
Insomnia: Medication Management

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Introduction: We have many insomnia medications to choose from—some of which are FDA-approved for this indication, others not. In inpatient psychiatry, theoretically we would solve insomnia issues simply by treating the underlying psychiatric disorder, but in the real world that doesn't always work. In this fact sheet, we lay out a long list of meds we typically consider, along with tips on how to choose among them.

Medication for insomnia (All taken at bedtime except when otherwise noted):

- Benzodiazepine Receptor Agonists (BZRAs)
 - Eszopiclone (Lunesta): 1-3 mg
 - Zaleplon (Sonata): 5-20 mg, can also be taken for middle-of-the-night awakenings.
 - Zolpidem (Ambien): 5-10 mg for men, 5 mg for women
 - Zolpidem CR (Ambien CR): 6.25-12.5 mg
 - Zolpidem SL (Intermezzo): 1.75-3.5 mg, taken for middle-of-the-night awakenings.
- Melatonin Receptor Agonists
 - Ramelteon (Rozerem): 8 mg
- Antidepressants
 - Doxepin (Silenor): 3-6 mg
 - Trazodone (Desyrel): 25-100 mg (Off-label use)
 - Remeron (Mirtazapine): 7.5-15 mg
- Antihistamines
 - Diphenhydramine (Benadryl): 25-50 mg
 - Doxylamine (Unisom): 12.5-25 mg
- Antipsychotics
 - Quetiapine: 25-100 mg (Off-label use)
- Dual Orexin Receptor Antagonists (DORAs)
 - Daridorexant (Quviviq): 25-50 mg
 - Lemborexant (Dayvigo): 5-10 mg
 - Suvorexant (Belsomra): 5-20 mg
- Benzodiazepines
 - Temazepam (Restoril): 7.5-15 mg
 - Lorazepam (Ativan): 0.5-1 mg
 - Clonazepam (Klonopin): 0.5-1 mg
- Alpha Agonists
 - Clonidine: 0.1-0.3 mg
 - Prazosin: 1-5 mg
- OTC Options:
 - Melatonin: 1-5 mg

Choosing a Medication for Insomnia:

- Sleep-Onset Insomnia: Doxepin, Ramelteon, Trazodone, Antihistamines, Melatonin, BZRAs, DORAs.
- Middle-of-the-Night Awakenings: Zolpidem SL, Zaleplon, Doxepin.
- Elderly Patients: Ramelteon, Melatonin, Trazodone, DORAs. Avoid antihistamines due to anticholinergic effects.
- Patients with Substance Use Disorders: Avoid BZRAs and benzodiazepines.
- Comorbid Depression: Trazodone, Ramelteon, Antihistamines. Be cautious with doxepin, BZRAs, and benzodiazepines due to overdose risk. Avoid DORAs due to links with new-onset suicidal thoughts.

- Comorbid Schizophrenia Spectrum or Mood Disorders: Quetiapine is often used, although other options (trazodone, antihistamines, ramelteon, melatonin) carry less risk, e.g. of weight gain and metabolic syndrome.
- Comorbid Anxiety Disorders: Benzodiazepines, Antidepressants.
- Respiratory Issues (e.g., COPD): Ramelteon, Trazodone, Doxepin, Melatonin.
- Pregnant patients: Diphenhydramine appears safe.
- Budget Constraints: DORAs tend to be more expensive.