

Daridorexant Prescribing Support Information

This information is provided to support primary care clinicians prescribing daridorexant (Quviviq®) in Bedfordshire, Luton and Milton Keynes ICS.

Category	Daridorexant is a 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.													
Therapeutic indications	Treatment of adult patients with insomnia characterised by symptoms present for at least 3 months and considerable impact on daytime functioning.													
Pharmaceutical form	25mg and 50mg film-coated tablets													
NICE guidance	<p>Daridorexant for treating long-term insomnia, TA922, October 2023 https://www.nice.org.uk/guidance/ta922</p> <p>NICE TA922 recommends daridorexant as an option 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:</p> <ul style="list-style-type: none"> • cognitive behavioural therapy for insomnia (CBTi) has been tried but not worked, or • CBTi is not available or is unsuitable. <p>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, assessment should be undertaken to determine whether it is still working at regular intervals.</p>													
Providers of Cognitive Behavioural Therapy for insomnia (CBTi)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Area</th> <th style="text-align: left;">Provider</th> <th style="text-align: left;">Contact / referral details</th> </tr> </thead> <tbody> <tr> <td>Bedfordshire</td> <td>Bedfordshire Talking Therapies (ELFT)</td> <td>Self-referral via website/telephone – https://www.elft.nhs.uk/bedfordshire-talking-therapies/ 01234 880 400 or via GP/Health professional if appropriate.</td> </tr> <tr> <td>Luton</td> <td>Total Wellbeing Luton</td> <td>Self-referral via website/telephone – https://www.totalwellbeingluton.org/talking-therapies.html 0300 555 4152 or via GP/Health professional if appropriate.</td> </tr> <tr> <td>Milton Keynes</td> <td>MK Talking Therapies (CNWL)</td> <td>Self-referral via website/telephone – https://mktalkingtherapies.nhs.uk/self-referral 01908 725099 or via GP/Health professional if appropriate https://mktalkingtherapies.nhs.uk/professionals</td> </tr> </tbody> </table>		Area	Provider	Contact / referral details	Bedfordshire	Bedfordshire Talking Therapies (ELFT)	Self-referral via website/telephone – https://www.elft.nhs.uk/bedfordshire-talking-therapies/ 01234 880 400 or via GP/Health professional if appropriate.	Luton	Total Wellbeing Luton	Self-referral via website/telephone – https://www.totalwellbeingluton.org/talking-therapies.html 0300 555 4152 or via GP/Health professional if appropriate.	Milton Keynes	MK Talking Therapies (CNWL)	Self-referral via website/telephone – https://mktalkingtherapies.nhs.uk/self-referral 01908 725099 or via GP/Health professional if appropriate https://mktalkingtherapies.nhs.uk/professionals
Area	Provider	Contact / referral details												
Bedfordshire	Bedfordshire Talking Therapies (ELFT)	Self-referral via website/telephone – https://www.elft.nhs.uk/bedfordshire-talking-therapies/ 01234 880 400 or via GP/Health professional if appropriate.												
Luton	Total Wellbeing Luton	Self-referral via website/telephone – https://www.totalwellbeingluton.org/talking-therapies.html 0300 555 4152 or via GP/Health professional if appropriate.												
Milton Keynes	MK Talking Therapies (CNWL)	Self-referral via website/telephone – https://mktalkingtherapies.nhs.uk/self-referral 01908 725099 or via GP/Health professional if appropriate https://mktalkingtherapies.nhs.uk/professionals												

This information does not replace the Summary of Product Characteristics (SPC) and should be read in conjunction with it. Please see [BNF](#) & [SPC](#) for comprehensive information.

The following organisations contribute to and participate in the BLMK APC – Bedfordshire, Luton and Milton Keynes Integrated Care Board; Bedfordshire Hospitals NHS Foundation Trust; Cambridgeshire Community Services NHS Trust; Central and North West London NHS Foundation Trust; East London NHS Foundation Trust; Milton Keynes University Hospital NHS Foundation Trust

