Tasimelteon (Hetloiz)

Criteria for Use

March, 2015

VA Pharmacy Benefits Management Services, Medical Advisory Panel, and VISN Pharmacist Executives

The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. **THE CLINICIAN SHOULD UTILIZE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.**

The Product Information should be consulted for detailed prescribing information.

See the VA National PBM-MAP-VPE Monograph on this drug at www.pbm.va.gov or http://vaww.pbm.va.gov for further information.

Exclusion Criteria *If the answer to ANY item below is met, then the patient should NOT receive tasimelteon.*

☐ Sleep Disorders that are NOT Non-24-Hour Sleep-Wake Disorder (N24SWD) in totally blind patients with no light perception (NLP)
☐ Patients with severe hepatic impairment (Child-Pugh Class C)
☐ Co-administration with any strong CYP1A2 inhibitors (e.g., fluvoxamine) or strong CYP3A4 inducers (e.g., rifampin)

Inclusion Criteria *The answers to both of the following must be fulfilled.*

ALL must be selected for patient to be eligible for tasimelteon

☐ Medication is recommended by a sleep specialist or under the care of and/or in collaboration with a designated VA Sleep Expert

☐ Required trial of oral melatonin (See Issues of Consideration)

Dosage and Administration

- Take one 20mg capsule before bedtime, at the same time every night, without food. If the dose cannot be taken at approximately the same time on a given night, the dose should be skipped.

Monitoring

- The use of actigraphy for diagnosis and also response to therapy is indicated for free running rhythm sleep disorders. Serial plasma, or salivary melatonin assays or urinary sulfatoxymelatonin assays, if available may be helpful determining entrainment status. The use of polysomnography in a sleep laboratory setting is not routinely indicated to evaluate free running disorders but may be useful to rule out another primary sleep disorders (per 2007 guidelines).
- Baseline and post-initiation sleep log or diary depicting an increase in nighttime sleep and/or decrease daytime napping.
- For all circadian rhythm sleep-wake disorders clinically relevant sleep-related measures such as daytime functioning/alertness could enhance clinical relevance of efficacy (per 2015 guidelines)

Issues for Consideration

- Entrainment and the resultant improvement in sleep and alertness may take months to occur. Chronic therapy with tasimelteon is required to maintain entrainment in totally blind patients with N24SWD.
- The risk of adverse reactions may be greater in elderly (>65 years) patients than younger patients because exposure to tasimelteon is increased by approximately 2-fold compared with younger patients.
- After taking tasimelteon, patients should limit their activity to preparing for going to bed, because tasimelteon can impair the performance of activities requiring complete mental alertness.
- Smoking causes induction of CYP1A2 levels. The exposure of tasimelteon in smokers was lower than in non-smokers and therefore the efficacy of tasimelteon may be reduced in smokers.
- Tasimelteon is Pregnancy Category C. The use during pregnancy should only be considered if the potential benefit justifies the potential risks.
- Appropriate timed oral melatonin administration using doses between 0.3- 3 mg about 5 hours before the desired bedtime and ideally at the correct circadian phase (i.e., at a circadian time that would shift biological clock to an earlier hour) could be considered for the treatment of N24SWD in blind adults.*
    - The majority of patients will achieve entrainment with melatonin 0.5mg dose. Higher doses may actually yield worse entrainment effects in those with N24SWD.

*A minority of patients may have biological clocks that shift to an earlier time and would therefore require melatonin upon awakening.

Prepared: March 2015; Updated with melatonin information October 2015 Contact: Janet H. Dailey, Pharm.D, VA Pharmacy Benefits Management Services

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