

DIVISION OF HEALTH CARE FINANCING AND POLICY
NEVADA MEDICAID
DRUG USE REVIEW (DUR) BOARD

PROPOSED PRIOR AUTHORIZATION CRITERIA

Incivek™ (telaprevir) is a covered benefit of Nevada Medicaid for recipients who meet the criteria for coverage.

1. Coverage and Limitations:

Authorization will be given if all of the following criteria are met and documented:

- a. The recipient has a diagnosis of Chronic Hepatitis C genotype 1 infection and
- b. The recipient is being treated with concomitant pegylated interferon plus ribavirin and
- c. The recipient has not received a previous course of therapy with telaprevir or boceprevir unless the drug is being switched due to an adverse event with the alternative drug.

2. PA Guidelines:

Prior Authorization approval will be for 12 weeks.

3. Quantity Limitations:

Quantity limit: 168 tablets per rolling 25 days