DISTRICT OF COLUMBIA ~ DEPARTMENT OF HEALTH~ ADAP

Telaprevir (Incivek™) for Chronic Hepatitis C Virus (HCV) infection

PRIOR AUTHORIZATION PROGRAM ~ Treatment Renewal

Submit not later than 6weeks after treatment initiation

CLIENT'S NAME:_____ ADAP ID:_____

ADAP Policy: Telaprevir is an oral, direct-acting antiviral available through ADAP under this Prior Authorization Program for use in combination with therapy for the treatment of patients chronically infected with hepatitis C virus (HCV) genotype 1.

1. Please provide actual start date of telaprevir therapy_____
2. Was viral load obtained at Week 4? ☐ Yes ☐ No

   Date:_____ HCV RNA / viral load:_____

   ☐ Undetectable ☐ Detectable
3. Has the patient developed a serious skin reaction, including a rash with systemic symptoms, or a progressive severe rash?

   ☐ Yes ☐ No
4. Has the patient been adherent with HCV therapy?

   ☐ Yes ☐ No

Dosage and administration: The recommended dose for telaprevir is 750mg orally three times a day given with food (not low fat). Telaprevir must be administered with pegylated interferon and ribavirin (see prescribing information). **Duration of therapy for treatment naïve patients and prior relapse patients utilizing response-guided therapy:** The duration of therapy for telaprevir, peginterferon and ribavirin is 12weeks. Measure HCV RNA at Weeks4 and Weeks12. If HCV RNA is undetectable at Weeks4 and Weeks12, treat with peginterferon and ribavirin for an additional 12Weeks. If HCV RNA is detectable, (1000 IU per mL or less) at Weeks4 and/or Weeks12, treat with peginterferon and ribavirin for an additional 36weeks. **Duration of treatment for prior partial and null responder patients:** All patients should receive triple therapy for 12weeks, followed by an additional 36weeks of dual therapy (total duration 48weeks). **Discontinuation rules for all patients:** if HCV RNA levels measure greater than 1000 IU per mL at Weeks4 or Weeks12, discontinuation of telaprevir, peginterferon and ribavirin (telaprevir complete at Week12) is recommended. If there is detectable virus at week24, discontinue peginterferon and ribavirin. **Telaprevir is not intended for use as monotherapy**. Telaprevir is a pregnancy category B medication.

Physician's signature:_____**Date:**_____

Physician's Name:_____**Phone:**_____**Fax:**_____
Fax to Clinical Pharmacy Associates: (301) 617-9882 Phone: (301) 617- 0555 ext. 30
Attention: Prior Approval Program

Approval: ☐ Yes ☐ No Date_____ Initials_____ Office use only

Reason for denial_____