

CRITERIA FOR PRIOR AUTHORIZATION

Hetlioz® (tasimelteon)

PROVIDER GROUP Pharmacy
Professional

MANUAL GUIDELINES The following drug requires prior authorization:
Tasimelteon (Hetlioz)

CRITERIA FOR PRIOR AUTHORIZATION FOR TASIMELTEON: (must meet all of the following)

- Patient must have a diagnosis of non-24-hour sleep-wake disorder
- Patient must be totally blind with no perception of light
- Patient must be 18 years of age or older
- Dose must not exceed 20mg per day

LENGTH OF APPROVAL: 12 months