

Alaska Medicaid

**Incivek™ (telaprevir)**

Available 375mg tablets

**INDICATIONS:**

“INCIVEK™ is a hepatitis C virus (HCV) NS3/4A protease inhibitor indicated, in combination with peginterferon alfa and ribavirin, for the treatment of genotype 1 chronic hepatitis C (CHC) in adult patients with compensated liver disease, including cirrhosis, who are treatment-naïve or who have been previously treated with interferon-based treatment, including prior null responders, partial responders, and relapsers.”<sup>1</sup>

**Criteria for Approval:**

1. Diagnosis of chronic hepatitis C genotype 1 infection; **AND**
2. The patient is taking appropriate combination therapy of peginterferon alfa and ribavirin.

**Length of Authorization:**

Coverage may be approved for three months.

**Dispensing Limit:**

The dispensing limit is a 30 day supply of medication.

**References:**

<sup>1</sup> Incivek™ prescribing information is available at:  
< [http://pi.vrtx.com/files/uspi\\_telaprevir.pdf](http://pi.vrtx.com/files/uspi_telaprevir.pdf) > accessed 12/07/11