

Suvorexant

Belsomra • a medicine for falling and staying asleep

Turns down an orexin wake-up signal in the brain. It can help sleep, but can also leave you impaired the next day.

From Jeffrey Panko, PMHNP-BC's education collection ·

Draft for review · Clinical content has not been revalidated for this website.

ADULT INSOMNIA

TABLETS: 5, 10, 15, 20 mg • SCHEDULE IV

OX1 and OX2 are orexin receptors. The diagram does not assign a separate proven benefit to each receptor.

What it is used for

Treats adult insomnia: trouble falling asleep, staying asleep, or both.

Your team should also look for causes of poor sleep and offer sleep-focused therapy, called CBT-I.

How it works

Orexin helps keep you awake. Suvorexant blocks two orexin receptors, reducing that wake-up signal.

It works differently from benzodiazepines, but still causes sedation. A different mechanism does not remove the risk of falls or unsafe sleep behaviors.

What to expect over time

FIRST NIGHTS

It can begin helping right away. Watch for morning grogginess.

WITHIN 7–10 DAYS

Call if insomnia is worse or not improving; another cause may need treatment.

ONGOING

Review sleep and daytime function. Do not raise the dose on your own.

Taking your medication

Take only your prescribed dose, once nightly within 30 minutes of bed. You need at least 7 hours before planned waking. Do not take a second dose that night.

You may take it with or without food, but a meal can delay its effect. Do not take extra because it seems slow to work.

Do not take it if you drank alcohol that evening or before bed. Do not combine it with another sleep medicine. Check all other sedating medicines with your team.

When to get help

Stop and call promptly: sleepwalking, sleep-driving, eating or other activity while not fully awake, even if you do not remember it.

Call 911: severe breathing trouble, inability to wake, collapse or immediate self-harm danger. Report worsening depression or suicidal thoughts right away.

Too much medicine? Call Poison Control at 1-800-222-1222 immediately; do not wait for symptoms.

Early side effects

Next-day sleepiness, headache, dizziness, dry mouth, diarrhea or unusual dreams may occur. Tell your team if these are troublesome. Higher doses can cause more impairment; do not assume it will always fade.

Other effects to discuss

Report being briefly unable to move or speak while falling asleep or waking, seeing or hearing things around sleep, or sudden leg weakness. These may be short-lived, but should still be assessed.

What to keep track of

Do not drive or do dangerous work within 8 hours after a dose, or longer if impaired. The 20 mg dose needs particular next-day caution. You may not recognize your own impairment; seven hours in bed does not guarantee safe driving.

Before you start

Do not take suvorexant if you have narcolepsy. Tell your team about daytime sleep attacks, sudden muscle weakness, sleep apnea, lung or liver disease, falls, unusual sleep behaviors, depression, suicidal thoughts, substance-use history, pregnancy or breastfeeding. Discuss early shifts and overnight caregiving.

Medicines & interactions

Medicines that raise its level

Some antibiotics, antifungals, HIV medicines and nefazodone should not be combined. Diltiazem, verapamil, fluconazole, ciprofloxacin and grapefruit may require a lower dose.

Medicines that lower its effect

Rifampin, carbamazepine, phenytoin and St. John's wort need review. Do not increase suvorexant yourself.

Alcohol, sedatives and supplements

Avoid alcohol and other sleeping pills. Check opioids, anxiety medicines, allergy pills, melatonin and herbal sleep products before use.

Digoxin

Suvorexant can raise digoxin levels. Your team may need blood tests for that medicine.

Everyday tips

Keep a regular wake-up time and enough sleep time.

Ask about CBT-I, not just general sleep tips.

Limit late caffeine and nicotine.

Tell your team about new medicines or supplements.

Your questions, answered

What if I miss a dose?

Skip it if bedtime has passed or a full night's sleep is no longer possible. Never take two doses in one night or a daytime catch-up dose.

Can I stop? Is it habit-forming?

A taper is usually unnecessary, but discuss your sleep plan. Trials did not show clear withdrawal; insomnia may return. Misuse is still possible. Another sleep or anxiety medicine may need its own taper.

Will it change how I feel or act?

It should not leave you feeling unlike yourself. Report fogginess, memory gaps, unusual behavior or worsening mood. Ask someone close to you to mention nighttime events you may not remember.

What about pregnancy or breastfeeding?

Discuss a plan with your prescriber. Pregnancy information is limited. Small amounts pass into milk, but effects on babies are uncertain. If breastfeeding during treatment, watch for unusual sleepiness or poor feeding.

Storage & safety

Keep in the original package at room temperature to protect from light and moisture. Store securely, away from children and pets. Never share it; ask a pharmacist about take-back for unused tablets.

About this information

For general information only; not a substitute for individualized medical advice. This sheet does not cover every risk or interaction. Ask your prescriber or pharmacist before changing how you take this medication.

Sources

1. <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=e5b72731-1acb-45b7-9c13-290ad12d3951>
 2. <https://psycho.farm/guides/suvorexant>
-

Educational inclusion does not mean this medication or its indications are treated at this practice. Review the guide for your exact product with your prescriber or pharmacist.

thoughtscape NP Psychiatry
Jeffrey Panko, PMHNP-BC