



Prior Authorization Approval Criteria

Hepsera (adefovir)

Generic name:	Adefovir
Brand name:	Hepsera
Medication class:	Antiviral- nucleotide analogue, reverse transcriptase inhibitor
FDA-approved uses:	Hepatitis B
Usual dose range:	100 mg p.o. daily
Duration of therapy:	Indefinite

Criteria for use (*bullet points below are all inclusive unless otherwise noted*):

- The indicated diagnosis (including any applicable labs and /or tests) and medication usage must be supported by documentation from the patient's medical records.
- Active Hepatitis B
- Active viral replication (Hep Be antigen, Hbe Ag, HBV DNA)
- Active inflammation (increase in serum transaminases)

OR

- Fibrotic or inflammatory changes evident on liver biopsy
- Resistance to lamivudine

Cautions:

- Not recommended for patients with ESRD, severe renal impairment, or severe gastrointestinal disease.
- Patient using Byetta with D-phenylalanine derivatives, meglitinides, or alph-glucosidase inhibitors has not been studied and is generally not recommended.

Contraindications:

- Known hypersensitivity to exenatide or any of its components.

Not approved if:

- Patient has not tried lamivudine
- Patient does not have active disease
- Patient does not have fibrotic or inflammatory changes

FCHP Pharmacy and Therapeutics Committee approval: _____

Date: _____

Adopted: 11/16/04