ABOUT YOUR MEDICINE

Suvorexant

Belsomra, a sleep medicine that blocks the brain's wake signal

Suvorexant blocks the brain signal that keeps you awake, so sleep can arrive and hold through the night.

WHAT IT TREATS	HOW YOU TAKE IT	WHEN IT WORKS	HABIT FORMING
Falling and staying asleep	Within 30 minutes of bed	About 30 minutes	Some risk; it is controlled

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

WHAT THIS MEDICINE DOES

- **Suvorexant** blocks orexin, the brain chemical that holds you awake. Instead of sedating you, it lets wakefulness switch off.
- It helps both with falling asleep and with staying asleep, so it suits people who wake in the small hours.
- Unlike **ramelteon**, this is a controlled medicine, which means refills are tracked and it can be habit forming for some.
- It is not for narcolepsy, a condition where people fall asleep suddenly during the day. Tell your prescriber if that fits you.

HOW TO TAKE IT

- Take **suvorexant** within 30 minutes of getting into bed, and only when you can stay in bed **7 hours** or more.
- Do not take it with or soon after a meal. Food delays it, and a delayed dose means a groggy morning.
- Swallow the tablet whole with water. Only take one tablet a night, even if you wake up and cannot get back to sleep.
- If you did not take it and the night is already half gone, skip it. There will not be enough hours left.
- Store it out of reach of children and visitors. Keeping it in its own labeled bottle avoids mix-ups in the dark.

WHAT TO EXPECT

- Most people fall asleep about **30 minutes** after taking it and wake fewer times during the night.
- The gain is real but modest, often around **10 to 20 extra minutes** of sleep plus fewer middle-of-night wake-ups.
- It keeps working over months in studies, so it does not usually fade the way older sleep medicines can.
- Some people have odd experiences at the edge of sleep, such as being briefly unable to move. That is worth reporting.

COMMON SIDE EFFECTS

- Next-day sleepiness is the most common effect and it can last well into the morning, even after a full night.
- Headache is common, particularly in the first week. Water and a steady bedtime usually help it settle.
- Strange or vivid dreams happen for some people. They tend to ease after the first week or two of use.
- Dry mouth and dizziness can happen. Keep water at the bedside and stand up slowly if you get up at night.
- Brief sleep paralysis, meaning you wake but cannot move for a few seconds, can occur. It is frightening but not harmful.
- Some people notice low mood or heavier feelings during the day. Mention it rather than assuming it is unrelated.

CALL YOUR PRESCRIBER OR GET HELP RIGHT AWAY IF

- Very slow or shallow breathing, or being very hard to wake up: call **911** right away.
- Sleepwalking, sleep-driving, or acting at night with no memory of it: stop and call your prescriber that day.
- New or worse thoughts of hurting yourself: call your prescriber today, or call or text **988** if you might act.
- Sudden daytime muscle weakness or collapsing when you laugh: call your prescriber before the next dose.

WHAT TO AVOID

- Do not drink alcohol on a night you take **suvorexant**. Alcohol multiplies the sleepiness and the breathing risk.
- Do not drive until you have slept a full night and feel truly awake. Next-day driving can be affected even if you feel fine.
- Taking it with opioid pain medicine adds up and can slow your breathing. Your prescriber must know about both.
- Some antifungal, antibiotic, and HIV medicines raise your levels sharply. Ask your pharmacist before adding anything new.
- Tell your prescriber if you are pregnant, nursing, or planning a pregnancy, since information here is limited.

STOPPING IT SAFELY

- You can usually stop without a taper, but check with your prescriber first, especially after months of nightly use.
- A few nights of worse sleep after stopping can happen. It settles quickly and is not a sign you cannot manage without it.
- If it stops helping, do not take extra. Call your prescriber, because taking more raises the next-day risks sharply.
- Working on a fixed wake time, morning daylight, and a wind-down routine gives you something to land on when you stop.

QUESTIONS TO ASK

- How is this different from the other sleep medicines I could try?
- Am I really able to give this a full 7 hours in bed?
- Does this interact with anything else on my medicine list?
- How long do you want me to stay on it before we check in?

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.