Dayvigo

Dubai · access guide

How to access Dayvigo for adult insomnia from Dubai: 2026 pathway via DHA-regulated psychiatry, sleep medicine, and controlled-prescription pharmacy supply

By Reserve Meds clinical & regulatory team. Last reviewed 2026-05-20.

Dubai's adult psychiatry and sleep medicine network is anchored on the Dubai Health Authority (DHA)-regulated private hospital cluster: American Hospital Dubai psychiatry and sleep medicine, Mediclinic City Hospital and Mediclinic Parkview psychiatry and sleep medicine, King's College Hospital London Dubai, Saudi German Hospital Dubai, NMC Specialty, Dr Sulaiman Al Habib network psychiatry and sleep medicine, Aster, German Neuroscience Centre Dubai psychiatry, and Priory Wellbeing Centre Dubai for psychiatric services. Complex cases or specialised sleep workup may cross-emirate to Cleveland Clinic Abu Dhabi sleep medicine programme. Dayvigo (lemborexant) is the dual orexin receptor antagonist (DORA) from Eisai, approved by the FDA in December 2019 for insomnia in adults. Dayvigo is registered with the Emirates Drug Establishment (EDE) via Eisai Middle East; Dubai-emirate dispensing is coordinated through DHA Pharmaceutical Affairs, and the drug is generally treated as a controlled substance under UAE MOHAP controlled-drug schedules. For a Dubai-resident adult patient with diagnosed insomnia disorder where cognitive behavioural therapy for insomnia (CBT-I) has been offered or trialled and pharmacotherapy is on the table, the operational question is which prescribing centre fits the case, how the controlled-prescription form runs through the DHA-coordinated dispensing pathway, what the insurance pre-authorisation conversation looks like, and how the medication fits into a Dubai family's life.

This page explains how the pathway works in 2026 for a Dubai-resident patient: who qualifies, where the prescription is written and filled, what the realistic out-of-pocket exposure band is in AED, what to monitor on therapy, and how the treatment plan fits into a Dubai family's life.

Why Dayvigo, and why now

Dayvigo is lemborexant, a competitive dual antagonist at orexin-1 and orexin-2 receptors. Blocking orexin at bedtime reduces wake-promoting drive and allows sleep. Second DORA on the US market after suvorexant (Belsomra); followed by daridorexant (Quviviq).

FDA December 2019. US DEA Schedule IV. EDE-registered via Eisai Middle East; UAE MOHAP controlled-drug classification. Pivotal SUNRISE-1 and SUNRISE-2 separated from placebo on latency to persistent sleep and wake after sleep onset.

For a Dubai-resident adult with diagnosed insomnia disorder, Dayvigo is one reasonable option. Class advantage over benzodiazepines and Z-drugs: lower amnesia, falls, and abuse-potential signal. Trade-off: 17 to 19 hour half-life and next-day residual sedation risk.

What Dayvigo is, in plain language

Oral tablet. 5 mg and 10 mg. Immediately before bed with at least 7 hours remaining for sleep. Avoid heavy meals before dosing. Onset 30 minutes. Starting 5 mg; max 10 mg. Patients 65 and over stay at 5 mg. Moderate hepatic impairment caps at 5 mg. Severe hepatic impairment contraindicated.

Eligibility at a Dubai psychiatry or sleep medicine clinic

1. Confirmed insomnia disorder by DSM-5 or ICSD-3. 2. OSA screening (STOP-BANG, Epworth, ISI). Polysomnography if STOP-BANG positive. 3. CBT-I conversation documented. 4. Baseline PHQ-9 and C-SSRS. 5. Substance use history. 6. CYP3A4 interaction screen. 7. Respiratory function review. 8. Hepatic function review. 9. Pregnancy and lactation screen. 10. Age and occupational screening (Dubai has a large expatriate workforce in safety-sensitive aviation, maritime, and security roles).

A Dubai patient should arrive with a sleep diary, medication and supplement list, substance use history, prior insomnia treatments, comorbid conditions, and insurance documentation (Saada or Enaya for nationals; DHA employer plans and commercial covers for residents).

The Dubai prescribing and dispense picture, plainly

EDE-registered via Eisai Middle East. Dubai-emirate dispensing coordinated through DHA Pharmaceutical Affairs. UAE MOHAP controlled-drug classification; controlled-prescription form required for each dispense; dispensing pharmacy maintains a controlled-drug register entry.

1. **Prescribing physician**: a board-certified Dubai psychiatrist, sleep medicine specialist, neurologist with insomnia experience, or family physician with DHA controlled-prescription authority. Major centres: American Hospital Dubai psychiatry and sleep medicine, Mediclinic City Hospital and Mediclinic Parkview psychiatry and sleep medicine, King's College Hospital London Dubai, Saudi German Hospital Dubai, NMC Specialty psychiatry, Dr Sulaiman Al Habib network, Aster, German Neuroscience Centre Dubai psychiatry, Priory Wellbeing Centre Dubai. DHA primary health care centres also handle the lower-complexity insomnia cases with controlled-prescription authority. 2. **Diagnostic workup**: clinical diagnosis. Polysomnography at American Hospital Dubai sleep laboratory, Mediclinic City sleep laboratory, King's College Hospital London Dubai, or partnered sleep laboratories. 3. **Insurance pre-authorisation**: DHA Saada or Enaya for Emirati nationals; commercial covers (Daman, Oman Insurance, AXA Gulf, MetLife, Cigna, NEXtCARE, Bupa Global, NAS, NextCare) for residents. Most plans cover hypnotic therapy with controlled-prescription documentation; per-dispense quantity caps and periodic reauthorisation are standard. 4. **Pharmacy dispense**: 30-day supply at a Dubai community pharmacy with DHA controlled-drug dispensing authority. Original controlled-prescription form presented for each dispense; controlled-drug register entry maintained. 5. **Refill cycle**: monthly with fresh controlled-prescription form.

