

Impact of the Introduction of Dual Orexin Receptor Antagonists on the Usage of Prescription Medications for Insomnia

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Introduction

- Long-term use of benzodiazepines and Z-drugs remains common despite recommendations to limit use because of risks including dependence, cognitive impairment, falls, and rebound insomnia
- Dual orexin receptor antagonists (DORAs) represent a mechanistically distinct approach to insomnia treatment, by inhibiting orexin-mediated wake signaling, which is overactive in people with insomnia disorder
- The introduction of DORAs has coincided with recognition of insomnia as an independent disorder and efforts to limit long-term use of traditional hypnotics

Methods

- This descriptive study used IQVIA MIDAS® Monthly Volume sales data (for France, Germany, UK, Italy, Spain, Japan) and IQVIA MIDAS® Medical data (for France, Germany, UK) from January 2016–February 2026 for oral formulations under ATC4 classes N5B1, N5C0, N6A9 and R6A0. These countries were selected to compare between reimbursed (Japan, Germany, France, UK) and non-reimbursed (Italy, Spain) markets
- A standardized insomnia market definition including approved and commonly used off-label insomnia prescription medication has been applied
- Trends were assessed using moving annual totals (MAT) and therapeutic class market share
- The DORA class included daridorexant in Europe and daridorexant, suvorexant, and lemborexant in Japan

Study objective

To evaluate changes in insomnia medication utilization following the introduction of DORAs in multiple countries.

Results

Figure 1 - Japan. The proportion of DORA volume sales increased from 3% in 2016 to 34% in 2025. Benzodiazepine and Z-drug proportions declined from 61% to 35% and 31% to 26% respectively. The total volume of medications remained relatively stable (2.9 vs 3.2 billion standard units sold - SU).

