Clinical Policy: Tasimelteon (Hetlioz, Hetlioz LQ)

Reference Number: ERX.SPA.12
Effective Date: 04.01.17
Last Review Date: 02.22
Line of Business: Commercial, Medicaid

Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description
Tasimelteon (Hetlioz®, Hetlioz LQ™) is a melatonin receptor agonist.

FDA Approved Indication(s)
Hetlioz is indicated for treatment of:
- Non-24-hour sleep-wake disorder (non-24) in adults
- Nighttime sleep disturbances in Smith-Magenis syndrome (SMS) in patients 16 years of age and older

Hetlioz LQ is indicated for the treatment of nighttime sleep disturbances in SMS in pediatric patients 3 to 15 years of age.

Policy/Criteria
Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

Health plan approved formularies should be reviewed for all coverage determinations. Requirements to use preferred alternative agents apply only when such requirements align with the health plan approved formulary.

It is the policy of health plans affiliated with Envolve Pharmacy Solutions™ that Hetlioz is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Non-24-Hour Sleep-Wake Disorder (must meet all)**:**
1. Diagnosis of non-24-hour sleep-wake disorder;
2. Request is for Hetlioz capsules;
3. Age ≥ 18 years;
4. Prescribed by or in consultation with a specialist in sleep disorders;
5. Failure of melatonin and ramelteon (Rozerem®), unless clinically significant adverse effects are experienced or both are contraindicated;
   **Prior authorization is required for Rozerem*
6. Member has total blindness (e.g., nonfunctioning retinas) and is unable to perceive light in both eyes;
7. Dose does not exceed 20 mg (1 capsule) per day.

Approval duration:
Commercial – Length of Benefit
Medicaid – 12 months

B. Nighttime Sleep Disturbances in Smith-Magenis Syndrome (must meet all)**:**
1. Diagnosis of SMS confirmed by genetic testing (e.g., deletion 17p11.2 or RAI1 mutation);
2. Prescribed by or in consultation with a specialist in sleep disorders;
3. One of the following (a or b):
   a. Request is for Hetlioz capsules, and member is ≥ 16 years old;
   b. Request is for Hetlioz LQ, and member is 3 to 15 years of age;
4. Request is for treatment of nighttime sleep disturbances;
5. Dose does not exceed one of the following (a or b):

a. Hetlioz: 20 mg (1 capsule) per day;
b. Hetlioz LQ: 0.7 mg per kg per day if weight ≤ 28 kg, 20 mg per day if weight > 28 kg.

Approval duration:
Commercial – Length of Benefit
Medicaid – 12 months

C. Other diagnoses/indications
1. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

II. Continued Therapy

A. All FDA-Approved Indications (must meet all)**:**
1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions or member has previously met initial approval criteria;
2. Member is responding positively to therapy;
3. If request is for a dose increase, new dose does not exceed one of the following (a or b):
   a. Hetlioz: 20 mg (1 capsule) per day;
   b. Hetlioz LQ: 0.7 mg per kg per day if weight ≤ 28 kg, 20 mg per day if weight > 28 kg.

Approval duration:
Commercial – Length of Benefit
Medicaid – 12 months

B. Other diagnoses/indications (must meet 1 or 2)**:**
1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions and documentation supports positive response to therapy.
   Approval duration: Duration of request or 6 months (whichever is less); or
2. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off-label use policy – ERX.PA.01 or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key
FDA: Food and Drug Administration
SMS: Smith-Magenis syndrome

Appendix B: Therapeutic Alternatives
This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
melatonin	Non-24: 5 to 10 mg PO QHS	N/A
ramelteon (Rozerem)	Non-24: 8 mg PO QHS	8 mg/day

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.

Appendix C: Contraindications/Boxed Warnings
None reported

V. Dosage and Administration

Drug Name	Indication	Dosing Regimen	Maximum Dose
Hetlioz	Non-24-hr-sleep-wake disorder, nighttime sleep disturbances in SMS	20 mg PO QD one hour before bedtime, at the same time each night	20 mg/day
Hetlioz LQ	Nighttime sleep disturbances in SMS	Weight ≤ 28 kg: 0.7 mg per kg per day PO Weight > 28 kg: 20 mg per day Dose should be given one hour before bedtime, at the same time each night	See dosing regimen

VI. Product Availability

- Capsule (Hetlioz): 20 mg
- Oral suspension (Hetlioz LQ): 4 mg/mL (158 mL bottle)

VII. References

1. Hetlioz Prescribing Information. Washington, D.C.: Vanda Pharmaceuticals Inc.; December 2020. Available at: www.hetlioz.com. Accessed September 27, 2021.
2. Auger RR, Burgess HJ, Emens JS, Deriy LV, Thomas SM, and Sharkey KM. Clinical practice guideline for the treatment of intrinsic circadian rhythm sleep-wake disorders: advanced sleep-wake phase disorder (ASWPD), delayed sleep-wake phase disorder (DSWPD), non-24-hour sleep-wake rhythm disorder (N24SWD), and irregular sleep-wake rhythm disorder (ISWRD) - an update for 2015. J Clin Sleep Med. 2015; 11(10): 1199-1236.
3. Williams WP 3rd, McLin DE 3rd, Dressman MA, Neubauer DN. Comparative review of approved melatonin agonists for the treatment of circadian rhythm sleep-wake disorders. Pharmacotherapy. 2016 Sep;36(9):1028-41.
4. PRISMS Professional Advisory Board. Medical management guidelines for an individual diagnosed with SMS. Approved January 24, 2018. Available at: https://www.prisms.org/wp-content/uploads/pdf/mmg/PRISMS_Medical_Management_Guidelines2018.pdf. Accessed September 27, 2021.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
1Q18 annual review: Added specialist requirement Added trial and failure of melatonin Added requirement for complete blindness	11.20.17	02.18
1Q 2019 annual review: no significant changes; references reviewed and updated.	11.20.18	02.19
1Q 2020 annual review: no significant changes; added Medicaid line of business with 6/12 month approval durations; references reviewed and updated.	09.26.19	02.20
1Q 2021 annual review: modified initial approval duration from 6 to 12 months; RT4: added new dosage form Hetlioz LQ and new indication for nighttime sleep disturbances in SMS; for non-24 added age 18 or older and requirement that request is for Hetlioz per updated prescribing information; references reviewed and updated.	12.08.20	02.21
1Q 2022 annual review: no significant changes; clarified that request for non-24 must be for capsules; references reviewed and updated.	09.27.21	02.22

Important Reminder
This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information.

This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.