WEST VIRGINIA Department of Health & Human Resources
Bureau for Medical Services

Office of Pharmacy Service
Prior Authorization Criteria

Incivek (Telaprevir)

Requests for Incivek will be prior authorized if the following criteria are met:

1. A documented diagnosis of Hepatitis C Genotype 1 with no HIV co-infection **AND** concurrent therapy with ribavirin and pegylated interferon.
2. The patient is eighteen (18) years or older.
3. The patient's previous treatment history and weight are presented at the time of initial request
4. The patient has been screened and counseled about the importance of refraining from drug and/or alcohol abuse.
5. The patient's Child-Pugh score is <6 (compensated cirrhotic liver disease).
6. The patient has not previously tried/failed therapy with a hepatitis C protease inhibitor (e.g. telaprevir or boceprevir).
7. The patient is not a pregnant female or a male with a pregnant female partner (ribavirin contraindication).
8. Telaprevir is prescribed in conjunction with an infectious disease specialist, gastroenterologist, or hepatologist.
9. **A sensitive RT-PCR assay HCV-RNA test with a lower limit of quantification of ≤25 IU/ml and a limit of detection of approximately 10 to 15 IU/ml** is required to be submitted before the start of therapy. Further testing must be scheduled for the end of weeks four (4), twelve (12) and twenty-four (24). Initial test results and the scheduled testing dates for the indicated weeks must be submitted before prior authorization will be issued.
10. The dispensing pharmacy agrees to dispense an initial six-week supply and work with the prescriber to ensure that viral levels are done at weeks four (4), twelve (12) and twenty-four (24) of therapy.
    (Initial approval of telaprevir will be for six (6) weeks, providing 4 weeks for initial treatment and 2 weeks for administrative review)
11. Viral levels are to be submitted at the end of weeks four (4), twelve (12) and twenty-four (24) of the treatment course. *(Further prior approvals will not be issued without submission of viral levels performed with the sensitive RT-PCR assay HCV-RNA test with a lower limit of quantification of ≤25 IU/ml and a limit of detection of approximately 10-15 IU/ml.)*

Reviewed and approved by the DUR Board
November 16, 2011
Revised March 22, 2012 v 1.1
Revised May 23, 2012 v 1.2