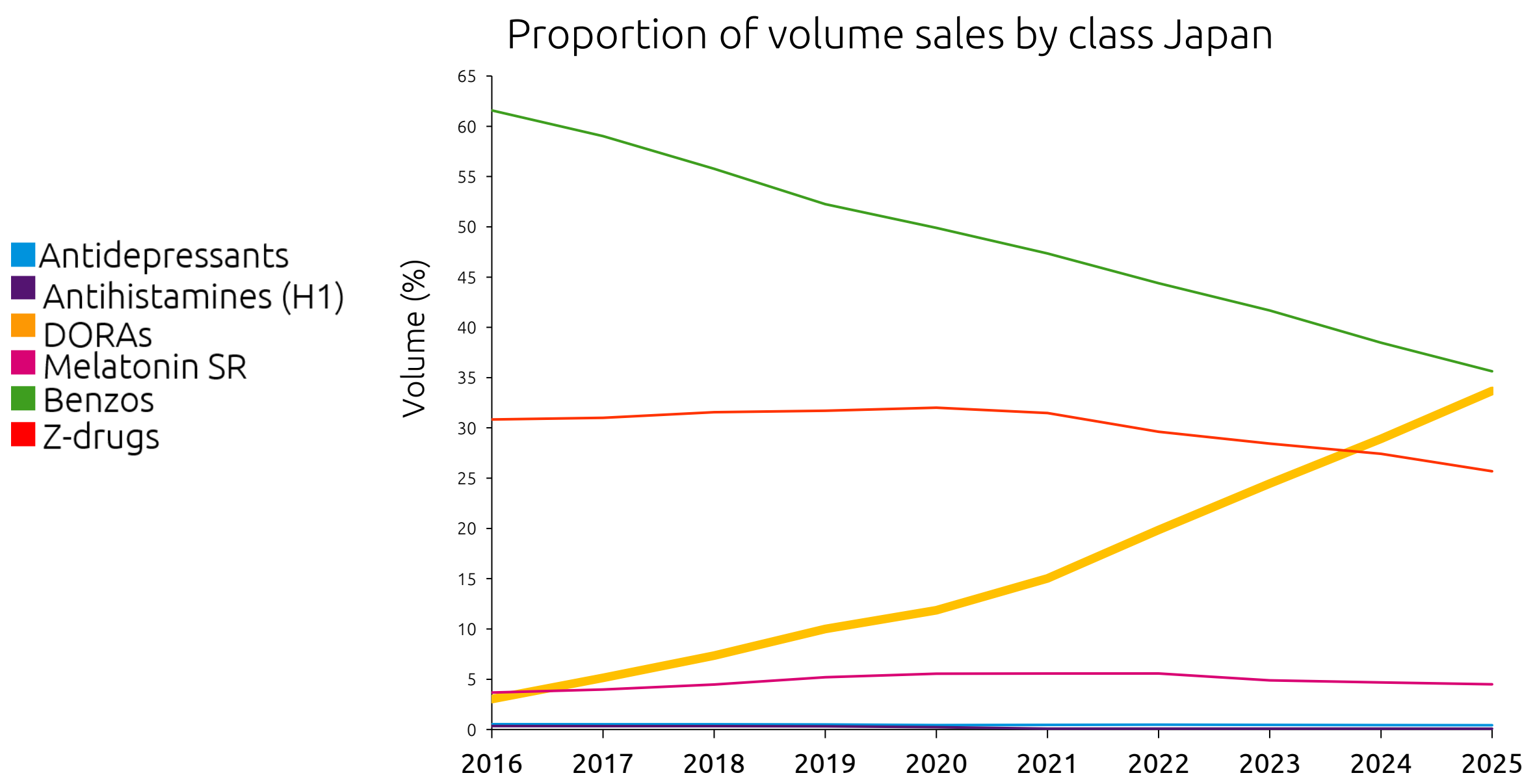


Figure 2 - Germany. The proportion of daridorexant volume sales increased to 7% up to February 2026, while for Z-drugs and benzodiazepines a relative volume share decrease of respectively 5% and 34% can be observed between March 2023 and February 2026.

