Clinical Policy Title:	tasimelteon
Policy Number:	RxA.390
Drug(s) Applied:	Hetlioz®, Hetlioz LQ™
Original Policy Date:	03/06/2020
Last Review Date:	09/14/2021
Line of Business Policy Applies to:	All lines of business

Background

Tasimelteon is a melatonin receptor agonist.

Hetlioz® capsules are indicated for the treatment of:

- Non-24-hour sleep-wake disorder (non-24) in adults.
- Night-time sleep disturbances in Smith-Magenis Syndrome (SMS) in patients 16 years of age and older.

Hetlioz LQ™ oral suspension is indicated for the treatment of:

- Night-time sleep disturbances in SMS in pediatric patients 3 years to 15 years of age.

Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
tasimelteon (Hetlioz®)	Non-24-hr-sleep-wake disorder	20 mg orally once daily at the same time each night one hour before bedtime.	20 mg/day
	Night-time sleep disturbances in Smith-Magenis Syndrome (SMS)	20 mg orally once daily at the same time each night one hour before bedtime.	20 mg/day
tasimelteon (Hetlioz LQ™)	Night-time sleep disturbances in Smith-Magenis Syndrome (SMS)	≤ 28 kg - 0.7 mg/kg daily at the same time one hour before bedtime. >28 kg - 20 mg daily at the same time one hour before bedtime.	20 mg/day

Dosage Forms

- Capsule: 20 mg
- Oral suspension: 4 mg/mL

Clinical Policy

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria. The provision of provider samples does not guarantee coverage under the

terms of the pharmacy benefit administered by RxAdvance. All criteria for initial approval must be met in order to obtain coverage.

I. Initial Approval Criteria

A. Non-24-Hour Sleep-Wake Disorder (must meet all)**:**

1. Diagnosis of non-24-hour sleep-wake disorder;
2. Prescribed by or in consultation with a specialist in sleep disorders;
3. Member should be age ≥ 18 years;
4. Member is not taking strong CYP1A2 inhibitors (e.g., fluvoxamine) or CYP3A4 inducers (e.g., rifampin).
5. Failure of melatonin and ramelteon (Rozerem®), unless contraindicated or clinically significant adverse effects are experienced;
   *Prior authorization may be required for ramelteon.
6. Member is completely blind (no light perception);
7. Dose does not exceed 20 mg (1 capsule) per day.

Approval duration
Commercial: 6 months
Medicaid: 6 months

B. Night-time sleep disturbances in Smith-Magenis Syndrome (must meet all)**:**

1. Diagnosis of Night-time sleep disturbances in Smith-Magenis Syndrome (SMS);
2. Prescribed by or in consultation with a specialist in sleep disorders;
3. If the request is for Hetlioz® capsule, then patients should be greater than or equal to 16 years of age.
4. If the request is for Hetlioz LQ™ oral suspension, then patient should be 3 years to 15 years of age.
5. Member is not taking strong CYP1A2 inhibitors (e.g., fluvoxamine) or CYP3A4 inducers (e.g., rifampin).
6. Failure of melatonin, unless contraindicated or clinically significant adverse effects are experienced;
7. Dose does not exceed 20 mg per day.

Approval duration
Commercial: 6 months
Medicaid: 6 months

II. Continued Therapy Approval

A. All Indications in Section I (must meet all)**:**

1. Member is currently receiving medication that has been authorized by RxAdvance or member has previously met initial approval criteria listed in this policy;
2. Member is responding positively to therapy;
3. If request is for a dose increase, new dose does not exceed 20 mg per day.

Approval duration
Commercial: 12 months
Medicaid: 12 months

III. Appendices

APPENDIX A: Abbreviation/Acronym Key

FDA: Food and Drug Administration
Non-24: Non-24-Hour Sleep-Wake Disorder
SMS**:** Smith-Magenis Syndrome

APPENDIX B: Therapeutic Alternatives

Below are suggested therapeutic alternatives based on clinical guidance. Please check drug formulary for preferred agents and utilization management requirements.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
melatonin	5 to 10 mg orally at nightly bedtime	N/A
Rozerem™ (ramelteon)	8 mg orally nightly at bedtime	8 mg/day

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

APPENDIX C: Contraindications/Boxed Warnings

- Contraindication(s):
  - None reported.

