Tyzeka (telbivudine)

Override(s) | Approval Duration
---|---
Prior Authorization | 1 year

Medications | Quantity Limit
---|---
Tyzeka (telbivudine) | N/A

**APPROVAL CRITERIA**

Requests for Tyzeka (telbivudine) may be approved for individuals who meet the following criteria:

I. Individual is 16 years of age or older;

AND

II. Individual has a diagnosis of chronic Hepatitis B with evidence of viral replication and either:
   a. Evidence of persistent elevations in serum aminotransferases (ALT or AST); OR
   b. Histologically active disease.

Note: Tyzeka (telbivudine) has black box warnings for severe exacerbations of hepatitis, 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.

**State Specific Mandates**

<table>
<thead>
<tr>
<th>State name</th>
<th>Date effective</th>
<th>Mandate details (including specific bill if applicable)</th>
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**Key References:**

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.

### Market Applicability/Effective Date

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<th>Market</th>
<th>FL &amp; FHK</th>
<th>FL MMA</th>
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*FHK- Florida Healthy Kids*