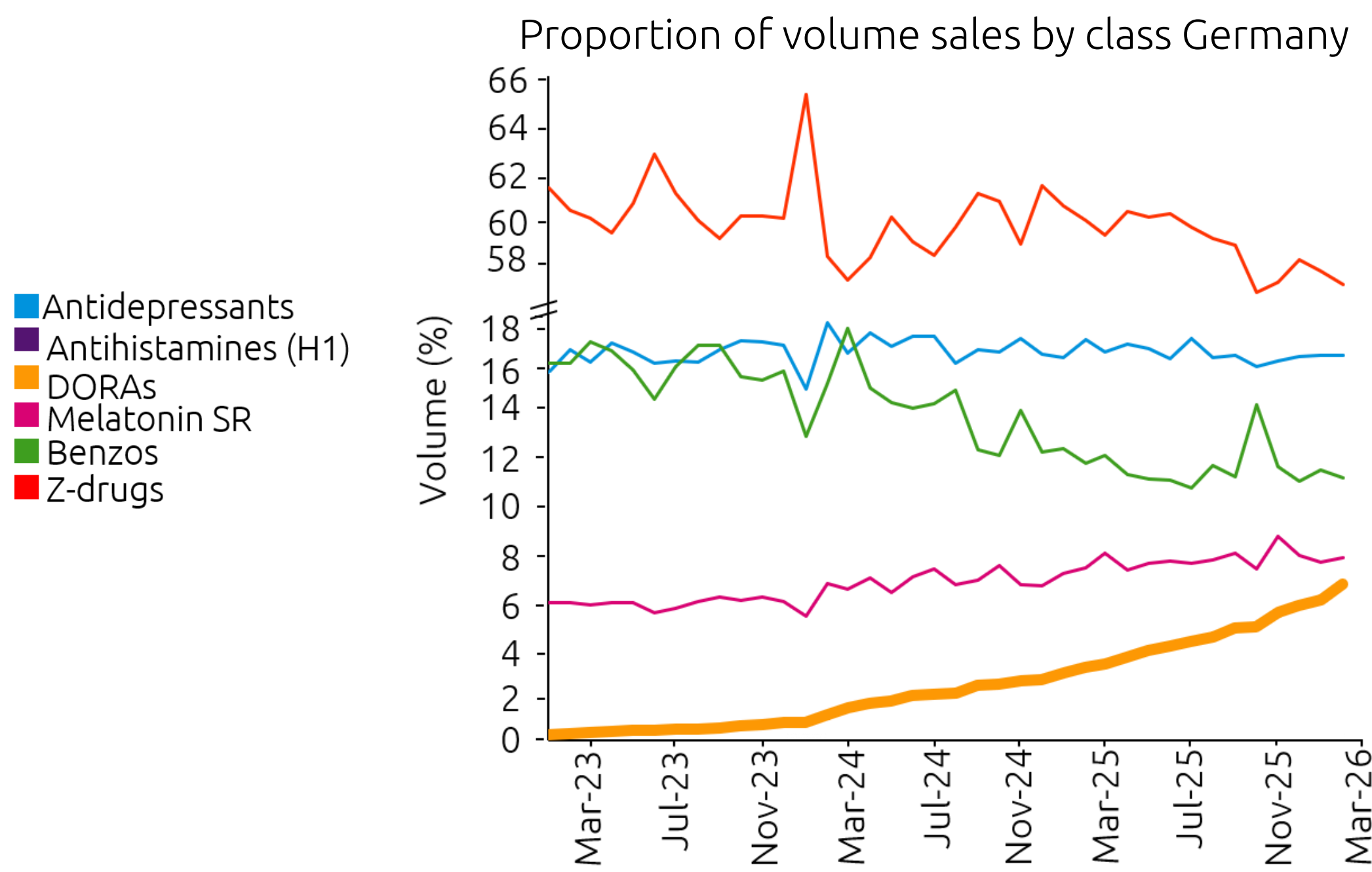


Figure 3 - UK. The proportion of daridorexant volume sales remained modest in the UK, accounting for 2.3% of total drug use, while Z-drug and benzodiazepine volume sales declined. From March 2023 to February 2026, the total volume sales of medications used to treat insomnia remained relatively stable - MAT of approximately 474 million SUs.

