PriorityHealth

Pharmacy Prior Authorization Form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: ☒ **Commercial (Traditional)** ☒ **Commercial (Individual/Optimized)** ☐ **Medicaid**

This request is: ☐ **Urgent** (life threatening) ☐ **Non-Urgent** (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

Hetlioz® (tasimelteon)

Member

Last Name: _____ First Name: _____

ID #: _____ DOB: _____ Gender: _____

Primary Care Physician: _____

Requesting Provider: _____ Prov. Phone: _____ Prov. Fax: _____

Provider Address: _____

Provider NPI: _____ Contact Name: _____

Provider Signature: _____ Date: _____ ☐ Sleep specialist

Product Information

☐ New request ☐ Continuation request

Drug product: ☐ Hetlioz 20 mg capsule

Date of last dose (if applicable): _____

Dosing frequency: _____

Start date (or date of next dose): _____

Drug cost information

The wholesale acquisition cost for each 20 mg Hetlioz capsule is $523.38. The annual cost of treatment with this drug is more than $191,033.00.

Precertification Requirements

Before this drug is covered for an initial 6 months, the patient must meet all of the following requirements:

1. Patient must have Non-24-Hour Sleep-Wake disorder
2. Must be prescribed by a sleep specialist
3. Patient must be totally blind
4. Must first try melatonin or Rozerem for 6 months and provide documentation of the medication's inability to improve the patient's overall sleep quality
5. Must first try eszopiclone or zolpidem

For continuation, every 6 months the patient must have met the following requirements:

1. The patient's use of Hetlioz must be continuous without any gaps in treatment. Hetlioz will only continue to be covered for patients with a proportion of days covered greater than or equal to 95% (must fill the prescription to have enough medication at least 28.5 days or more for each month).
2. Prescriber must provide an objective evaluation of the patient's sleep quality, including documentation of an improvement in overall sleep quality while taking Hetlioz.

All fields must be complete and legible for review. Your office will receive a response via fax. No changes made since 11/2017

Last reviewed 11/2019

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Note: Authorization for indications, dosing, or a route of administration not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, U.S. Pharmacopeia, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the appropriateness of the drug, the dosing of the drug, or the route of administration to be used for the identified indication.

New request
Priority Health Precertification Documentation

A. What condition is this drug being requested for?

- ☐ Non-24-Hour Sleep-Wake disorder
- ☐ Other – the patient's condition is: _____

B. Is the patient totally blind?

☐ Yes ☐ No

C. Which of the following drugs has the patient tried?

- ☐ eszopiclone (generic Lunesta) Length of treatment: _____months
- ☐ melatonin Length of treatment: _____months
- ☐ Rozerem Length of treatment: _____months
- ☐ zolpidem (generic Ambien) Length of treatment: _____months
- ☐ zolpidem ER (generic Ambien CR) Length of treatment: _____months

Request to continue a previously authorized approval
Priority Health Precertification Documentation

A. What condition is this drug being requested for?

- ☐ Non-24-Hour Sleep-Wake disorder (Non-24)
- ☐ *Other – the patient's condition is:* _____

Rationale for use: _____

B. Is a copy of the patient's sleep log included with this request?

☐ Yes ☐ No

C. Describe in detail the prescriber's objective evaluation of the patient's overall sleep quality since starting Hetlioz treatment. The prescriber may include a copy of the patient's medical record or documentation below.

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All fields must be complete and legible for review. Your office will receive a response via fax. No changes made since 11/2017
Last reviewed 11/2019