SHERI SPIRT

PSYCHIATRY

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**BELSOMRA**

Warnings

**Contraindications**

Narcolepsy

**Cautions**

Can impair daytime wakefulness; CNS depressant effects can last for up to several days after discontinuation

Can impair driving skills and may increase the risk of falling asleep while driving

Patients should not use suvorexant if they drank alcohol that evening or before bed; coadministration with other CNS depressants (eg, benzodiazepines, opioids, tricyclic antidepressants, alcohol) increases the risk of CNS depression

Dosage adjustments of suvorexant and concomitant CNS depressants may be necessary when administered together because of potentially additive effects

Use with other drugs to treat insomnia is not recommended

Risk of next-day impairment, including impaired driving, is increased if taken with less than a full night of sleep remaining, if a higher than the recommended dose is taken, if coadministered with other CNS depressants, or if coadministered with other drugs that increase suvorexant blood levels

Caution patients taking 20 mg to refrain from next-day driving and other activities requiring full mental alertness

Reevaluate patients for comorbid conditions if insomnia persists after 7-10 days of treatment

Cognitive and behavioral changes (eg, amnesia, anxiety, hallucinations, and other neuropsychiatric symptoms) reported with hypnotics; “sleep driving” and other complex behaviors (eg, preparing and eating food, making phone calls, or having sex), with amnesia for the event, have been reported

The use of alcohol and other CNS depressants may increase the risk of cognitive changes listed above; discontinuation should be strongly considered

Dose-dependent increase in suicidal ideation was observed in patients taking suvorexant, as assessed by questionnaire; immediately evaluate patients with suicidal ideation or any new-onset behavioral changes; worsening depression or suicidal thinking, thoughts, and actions have been reported with the use of sedative-hypnotic

Consider effect on respiratory function

Risk of sleep paralysis, hypnagogic/hypnopompic hallucinations, and cataplexy-like symptoms increases with increasing doses

Not recommended for patients with severe hepatic impairment or those taking a strong CYP3A inhibitor

Interactions

#### Serious - Use Alternative (35)

* atazanavir
* boceprevir
* clarithromycin
* conivaptan
* darunavir
* delavirdine
* edoxaban
* efavirenz
* elvitegravir/cobicistat/emtricitabine/tenofovir df
* fentanyl
* fentanyl intranasal
* fentanyl iontophoretic transdermal system
* fentanyl transdermal
* fentanyl transmucosal
* fosamprenavir
* grapefruit
* idelalisib
* imatinib
* indinavir
* isoniazid
* itraconazole
* ketoconazole
* lopinavir
* nefazodone
* nelfinavir
* nicardipine
* posaconazole
* quinidine
* ritonavir
* saquinavir
* telithromycin
* tipranavir
* valerian
* venetoclax
* voriconazole

### Mechanism of Action

Orexin receptor antagonist; orexin, also called hypocretin, is a neurotransmitter that regulates arousal, wakefulness, and appetite

Blocking the binding of wake-promoting neuropeptides orexin A and orexin B to receptors OX1R and OX2R is thought to suppress wake drive

### Absorption

Bioavailability: 82%

Peak plasma time: 2 hr (range 30 min to 6 hr)

Taking after a high-fat meal delays peak concentration by ~1.5 hr

### Distribution

Protein bound: >99% to human serum albumin and α1-acid glycoprotein

Not preferentially distribute into RBCs

Vd: 49 L

### Metabolism

Mainly eliminated by metabolism, primarily by CYP3A with a minor contribution from CYP2C19

Metabolite: hydroxy-suvorexant (not active)

### Elimination

Half-life: ~12 hr

## Excretion: 66% feces; 23% urineAdverse Effects

**Side Effects**

### 1-10%

Somnolence, females (8%)

Somnolence (7%)

Headache (7%)

Somnolence, males (3%)

Dizziness (3%)

Abnormal dreams (2%)

Cough (2%)

Diarrhea (2%)

Dry mouth (2%)

Upper respiratory tract infection (2%)