

POLICY NAME	Hetlioz (tasimelteon)	POLICY #	2361P
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Criteria

Coverage Criteria for 24 hour Sleep-Wake Disorder

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

Coverage Criteria for Smith-Magenis Syndrome (SMS)

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