

**Medicare Part D – 2016****Prior Authorization Group Description**

TECHNIVIE

**Covered Uses:**

All FDA-approved indications not otherwise excluded from Part D.

**Exclusion Criteria:**

Patients with decompensated cirrhosis (Child Pugh Class B or C).

**Required Medical Information:**

Diagnosis of chronic hepatitis C (CHC) confirmed by detectable serum HCV RNA by quantitative assay in patients with genotype 4. Genotype is required to determine length of approval. Documentation that patient does not have cirrhosis.

**Age Restrictions:****Prescriber Restrictions:**

Gastroenterologist, Hepatologist or Infectious Disease physician

**Coverage Duration:**

12 weeks

**Other Criteria:**

Must be used in combination with ribavirin.