ABOUT YOUR MEDICINE

Daridorexant

Quviviq, a newer sleep medicine that turns down the brain's wake-up signal

This medicine helps you sleep through the night and clears out fast enough that most people wake up feeling like themselves.

WHAT IT TREATS	HOW YOU TAKE IT	WHEN IT WORKS	HABIT FORMING
Trouble sleeping (insomnia)	Once, near bedtime	First few nights	Low risk; controlled medicine

This medicine carries **no special FDA safety warning** of that kind.

WHAT THIS MEDICINE DOES

- **Daridorexant** blocks orexin, the brain chemical that keeps you alert, instead of sedating your whole brain.
- It is approved for adults who cannot fall asleep, cannot stay asleep, or both, and it was approved in **2022**.
- It leaves the body faster than others in its family, so there is usually less heavy feeling the next morning.
- Studies measured daytime functioning, not just hours slept, so the point is how the next day goes for you.

HOW TO TAKE IT

- Take it within about **30 minutes** of getting into bed, on a night when you can stay in bed at least 7 hours.
- A large or greasy meal right before your dose slows it down and can delay how fast you drop off to sleep.
- Swallow the tablet whole with water. Do not crush, split, or chew it, and keep it in the bottle it came in.
- If you miss it, just skip that night. Do not take it after a middle-of-the-night wake-up or you will feel it at breakfast.
- Keep it at room temperature and out of reach of children, teens, and anyone else who lives with you.

WHAT TO EXPECT

- Many people sleep better on the **first few nights**, and the benefit usually settles in over a week or two.
- Working well means falling asleep sooner, fewer long stretches awake at night, and a daytime that feels easier.
- You will still have an off night now and then. One bad night does not mean the medicine has quit on you.
- Morning carryover is usually mild with this one, but if you feel foggy at work or school, say so at your next visit.
- Sleeping pills work best next to good sleep habits, a steady wake-up time, and treatment for pain or worry.

COMMON SIDE EFFECTS

- Headache is the most common effect, in about **6 out of 100** people. Fluids and a plain pain reliever usually cover it.
- Daytime sleepiness or tiredness can happen. Give yourself the full night in bed, and skip driving until you know how you react.
- Mild nausea or dizziness can show up early. Getting up slowly and eating a small snack at night both help.
- Odd or very vivid dreams are common at first. They are not dangerous, and most people find they fade.
- Briefly not being able to move or speak as you fall asleep or wake up can happen. It ends on its own within seconds.
- Some people see or hear things right as they drift off. It is brief, but tell your prescriber if it keeps happening.

CALL YOUR PRESCRIBER OR GET HELP RIGHT AWAY IF

- Doing things asleep, like driving, cooking, or walking outside, with no memory of it: stop and call your prescriber that day.
- New or worse thoughts of ending your life: call or text **988** right away, or go to the nearest ER.
- Breathing that is slow or shallow, or someone who cannot be woken: call **911**.
- Leg weakness or collapse when you laugh or get emotional: call your prescriber before you take another dose.

WHAT TO AVOID

- Skip alcohol on nights you take this. Together they slow breathing and make a nighttime fall much more likely.
- Do not drive or handle machinery the next morning until you have proved to yourself that you are fully alert.
- Opioid pain medicines, muscle relaxers, and sedating allergy pills add to the drowsiness. Ask your pharmacist first.
- Some antibiotics, antifungals, and seizure medicines change how much of this reaches you. Keep one current medicine list.
- This is not used if you have narcolepsy, and safety in pregnancy or breastfeeding is not yet known. Say so up front.

STOPPING IT SAFELY

- No taper is needed. Trials did not find withdrawal or a rebound of worse-than-before sleep after stopping.
- The insomnia you started with can come back once you stop. That is the underlying problem, not a drug reaction.
- Do not stop or change how much you take on your own. Bring your concerns to your prescriber and decide together.
- Talk therapy for insomnia, called CBT-I, is worth asking about because its benefit lasts after the sessions end.

QUESTIONS TO ASK

- Is this meant to be short-term for me, or something I may take for months?
- Should I be checked for sleep apnea before we keep going with a sleep medicine?
- What should I do on a night I need to be up early, before 7 hours are up?
- Does this interact with anything else on my list, including things I buy over the counter?

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general information about a medicine, not medical advice, and it does not replace the instructions from your own prescriber or pharmacist. Never start, change, or stop a medicine on your own. If you think you are having a serious reaction, call your prescriber; if you cannot breathe, cannot stay awake, or are thinking of harming yourself, call 911 or 988 right away.