Responsibilities	GPs/primary care prescribers may only prescribe daridorexant in accordance with the recommendations in NICE TA922 (see section on NICE guidance above). Prescribers may refer to NICE Clinical Knowledge Summary on insomnia for further information about the assessment, diagnosis, and management of insomnia.
Dosing Advice	<p>50mg once per night, taken orally in the evening within 30 minutes before going to bed. Tablets may be taken with or without food; however, administration soon after a large meal may reduce the effect on sleep onset. Maximum daily dose: 50mg.</p> <p>Reduce dose to 25mg once per night in the following circumstances:</p> <ul style="list-style-type: none"> • Moderate hepatic impairment • Concomitant use with moderate CYP3A4 inhibitors e.g., ciclosporin, ciprofloxacin, erythromycin (NB: consumption of grapefruit or grapefruit juice in the evening should be avoided). • Caution should be exercised when prescribing with CNS-depressant medicinal products due to potentially additive effects, and a dose adjustment of either daridorexant or the concomitant CNS depressants may be required. <p>Treatment duration should be as short as possible. The need for continued treatment should be assessed within 3 months of starting daridorexant and at regular intervals thereafter. Clinical data are available for up to 12 months of continuous treatment.</p>
Missed doses	If a patient forgets to take daridorexant at bedtime, that dose should not be taken during the night.
Stopping treatment	Treatment can be stopped without down-titration.
Special patient populations	<p>Renal impairment No dose adjustment required (including severe renal impairment)</p> <p>Hepatic impairment Mild hepatic impairment – no dose adjustment required. Moderate hepatic impairment – reduce dose to 25mg once per night. Severe hepatic impairment – not recommended.</p> <p>Elderly (>65 years) No dose adjustment required. Limited data are available in patients older than 75 years. No data are available in patients older than 85 years.</p> <p>Children Not recommended. The safety and efficacy of daridorexant in paediatric patients have not yet been established. No data are available.</p>
Contra-indications	<ul style="list-style-type: none"> • Hypersensitivity to the active substance or to any of the excipients • Narcolepsy • Concomitant use with strong CYP3A4 inhibitors
Cautions (see SPC for full details)	<ul style="list-style-type: none"> • Elderly patients (limited data on efficacy and safety in people aged >75 years; potential for increased risk of falls). • Depression (worsening of symptoms including suicidal ideation).

This information does not replace the Summary of Product Characteristics (SPC) and should be read in conjunction with it. Please see [BNF](#) & [SPC](#) for comprehensive information.

The following organisations contribute to and participate in the BLMK APC – Bedfordshire, Luton and Milton Keynes Integrated Care Board; Bedfordshire Hospitals NHS Foundation Trust; Cambridgeshire Community Services NHS Trust; Central and North West London NHS Foundation Trust; East London NHS Foundation Trust; Milton Keynes University Hospital NHS Foundation Trust

	<ul style="list-style-type: none"> • Psychiatric co-morbidities (efficacy and safety data in this patient population are limited). • CNS depressant effects: caution engaging in potentially hazardous activities, driving, or operating heavy machinery unless the patient feels fully alert, especially in the first few days of treatment. • Potential additive effects when co-prescribing daridorexant and CNS depressant medicines – dose adjustment of either daridorexant (to 25mg at night) or the concomitant CNS depressant(s) should be considered. Other hypnotic medicines should be reviewed prior to starting daridorexant and, when stopping or reducing, this should be done in accordance with clinical recommendations e.g. Clinical Knowledge Summary - Benzodiazepine and z-drug withdrawal. • Severe obstructive sleep apnoea and/or severe COPD. • Consumption of alcohol (additive effects on psychomotor performance). • Patients with a history of abuse or addiction to alcohol or other substances.
<p>Adverse effects (see SPC for full details)</p> <p>▼ drug – report suspected adverse effects to the MHRA</p>	<ul style="list-style-type: none"> • Headache • Somnolence • Dizziness • Fatigue • Nausea • Hallucinations (occurs mainly in the first weeks of treatment) • Sleep paralysis (occurs mainly in the first weeks of treatment) • Cataplexy-like symptoms. • Worsening of depression and suicidal ideation.
<p>Pregnancy, lactation and fertility (see SPC for full details)</p>	<p>Pregnancy There are no data on the use of daridorexant in pregnant women. Animal studies did not indicate harmful effects with respect to reproductive toxicity. Daridorexant should only be used during pregnancy if the clinical condition of the pregnant woman requires treatment with daridorexant (avoid unless essential).</p> <p>Breast feeding 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. As a risk of excessive somnolence to the breastfed infant cannot be excluded, daridorexant should be used with caution on a risk-benefit basis. If used, monitor the breast-fed infant for sedation, poor feeding, and poor weight gain (amount in milk likely to be small as daridorexant is about 99.7% bound to plasma proteins). Consider an alternative drug, particularly if breast-feeding a neonate (pre- or full-term).</p> <p>Fertility There are no data concerning the effect of exposure to daridorexant on human fertility. Animal studies indicate no impact on male or female fertility.</p>
<p>Interactions (see SPC for full details)</p>	<p>Daridorexant should not be used in patients taking strong inhibitors of CYP3A4 (e.g., itraconazole, clarithromycin, ritonavir).</p>

