



Prior Authorization Approval Criteria
Department of Pharmacy Services

Generic Name: telbivudine

Brand Name: Tyzeka

Medication Class: antiviral agent

FDA Approved Uses: Treatment of chronic hepatitis B in adult patients with evidence of viral replication and either evidence of persistent elevations in serum aminotransferases or histologically active disease.

Available Dosage Forms: 600 mg tablets

Usual Dose: 600mg once daily

Duration of Therapy: Indefinite

Approximate monthly cost (based on AWP 2006): \$608.75

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

- Clinically diagnosed chronic hepatitis B with evidence of viral replication and either evidence of persistent elevations in serum aminotransferases or histologically active disease.
- Must be 16 years of age or older

Contraindications:

- Patients with any hypersensitivity to any component of the product.

Not Approved if:

- Does not meet the above stated criteria
- Have any contraindications to the use of telbivudine.

Special Considerations:

Other oral drugs for Hepatitis B
Adefovir (Hepsera)
Entecavir (Baraclude)
Lamivudine (Epivir)
Telbivudine (Tyzeka)

P&T Approval: _____ Date: _____