment pathway:



## CBT-I (see this [LINK](#) for further information):

- CBT-I is a recommended 1<sup>st</sup> line treatment option by NICE TA922 for long-term insomnia and our lead mental health commissioner is reviewing options for BSW ICB. Currently the BSW's offer of CBTi sits within [Talking Therapies](#) and patients would have to meet Talking Therapies criteria to access it which will limit accessibility currently.

## Daridorexant mode of action:

- Daridorexant is a first in class dual orexin receptor antagonist, acting on both orexin 1 and orexin 2 receptors and equipotent on both. The orexin neuropeptides (orexin A and orexin B) act on orexin receptors to promote wakefulness. Daridorexant antagonises the activation of orexin receptors by the orexin neuropeptides and consequently decreases the wake drive, allowing sleep to occur, without altering the proportion of sleep stages.

## Daridorexant prescribing information (see [SPC](#) for full details):

- Daridorexant is available as 25mg and 50mg tablets. The recommended dose for adults is one tablet of 50mg once per night, taken orally in the evening (with or without food) within 30 minutes before going to bed. Based on clinical judgement, some patients may be treated with 25 mg once per night. While this is not the recommended treatment dose, it may be appropriate for treating patients with moderate hepatic dysfunction or when taking moderate CYP3A4 inhibitors.
- The treatment duration should be as short as possible. **The appropriateness of continued treatment should be assessed within 3 months and periodically thereafter.** Clinical data is available for up to 12 months of continuous treatment.
- Treatment can be stopped without down-titration. There is no risk of withdrawal or rebound effect. Prescribers can stop daridorexant to assess whether there is still a need to continue, and if insomnia returns then daridorexant can be re-started.
- Elderly: Use with caution due to risk of falls. No dose adjustment is required in elderly patients (> 65 years). Limited data are available in patients older than 75 years. No data are available in patients older than 85 years.
- In patients taking moderate CYP3A4 inhibitors (e.g., erythromycin, ciprofloxacin, ciclosporin, diltiazem), the recommended dose is 25 mg.
- Co-administration of 50 mg daridorexant with alcohol leads to additive effects on psychomotor performance.

## Patient counselling information:

- Patients should be cautioned about engaging in potentially hazardous activities, driving, or operating heavy machinery unless they feel fully alert, especially in the first few days of treatment, as well as about drinking alcohol during treatment.
- If a patient forgets to take their dose at bedtime, that dose should not be taken during the night.
- The consumption of grapefruit or grapefruit juice in the evening should be avoided.

## Daridorexant contra-indications:

- Hypersensitivity to the active substance or to any of the excipients
- Narcolepsy
- Concomitant use with strong CYP3A4 inhibitors

## Daridorexant side-effects (see [SPC](#) for full details):

- The most frequently reported adverse reactions were headache and somnolence.
- The majority of adverse reactions were mild to moderate in intensity. No evidence of a dose-relationship for the frequency or severity of adverse reactions was observed.
- Sleep paralysis, an inability to move or speak for up to several minutes during sleep-wake transitions, and hypnagogic/hypnopompic hallucinations, including vivid and disturbing perceptions, can occur with daridorexant, mainly during the first weeks of treatment. Symptoms similar to mild cataplexy have been reported with dual orexin receptor antagonists.
- In primarily depressed patients treated with hypnotics, worsening of depression and suicidal thoughts and actions have been reported. As with other hypnotics, daridorexant should be administered with caution in patients exhibiting symptoms of depression.
- Isolated cases of suicidal ideation have been reported in Phase 3 clinical studies, in subjects with pre-existing psychiatric conditions and/or stressful living conditions, across all treatment groups, including placebo. Suicidal tendencies may be present in patients with depression and protective measures may be required.
- Daridorexant did not increase the frequency of apnoea/hypopnoea events or cause oxygen desaturation in patients with mild or moderate obstructive sleep apnoea (OSA), nor did it cause oxygen desaturation in patients with moderate chronic obstructive pulmonary disease (COPD).
- There was no evidence of abuse or withdrawal symptoms indicative of physical dependence upon treatment discontinuation in clinical studies with daridorexant in subjects with insomnia.

## Pregnancy & breastfeeding:

- There are no data on the use of daridorexant in pregnant women.
- It is unknown whether daridorexant, or its metabolites, are excreted in human milk. Available data in animals have shown excretion of daridorexant and its metabolites in milk.

### **Further information:**

- BSW ICB Talking therapies: [Talking Therapies \(previously known as Improving Access to Psychological Therapies\) :: Avon and Wiltshire Mental Health Partnership NHS Trust \(awp.nhs.uk\)](#)
- SPC Quviviq (Daridorexant): [QUVIVIQ 25 mg film-coated tablets - Summary of Product Characteristics \(SmPC\) - \(emc\) \(medicines.org.uk\)](#) (Accessed 15/12/23)
- CKS topic Insomnia (May 22): <https://cks.nice.org.uk/topics/insomnia/>
- NHS How to fall asleep faster and sleep better: [How to fall asleep faster and sleep better - Every Mind Matters - NHS \(www.nhs.uk\)](#)

### **Manufacturer's educational material for professionals (Idorsia Pharmaceuticals UK Ltd) :**

- Introduction to insomnia: <https://bit.ly/3uNzMci>
- Daridorexant SmPC education: <https://bit.ly/3TbseKv>
- Evidence Dossier: <https://bit.ly/3td6EdU>