

POLICY NAME

Hetlioz (tasimelteon)

POLICY #

2361P

Criteria

Coverage Criteria for 24 hour Sleep-Wake Disorder

- ☐ 1.1 Diagnosis of non-24-hour sleep-wake disorder
- ☐ 1.2 Diagnosis of blindness
- ☐ 1.3 Prescribed by or in consultation with a sleep disorder specialist
- ☐ 1.4 Documented failure, intolerance, or contraindication to zolpidem or zaleplon
- ☐ 1.5 Documented failure, intolerance, or contraindication to Rozerem (ramelteon)
- ☐ 1.6 Coverage of brand Hetlioz requires documented allergic reaction to generic tasimelteon

Coverage Criteria for Smith-Magenis Syndrome (SMS)

- ☐ 2.1 Diagnosis of Smith-Magenis Syndrome (SMS)
- ☐ 2.2 Age 3 years or older
 - Oral suspension for members 3 – 15 years
 - Capsules for members 16 years or older
- ☐ 2.3 Documented failure, intolerance, or contraindication to melatonin
- ☐ 2.4 Coverage of brand Hetlioz requires documented allergic reaction to generic tasimelteon