- Boxed Warning(s):
  - None reported.

APPENDIX D: General Information

- Administer Hetlioz® capsules without food and if a patient is unable to take Hetlioz® at approximately the same time on a given night, they should skip that dose and take the next dose as scheduled.
- Hetlioz® capsules and Hetlioz LQ™ oral suspension are not substitutable.

References

1. Hetlioz® Prescribing Information. Washington, D.C.: Vanda Pharmaceuticals Inc. December 2020. Available at: www.hetlioz.com. Accessed May 31, 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. An American Academy of Sleep Medicine Clinical Practice Guideline. J Clin Sleep Med. 2015; 11(10): 1199-1236. Accessed May 31, 2021.
3. Williams WP , McLin DE , 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. Accessed May 31, 2021.
4. Clinical Pharmacology [database online] powered by ClinicalKey. Tampa, FL: Elsevier, 2020. Accessed with subscription at: http://www.clinicalkey.com. Updated January 14, 2020. Accessed May 31, 2021.
5. Tasimelteon, Lexi-Drug. Lexicomp. Wolters Kluwer Health, Inc. Riverwoods, IL. Accessed with subscription at: http://online.lexi.com. Accessed May 31, 2021.
6. Williams WP, Mclin DE, Dressman MA, Neubauer DN. Comparative Review of Approved Melatonin Agonists for the Treatment of Circadian Rhythm Sleep-Wake Disorders. Pharmacotherapy. 2016;36(9):1028-41. Accessed May 31, 2021.
7. Melatonin. Micromedex Solutions. Truven Health Analtics Inc. Greenwood Village, CO. Available at http://www.micromedexsolutions.com. Accessed May 31, 2021.

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy established	01/2020	03/06/2020
Policy was reviewed: 1. Policy title table was updated. 2. Line of Business Policy Applies to was updated to "All lines of business". 3. Clinical policy was updated: Approval duration was updated from length of benefit to 12 months for Continued Approval Criteria. Initial Approval Criteria was updated. 4. Continued Approval was rephrased to "Currently receiving medication that has been authorized by RxAdvance or member has previously met initial approval criteria listed in this policy". 5. APPENDIX A was updated: "Non-24: Non-24-Hour Sleep-Wake Disorder" 6. APPENDIX D was updated: "Non-24 is a chronic circadian rhythm disorder that that often occurs totally blind individuals with decreased or no light perception". 7. References were updated.	06/19/2020	09/14/2020
Policy was reviewed: 1. Clinical Policy drugs applied was updated to include “Hetlioz LQ™.” 2. Background was updated to include “Night-time sleep disturbances…” and “Hetlioz LQ™ oral suspension is indicated…” 3. Dosing Information updated to include dosing regimen for new indication for Hetlioz® and Hetlioz LQ™, “Night-time sleep disturbances in Smith-Magenis Syndrome (SMS)...”. 4. Dosage Forms was updated to include “Oral suspension: 4 mg/mL”. 5. Statement about provider sample ‘‘The provision of provider samples does not guarantee coverage…” was added to Clinical Policy. 6. Initial Approval Criteria I.A.3 was updated to include “Member should be age ≥ 18 years …” 7. Initial Approval Criteria I.B was updated to include new indication “Night-time sleep disturbances in Smith-Magenis	5/31/2021	09/14/2021

Syndrome…” 8. Continued Therapy Approval Criteria II.A was updated from “Non-24 Hour Sleep Wake Disorder” to “All Indications in Section I.” 9. Appendix A updated to include abbreviation for SMS. 10. Therapeutic Alternatives verbiage was rephrased to "Below are suggested therapeutic alternatives based on clinical guidance..". 11. Statement about drug listing format in Appendix B is rephrased to "Therapeutic alternatives are listed as generic (Brand name®) when the drug is available by both generic and brand; Brand name® when the drug is available by brand only and generic name when the drug is available by generic only". 12. Appendix D: General Information was updated to include “Administer Hetlioz® capsules without food and if a patient …” 13. References were reviewed and updated.		