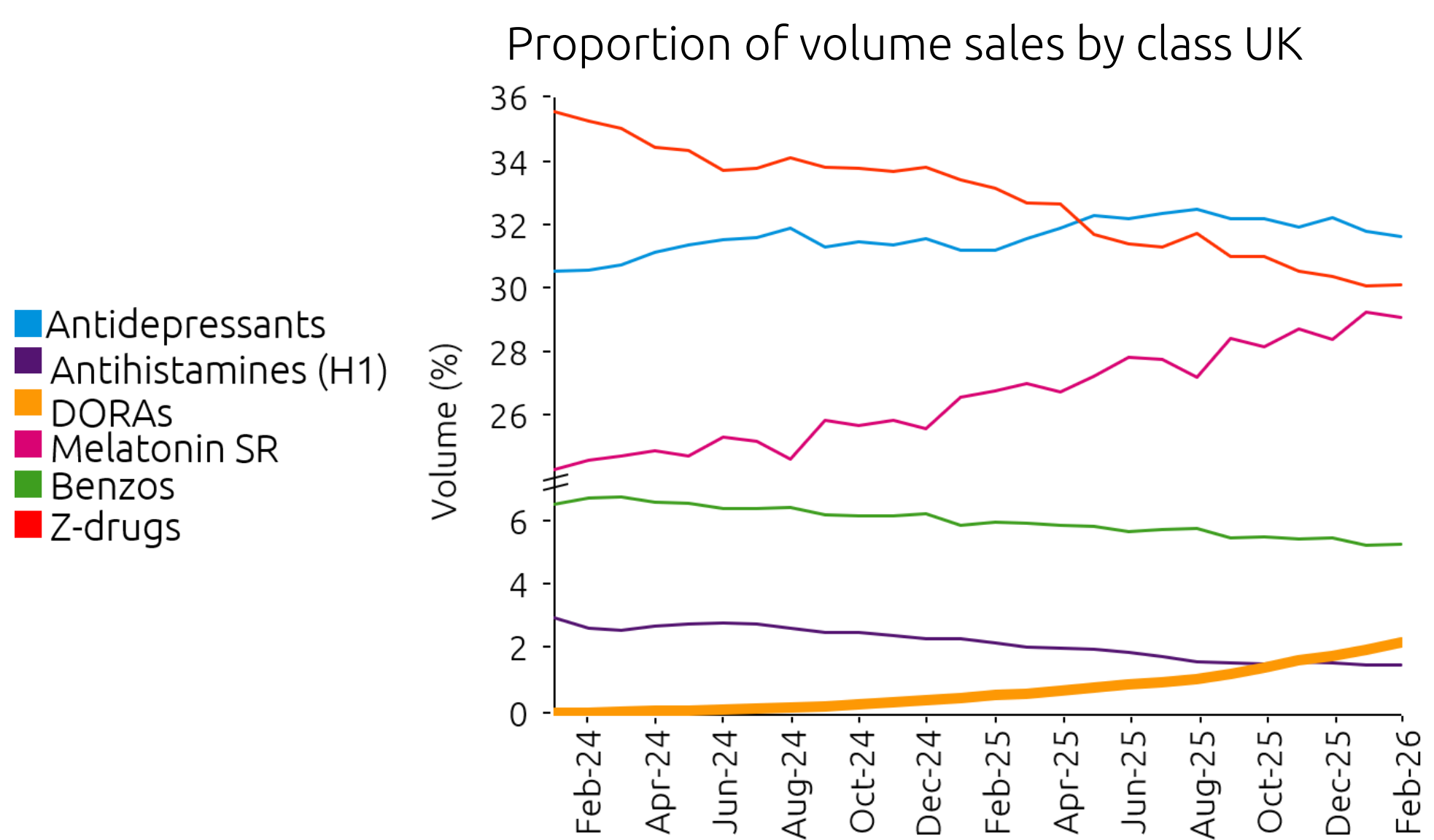


Figure 4 - France. The proportion of daridorexant volume sales increased to 9% up to February 2026, while for Z-drugs and benzodiazepines a combined relative volume share decrease of 11% can be observed between March 2024 and February 2026.