This information does not replace the Summary of Product Characteristics (SPC) and should be read in conjunction with it. Please see [BNF](#) & [SPC](#) for comprehensive information.

The following organisations contribute to and participate in the BLMK APC – Bedfordshire, Luton and Milton Keynes Integrated Care Board; Bedfordshire Hospitals NHS Foundation Trust; Cambridgeshire Community Services NHS Trust; Central and North West London NHS Foundation Trust; East London NHS Foundation Trust; Milton Keynes University Hospital NHS Foundation Trust

	<p>Reduce the dose to 25mg in patients taking moderate CYP3A4 inhibitors (e.g., erythromycin, ciprofloxacin, ciclosporin).</p> <p>Consumption of grapefruit or grapefruit juice in the evening should be avoided.</p> <p>Concomitant use of daridorexant with a moderate or strong CYP3A4 inducer (e.g., rifampicin, carbamazepine, phenytoin, topiramate, ritonavir, efavirenz, St John's Wort) substantially decreases exposure to daridorexant, which may reduce efficacy.</p> <p>Caution is required when co-administering CYP3A4 substrates with a narrow therapeutic index (e.g., high-dose simvastatin, tacrolimus) and P-gp substrates with a narrow therapeutic index (e.g., digoxin).</p> <p>The effects of alcohol and other CNS depressants is enhanced when taken in combination with daridorexant.</p>
Counselling points	<ul style="list-style-type: none"> • Emphasise the importance of good sleep hygiene (see resources below). • Take 30 minutes before going to bed. If forgotten, the dose should not be taken during the night. • May be taken with or without food, but eating a large meal soon before taking the dose may reduce the effects of daridorexant. • Drowsiness may persist the next day, especially in the first few days of treatment – leave about 9 hours between taking daridorexant and performing skilled tasks (e.g., driving or operating machinery). • Long-term treatment is not recommended and should be as short as possible. Treatment will be assessed within 3 months of starting and regularly thereafter. • Report adverse effects, including mood changes, sleep paralysis, hallucinations, and cataplexy-like symptoms.
Sleep hygiene resources	<p>https://www.nhs.uk/every-mind-matters/mental-health-issues/sleep/</p> <p>https://www.nhs.uk/conditions/insomnia/</p> <p>https://cks.nice.org.uk/topics/insomnia/management/managing-short-term-insomnia-less-3-months/#good-sleep-hygiene</p> <p>https://royalpapworth.nhs.uk/our-services/respiratory-services/rssc/patient-information/sleep-hygiene</p> <p>https://www.ageuk.org.uk/information-advice/health-wellbeing/mind-body/getting-a-good-nights-sleep/</p> <p>https://www.headspace.com/sleep/sleep-hygiene</p>
References	<ol style="list-style-type: none"> 1. Summary of product characteristics https://www.medicines.org.uk/emc/product/15359/smpc (25mg); https://www.medicines.org.uk/emc/product/15360/smpc (50mg) accessed 19/12/23. 2. BNF https://bnf.nice.org.uk/drugs/daridorexant/ accessed 19/12/23. 3. NICE TA922: Daridorexant for treating long-term insomnia https://www.nice.org.uk/guidance/ta922 accessed 19/12/23. 4. https://www.sps.nhs.uk/articles/using-contraception-with-enzyme-inducing-medicines/ accessed 19/12/23.

This information does not replace the Summary of Product Characteristics (SPC) and should be read in conjunction with it. Please see [BNF](#) & [SPC](#) for comprehensive information.

The following organisations contribute to and participate in the BLMK APC – Bedfordshire, Luton and Milton Keynes Integrated Care Board; Bedfordshire Hospitals NHS Foundation Trust; Cambridgeshire Community Services NHS Trust; Central and North West London NHS Foundation Trust; East London NHS Foundation Trust; Milton Keynes University Hospital NHS Foundation Trust