



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

TASIMELTEON

Generic	Brand	HICL	GCN	Exception/Other
TASIMELTEON	HETLIOZ	40927		

GUIDELINES FOR USE

1. Does the patient have a diagnosis of non-24 hour sleep-wake disorder (N24HSWD) and meet **ALL** of the following criteria?

- The patient is light-insensitive or has total blindness per physician attestation
- The patient has had a trial and failure of maximally-tolerated melatonin therapy

If yes, **approve for lifetime by HICL with a quantity limit of #1 capsule per day.**

If no, do not approve.

DENIAL TEXT: The guideline named **TASIMELTEON (HetlioZ)** requires a diagnosis of non-24 hour sleep-wake disorder (N24HSWD). In addition, the following criteria must be met:

- The patient is light-insensitive or has total blindness per physician attestation
- The patient has had a trial and failure of maximally-tolerated melatonin therapy

RATIONALE

For further information, refer to the prescribing information and/or drug monograph for HetlioZ.

REFERENCES

- HetlioZ [Prescribing Information]. Washington, D.C.: Vanda Pharmaceuticals, Inc.; December 2014.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 10/01/19

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P&T Approval: 07/19