DISTRICT OF COLUMBIA ~ DEPARTMENT OF HEALTH~ ADAP

Telaprevir (Incivek™) for Chronic Hepatitis C Virus (HCV) infection PRIOR AUTHORIZATION PROGRAM ~ Initial Request

CLII	ENT'S NAME	·		ADA	NP ID:		
Prio	r Authorization	Program	for use in cor		py for the tre	nrough ADAP ur eatment of patie	
			•	fection with HC feron and ribav	• • • • • • • • • • • • • • • • • • • •		No No
				come pregnant' ale) pregnant?	?	= =	lo lo
1	rifampin, ergot	derivative I midazola	s, St. John's ım, triazolam		n, simvastati		ir or
	-	characteri	-	on and ribavirin nse*: ☐ partial			
7.				y with telaprevii evere liver impa	airment or de	es	iver
fo re at re 12 ar th pa	ood (not low fat). Telecommended duration to Weeks 4 and Weekselapse patients: If H2Weeks. If HCV RN an additional 36weeks herapy for 12weeks, atients: if HIV RNA and ribavirin (telaprev	aprevir must in of therapy fis 12 to determ ICV RNA is und A is detectable. Duration of followed by an evels measure ir complete at	be administered wor telaprevir combine duration and the duration and the duration and the duration and the duration at Wele, (1000 IU per more than 10 freatment for per additional 36were greater than 10 freeds were durated to the durate of the durate dur	with pegylated interference with peginterference with peginterfere reatment futility. Durecks4 and Weeks12, nL or less) at Weeks4 wiror partial and nullecks of dual therapy (to 100 IU per mL at Weemmended. If there is	ron and ribavirin ron and ribavirin ration of therap treat with pegint and/or Weeks12 responder pati total duration 48v eks4 or Weeks12 detectable virus	y for treatment naïve erferon and ribavirin fo 2), treat with peginterf ents: All patients sho weeks). Discontinua	mation). The IA should be monitored patients and prior or an additional feron and ribavirin for ould receive triple tion rules for all laprevir, peginterferon ue peginterferon and
Phys	sician's signatu	re:			Date:		_
Fax	sician's Name:_ to Clinical Phar ntion։ Prior App	macy Ass		Phone:) 617-9882 Pho	Fax: ne: (301) 617		_
Ар	proval: Yes	□No	Date	Initials	Off	ice use only	
Re	ason for denial						

Only employees/agents of the HIV/AIDS Hepatitis, STD and Tuberculosis Administration or Clinical Pharmacy Associates are intended recipients of this document. Any disclosure, dissemination or copying of information by unintended individuals is strictly prohibited. If you have received this form in error, please notify us by telephone and fax original to the number listed above. Thank you.

Form Code: PA Telaprevir Version 1 2013

^{*}A partial responder is defined as patient who had a HCV RNA level drop by at least 2 log IU/mL at treatment Week12, yet had detectable HCV RNA levels at Week24. A relapser is defined as a patient who had HCV RNA levels become undetectable during treatment, and then become detectable after the cessation of treatment. The null responder occurs in patients with HCV RNA levels that did not decrease by at least 2 log IU/mL at treatment Week12.

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