

**HARVARD PILGRIM HEALTH CARE  
RECOMMENDED MEDICATION REQUEST GUIDELINES**

**TASIMELTEON (HETLIOZ)**

| 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)?

If yes, **approve for 24 months by HICL**. Please use status code #056 and the approval text provided. (A quantity limit of one tablet per day is hard-coded.)

**APPROVAL TEXT:** Your request for Hetlioz has been for a 24-month period with a quantity limit of one tablet per day.

If no, do not approve. Please use status code #238 and the denial text provided.

**DENIAL TEXT:** Per your health plan's Tasimelteon (Hetlioz) guideline, this medication is only covered when prescribed for non-24 hour sleep-wake disorder (N24HSWD). Your provider did not indicate that you are being treated for this condition and therefore your request was not approved.

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**RATIONALE**

Promote appropriate utilization of Hetlioz based on FDA approved indication and dosage.

**FDA APPROVED INDICATIONS**

Hetlioz is a melatonin receptor agonist indicated for the treatment of non-24-hour sleep-wake disorder.

**REFERENCES**

- Hetlioz [Prescribing Information]. Washington, D.C., Vanda Pharmaceuticals, Inc., Jan 2014.

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P&T Approval: 09/27/18