Medications for insomnia

CBT-I first-line. Then DORAs, z-drugs, ramelteon, and sedating antidepressants. What to reach for, what to avoid, and by whom. Reviewed against current guidelines as of June 8, 2026.

CBT-I is first-line for chronic insomnia and outperforms any medication for durable improvement. Medications are used when CBT-I is not feasible, is not enough, or short-term coverage is needed. Companion to the full guide at psychiatryrx.org/guides/medications-for-insomnia/.

First-line options

Drug	Class	Notes
CBT-I	Behavioral	First-line. Beats hypnotics for durable improvement. Online options: SHUTi, Sleepio, CBT-i Coach.
Suvorexant (Belsomra)	DORA	10 to 20 mg. Onset 30 to 60 min. Half-life ~12 h, morning grogginess possible.
Lemborexant (Dayvigo)	DORA	5 to 10 mg. Faster onset than suvorexant, similar duration.
Daridorexant (Quviviq)	DORA	25 to 50 mg. Shorter half-life (~8 h), designed to minimize next-day residual.
Zolpidem (Ambien, Ambien CR, Intermezzo)	Z-drug	IR for onset (6 to 8 h). CR for maintenance. Intermezzo for middle-of-night. Complex sleep behaviors boxed warning.
Eszopiclone (Lunesta)	Z-drug	1 to 3 mg. Onset and maintenance. Metallic taste is common.
Zaleplon (Sonata)	Z-drug	5 to 20 mg. Shortest half-life. Onset only. Safe within 4 h of waking.
Ramelteon (Rozerem)	Melatonin receptor agonist	8 mg. Onset help, little for maintenance. Non-controlled. Reasonable in older adults.
Melatonin OTC	Supplement	0.5 to 3 mg, 30 to 60 min before target bedtime. Content varies across brands.

Second-line and augmentation

Drug	Class	When to consider
Doxepin 3 to 6 mg (Silenor)	Sedating antidepressant	FDA-approved for insomnia. Sleep maintenance. Minimal anticholinergic at these doses.
Trazodone 25 to 150 mg	Sedating antidepressant	Off-label. Widely used. Watch orthostasis in older adults. Rare priapism.
Mirtazapine 7.5 to 15 mg	Sedating antidepressant	Best when insomnia comes with depression, anxiety, and poor appetite. Weight gain.
Temazepam, triazolam, flurazepam	Benzodiazepine	Short-term. Tolerance, dependence, cognitive effects, falls in older adults.
Hydroxyzine	Antihistamine	PRN sleep. Anticholinergic. Reasonable short-term.
Prazosin	Alpha-1 antagonist	PTSD-related nightmares. Titrate slowly (orthostasis).
Gabapentin, pregabalin	Gabapentinoid	Off-label when comorbid pain, restless legs, or anxiety is present.

Low-dose quetiapine (25 to 100 mg)	Atypical antipsychotic	Off-label. Poor choice for uncomplicated insomnia given metabolic effects.

Special considerations

- Older adults: benzodiazepines, z-drugs, first-gen antihistamines, and TCAs are Beers-flagged. Ramelteon, low-dose doxepin (3 to 6 mg), a DORA, and low-dose trazodone (watch orthostasis) are the safer picks.
- Pregnancy: CBT-I is preferred. Diphenhydramine and doxylamine have reasonable safety data. Trazodone and mirtazapine have some reproductive data.
- OSA suspected: sedatives can worsen it. Sleep study before layering more medication.
- Depression comorbid: mirtazapine or trazodone can double as part of the antidepressant regimen.
- Anxiety comorbid: treat the anxiety, add short-term hypnotic bridging if needed.
- PTSD: prazosin for nightmares, trauma-focused therapy is the anchor.
- SUD: avoid benzodiazepines and z-drugs. DORAs, ramelteon, and low-dose sedating antidepressants are the choices.

What tips the choice

Short-term situational insomnia (jet lag, stress): short course of a z-drug or a DORA, or ramelteon. Melatonin OTC is a reasonable first try. Chronic insomnia with no comorbidities: CBT-I first, and a DORA is the preferred long-term medication in current practice. Sleep onset problem: zaleplon, ramelteon, zolpidem IR, or a DORA. Sleep maintenance problem: zolpidem CR, eszopiclone, low-dose doxepin, or a DORA. Both onset and maintenance: eszopiclone, DORA, or trazodone. Older adult: ramelteon, low-dose doxepin, or a DORA. Depression comorbid: mirtazapine or trazodone. PTSD with nightmares: prazosin plus a hypnotic if needed.

Watchouts

- Complex sleep behaviors (sleep-driving, sleep-eating): boxed warning on z-drugs. Stop and switch if any occur.
- Long-term z-drug and benzodiazepine use: tolerance, dependence, cognitive effects, and falls climb with time.
- First-gen antihistamines (diphenhydramine, doxylamine): tolerance develops fast. Anticholinergic burden is real, especially in older adults.
- Alcohol at night is one of the biggest saboteurs patients underrate.
- Sleep timing problems (delayed phase, shift work) respond to timing interventions more than sedatives.
- Quetiapine for uncomplicated insomnia is a poor choice given metabolic effects and the class mortality warning in dementia.
- Combining sedatives with opioids raises overdose risk. Screen the whole list.

Reviewed against current guidelines as of June 8, 2026. Educational reference, not medical advice.