The 2026 pathway, step by step

Week 0 to 1: Documentation pack with treating prescribing physician's office.

Week 1 to 2: CBT-I conversation.

Week 2 to 4: Insurance pre-authorisation review.

Week 4: First controlled-prescription written. Starting dose 5 mg at bedtime.

Week 4 to 6: Initial response assessment, sleep diary review, PHQ-9 and C-SSRS reassessment, bed-partner check for complex sleep behaviours and hallucinations.

Month 3 onwards: Maintenance, monthly controlled-prescription refill, periodic reassessment.

Cost expectation in AED

US Dayvigo list price (2026) approximately USD 350 to USD 450 per 30-day supply, annual USD 4,000 to USD 5,000 at list price.

At 2026 cross rates, a 30-day Dayvigo supply at USD 400 is approximately AED 1,470, annual cost at USD 4,800 is approximately AED 17,650.

For Emirati nationals with Saada or Enaya, hypnotic therapy for documented insomnia disorder is typically covered. Commercial covers vary. Out-of-pocket exposure for a covered patient is generally a co-payment band in the AED 30 to 200 per month range. For cash-pay patients, the absolute cost is meaningfully lower than the specialty-tier biologics in the wider Reserve Meds catalog.

Monitoring on therapy

- **Next-day residual sedation and driving**: counsel at first prescription and at dose escalation. Dubai's expatriate workforce in safety-sensitive aviation, maritime, security, and surgical roles makes this conversation particularly important. - **Complex sleep behaviours**: counsel patient and bed-partner. Immediate discontinuation if any episode occurs. - **Sleep paralysis and hallucinations**: counsel at first prescription. - **Depression and suicidality**: PHQ-9 and C-SSRS at baseline, 4 to 6 week response visit, every 3 to 6 months on maintenance, and at any clinical change. - **Sleep diary**: continuous. - **OSA reassessment**: any new daytime sleepiness, witnessed apnoeas, or morning headaches. - **Substance use reassessment**: at each follow-up.

Religious, ethical, and family-logistics framing

Oral small molecule. No animal-source material. Halal and kosher acceptability are not in question. The classical Islamic jurisprudential framework for medication in meaningful functional impairment extends to insomnia pharmacotherapy.

Family-logistics dimension: monthly in-person controlled-prescription dispense with the original form, next-morning driving counselling with the bed-partner where present, and the substance-use conversation. Dubai psychiatry and sleep medicine services handle these with discretion as standard practice. The large expatriate population in safety-sensitive occupations (Emirates and flydubai pilots and cabin crew; DP World maritime and port operations; private and DHA-employer security personnel; surgical staff) makes the next-morning impairment counselling a particularly important conversation.

When Dayvigo is not the right call

- Narcolepsy (contraindication). - Severe hepatic impairment (Child-Pugh C; contraindication). - Active opioid, benzodiazepine, alcohol, or sedative-hypnotic use disorder. - Pregnancy and lactation. - Concurrent strong CYP3A4 inhibitor. - Safety-sensitive occupations where next-morning impairment is unacceptable. - Active untreated severe depression or active suicidal ideation. - Untreated OSA where treating the OSA may resolve the insomnia. - Patients who have not been offered CBT-I.

Alternatives in 2026: CBT-I (first-line), suvorexant (Belsomra), daridorexant (Quviviq, shorter half-life), low-dose doxepin, melatonin and ramelteon, zolpidem and other Z-drugs, trazodone and mirtazapine off-label, benzodiazepines (short-term or specific scenarios).

Reserve Meds does not promote one DORA over another. The clinical decision is the prescribing physician's.

What Reserve Meds does on this case

We are a US-based concierge coordinator. We are not the prescriber and not the dispensing pharmacy. On a Dubai Dayvigo case we build the documentation pack, submit first-review requests to the chosen prescribing centre, coordinate the CBT-I conversation, coordinate the DHA-regulated insurance pre-authorisation pathway, coordinate the controlled-prescription pathway with the prescribing office and the DHA-licensed dispensing pharmacy, set up the first 30-day dispense, organise the next-morning driving counselling and bed-partner safety counselling, and stay with the case through the first 3 to 6 months of dosing with handoff to the local psychiatrist or sleep medicine physician for ongoing surveillance. Clinical decisions remain with your treating psychiatrist or sleep medicine physician.

Reserve Meds's role

US-based concierge coordinator for cross-border specialty medicine. We are not the prescriber, not the dispensing pharmacy, and not the manufacturer. All clinical decisions remain with your treating physician.

reservemeds.com · hello@reservemeds.com