# Sleep Disorder Agents – Hetlioz (tasimelteon)

Please provide the information below, please print your answer, attach supporting documentation, sign, date, and return to our office as soon as possible to expedite this request.

**Please FAX responses to: (800) 869-7791. Phone: (855) 322-4082**.

*Apple Health Preferred Drug List*: *https://www.hca.wa.gov/assets/billers-and-providers/apple-health-preferred-drug-list.xlsx*

| Date of request: | | | |
|---|---|---|---|
| Patient | Date of birth | Molina ID | |
| Pharmacy name | Pharmacy NPI | Telephone number | Fax number |
| Prescriber | Prescriber NPI | Telephone number | Fax number |
| Medication and strength | Directions for use | Qty/Days supply | |

1. Is this request for a continuation of existing therapy? ☐ Yes ☐ No
   If yes, is there documentation of a positive clinical response from baseline [e.g., improved sleep quality, decreased nighttime awakening, increased sleep time, maintain regular or improved sleep intervals]? ☐ Yes ☐ No

2. Indicate patient's diagnosis:
   ☐ Non-24-Hour Sleep-Wake Disorder (N24SWD) in adults
   ☐ Nighttime sleep disturbances in Smith-Magenis Syndrome (SMS)
   ☐ Other. Specify: ___________

3. Is this prescribed by or in consultation with a psychiatrist, neurologist, or sleep specialist? ☐ Yes ☐ No

**For diagnosis of Non-24-Hour Sleep-Wake Disorder (N24SWD) in adults:**

4. Does patient have any of the following (check all that apply):
   ☐ History of insomnia or excessive daytime sleepiness alternating with asymptomatic episodes
   ☐ Symptoms have persisted for at least 3 months
   ☐ Documentation of gradually shifting sleep-wake times demonstrated by daily sleep logs or actigraphy for at least 14 consecutive days

5. Is the patient blind in both eyes without light perception? ☐ Yes ☐ No

**For diagnosis of Nighttime sleep disturbances in Smith-Magenis Syndrome (SMS):**

6. Has patient's diagnosis of SMS been confirmed by one of the following?
   ☐ A heterozygous deletion of RAI1 on chromosome 17p11.2
   ☐ Presence of a pathogenic variant involving RAI1 on chromosome 17p11.2

7. Does the patient have documentation of sleep disturbances (e.g frequent nocturnal arousals, early morning awakenings, daytime sleep attacks, inability to fall asleep)? ☐ Yes ☐ No

8. Does the patient have a history of failure contraindication, or intolerance to the following: (check all that apply)
   ☐ A beta-1 selective blocker (e.g., acebutolol)
   Specify drug: __________
   ☐ An additional medication used to promote sleep (e.g., ramelteon, clonidine, trazodone, diphenhydramine etc.) Specify drug: __________

**REQUIRED WITH THIS REQUEST**
Chart notes
For SMS:
- Diagnostic testing
- Documentation of sleep disturbance

For N24SWD:
- Sleep logs or actigraphy if applicable

| Prescriber signature | Prescriber specialty | Date |
| --- | --- | --- |
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