

Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

Medication	Quantity Limit
Hetlioz (tasimelteon)	1 capsule per day

VERRIDE(S)

Prior Authorization of Benefits

APPROVAL DURATION

1 Year

APPROVAL CRITERIA

Requests for Hetlioz (tasimelteon) may be approved if the following criteria is met:

- I. Individual has a diagnosis of non-24-hour sleep-wake disorder (non-24); **AND**
- II. Individual is totally blind as defined by the inability to perceive light; **AND**
- III. Individual has had a previous trial and inadequate response to melatonin.

This policy does not apply to health plans or member categories that do not have pharmacy benefits nor to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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