

## **Criteria for Prior Approval of Daklinza™ (daclatasvir)**

1. The patient must meet all General Criteria for Newer Direct Acting Antivirals (DAA) for Hepatitis C in addition to drug specific criteria, to be considered eligible for prior approval.
2. The patient must have a diagnosis of Chronic Hepatitis C infection genotype 1 or 3 confirmed by lab documentation and quantitative baseline HCV-RNA level.
3. The patient must have documented clinical evidence supporting use of Daklinza over preferred agents.
4. The patient is not taking a strong cytochrome P450 3A (CYP 3A) inducer.  
e.g., phenytoin, carbamazepine, rifampin, St. John's wort, efavirenz
5. The patient does not have decompensated liver disease as defined by Child-Pugh Class B or C.
6. The patient is not taking prescribed or over-the-counter products known to be harmful while taking Daklinza . Please see Daklinza package insert for further information:  
[http://packageinserts.bms.com/pi/pi\\_daklinza.pdf](http://packageinserts.bms.com/pi/pi_daklinza.pdf)