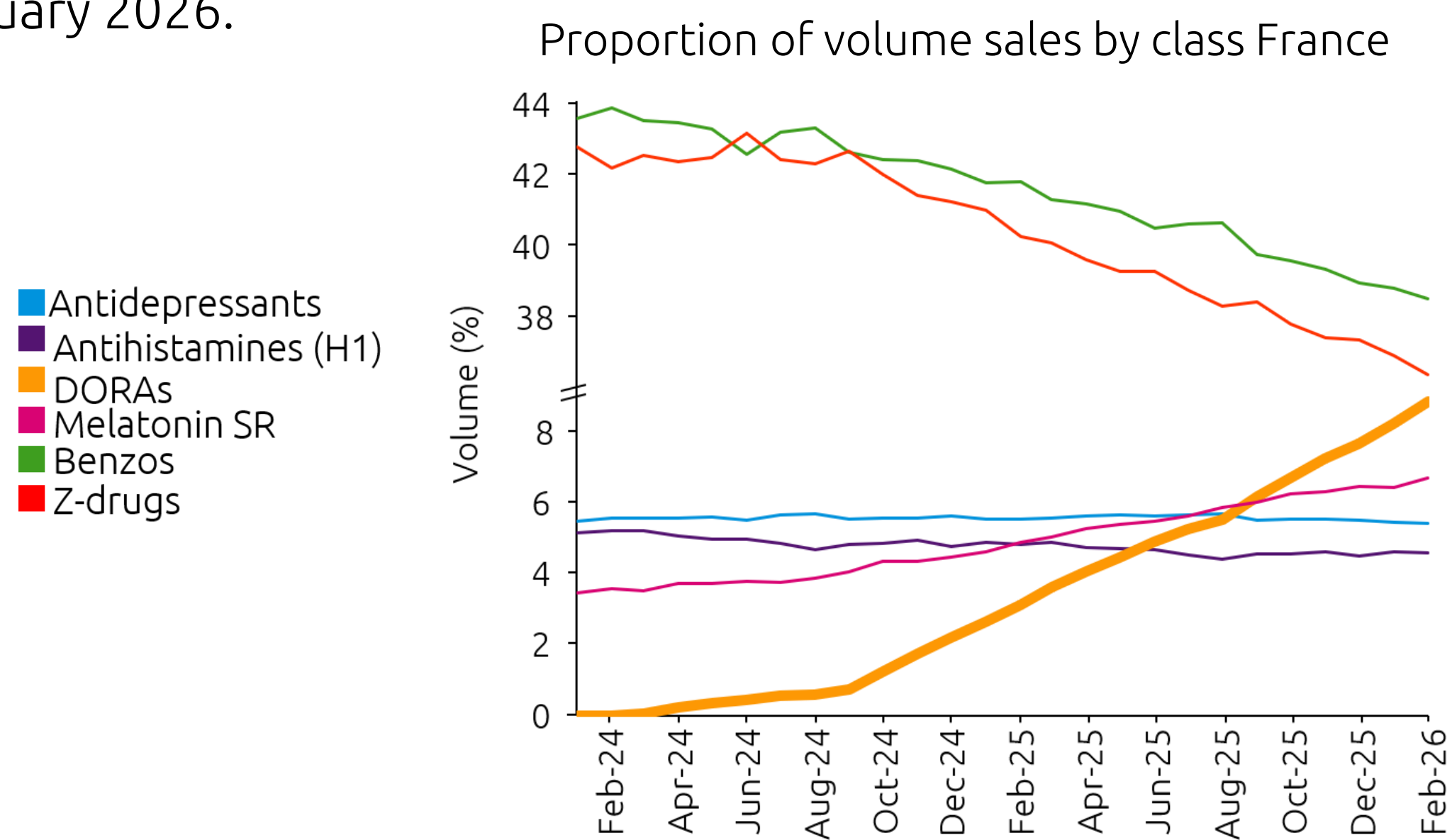


Table. Absolute volume development (million standard units) by class

	Volume (million SUs)	MAT/Feb/2024	MAT/Feb/2025	MAT/Feb/2026	Percentage change (26vs24)
Germany	Insomnia market	327.7	316.6	320.6	-2.2%
	Z-Drugs	198.2	188.1	187.4	-5.4%
	Benzos	52.2	44.4	38.0	-27.3%
	DORAs	2.0	7.0	15.5	699.7%
	Other	75.2	76.9	79.6	5.8%
France	Insomnia market	772.8	768.4	794.5	2.8%
	Z-Drugs	337.5	322.6	304.7	-9.7%
	Benzos	332.9	327.9	318.0	-4.5%
	DORAs	0	8.9	47.1	>1000%
	Other	102.4	109.2	124.7	21.7%
UK	Insomnia market	479.0	477.6	474.3	-1%
	Z-Drugs	173.3	162.0	147.7	-14.7%
	Benzos	33.9	31.0	27.4	-19.3%
	DORAs	0.1	1.5	6.5	>1000%
	Other	271.7	283.3	292.8	7.8%

In Italy and Spain, where daridorexant remained non-reimbursed, utilization remained minimal, accounting for 0.25% and 0.2% of total insomnia medication use, respectively, by February 2026.

Conclusions

- DORA prescribing was associated with reduced benzodiazepine and Z-drug use, while overall insomnia medication use remained broadly stable
- Ten-year prescription data from Japan suggest DORAs to be a long-term safe and effective treatment in insomnia disorder
- Differences between countries may reflect variations in reimbursement, access, and healthcare policies

Disclosures

The study was funded by Idorsia Pharmaceuticals Ltd. DT has received Consultancy/lecture fees from Janssen, Otsuka and Idorsia. He has received research. DK has received speaker honoraria from Idorsia. MDN has no conflicts of interest to declare. PAG has received speaker honoraria from Biocodex, Bioprotect, Idorsia, Janssen-Cilag, Isis Medical, Jazz pharmaceuticals, Pharmanovia. He has received fees for consulting from Arrow, Biocodex, Di&Care, Idorsia, Jazz pharmaceuticals, Petit Bambou, Pileje. He has also received advisory board honoraria from Di&Care, Idorsia, Janssen-Cilag, Pileje, Myndblue. EA, FA, BSB and AO are employees of Idorsia Pharmaceuticals Ltd.

Note: This poster is based on internal analysis by the authors using IQVIA MIDAS® Monthly Volume sales data and IQVIA MIDAS® Medical data from January 2016 to February 2026, which were obtained under license from IQVIA and reflect estimates of marketplace activity. Copyright IQVIA. All rights reserved. The statements, findings, conclusions, views, and opinions contained and expressed herein are not necessarily those of IQVIA.