Market Applicability															
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	ΤN	тх	WA
Applicable	Х	Х	N/A	N/A	Х	N/A	Х	Х	Х	Х	Х	Х	N/A	N/A	NA

*FHK- Florida Healthy Kids

Hepsera (adefovir)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Hepsera (adefovir)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Hepsera (and generic adefovir) may be approved for individuals who meet the following criteria:

- I. Individual is 12 years of age or older; AND
- II. Individual has a diagnosis of chronic Hepatitis B infection; AND
- III. Individual has had a previous trial and inadequate response or intolerance to or has a contraindication to an alternative antiviral agent with a higher genetic barrier to resistance for Hepatitis B [such as entecavir or tenofovir] (AASLD 2016);

Note: Hepsera (adefovir) has black box warnings for severe exacerbations of hepatitis with drug discontinuation, renal dysfunction, HIV resistance for those with unrecognized/untreated HIV infection, lactic acidosis, and severe hepatomegaly with steatosis. Hepatic function should be monitored for several months after discontinuation of therapy to assess for severe exacerbation of hepatitis. Renal function should be closely monitored for potential dose adjustment.

State Specific Mandates				
State name	Date effective	Mandate details (including specific bill if applicable)		
N/A	N/A	N/A		

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2017. URL: http://www.clinicalpharmacology.com. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE[™] with AHFS[™], Hudson, Ohio: Lexi-Comp, Inc.; 2017; Updated periodically.

PAGE 1 of 1 01/01/2019 This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply. CRX-ALL-0043-18