ABOUT YOUR MEDICINE

# Lemborexant

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

This medicine helps you fall asleep faster and stay asleep by quieting the brain signal that keeps you awake at night.

| WHAT IT TREATS | HOW YOU TAKE IT | WHEN IT WORKS | HABIT FORMING |
|---|---|---|---|
| Trouble sleeping (insomnia) | Once, right before bed | First night for most people | Low risk; controlled medicine |

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

## WHAT THIS MEDICINE DOES

- **Lemborexant** blocks orexin, a natural brain signal that holds you awake, so your own sleep can take over.
- It is approved for adults who have trouble falling asleep, staying asleep, or both, and it was studied for a full **12 months**.
- It does not work like older sleeping pills, so it causes less muscle looseness and less memory loss overnight.
- It treats the symptom, not the cause. Stress, pain, late screens, and untreated breathing problems still need their own fix.

## HOW TO TAKE IT

- Take it right before you get into bed, and only on a night when you can stay in bed at least **7 hours**.
- A big or greasy meal right before bed slows it down, so leave some time between dinner and your dose.
- Swallow the tablet whole with a little water. Do not crush, split, or chew it, and keep it in its own bottle.
- If you forget a dose, skip it. Do not take it in the middle of the night, because you will still feel it in the morning.
- Store it at room temperature, away from heat and damp, and out of reach of children and anyone else in the house.

## WHAT TO EXPECT

- Most people fall asleep faster on the **first night**. Staying asleep usually keeps improving over the first week or two.
- Working well looks like fewer long wake-ups and feeling more rested the next day. It is not meant to knock you out.
- You will still wake up now and then. The goal is a night that feels normal for you, not a night with zero awakenings.
- Some people feel slow or heavy the next morning at first. Tell your prescriber if that has not settled after a week or two.
- It kept working across **12 months** in studies, so it does not have to be a short-term-only medicine.

## COMMON SIDE EFFECTS

- Daytime sleepiness is the most common effect. Protect a full night in bed, and hold off on driving until you know how you feel.
- Headache is common in the first week. Water, a snack, and a plain pain reliever your pharmacist approves usually handle it.
- Vivid or odd dreams happen to some people. They are not harmful and often fade after a few weeks on the medicine.
- Feeling briefly unable to move as you fall asleep or wake up can happen. It passes in seconds. Mention it if it keeps repeating.
- A few people notice brief leg or body weakness with strong emotion, like laughing. Report that, since it may change the plan.
- Seeing or hearing things as you drift off or wake up can happen. It is short-lived, but your prescriber should hear about it.

## CALL YOUR PRESCRIBER OR GET HELP RIGHT AWAY IF

- Walking, eating, or driving while not fully awake with no memory of it: stop the medicine and call your prescriber that day.
- New or worse thoughts of hurting yourself: call or text **988** now, or go to the ER if you do not feel safe.
- Slow or hard breathing, or a person you cannot wake up: call **911**.
- Morning grogginess bad enough to make driving or stairs unsafe: call your prescriber before the next dose.

## WHAT TO AVOID

- Do not drink alcohol with this medicine. Alcohol adds to the sleepiness and raises the chance of a fall or a breathing problem.
- Do not drive or use machines in the morning until you are sure you are fully awake, especially in the first week.
- Opioid pain medicines, other sleep aids, and sedating allergy pills all stack up. Run every new medicine past your pharmacist.
- Tell your prescriber if you have narcolepsy. This medicine is not used in narcolepsy because it works on that same brain signal.
- If you are pregnant, planning a pregnancy, or breastfeeding, talk it over first. Safety information in pregnancy is limited.

## STOPPING IT SAFELY

- You do not need to taper this one. It does not cause the rebound and withdrawal that older sleep medicines can cause.
- Your old sleep trouble may return when you stop. That is the original problem coming back, not the medicine punishing you.
- Never change or stop it on your own. If mornings feel heavy, your prescriber can adjust the plan safely.
- Ask about CBT-I, a short talk therapy for sleep. It keeps working after it ends and is the strongest long-term option.

## QUESTIONS TO ASK

- How long should I take this, and when will we check whether I still need it?
- Could snoring or pauses in my breathing at night be part of the problem?
- Which of my other medicines add to the sleepiness from this one?
- Can I get CBT-I, the talk therapy for sleep, along with or instead of this?

# Where this information comes from

American Academy of Sleep Medicine. (2024). *Insomnia*. Sleep Education. https://sleepeducation.org/sleep-disorders/insomnia/

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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.