Attachment D

Office of Pharmacy Service
Prior Authorization Criteria

Prior Authorization Criteria

Victrelis (boceprevir)

Requests for boceprevir will be prior authorized if the following criteria are met:

1. A documented diagnosis of Hepatitis C Genotype 1 with no HIV co-infection **AND** concurrent therapy with ribavirin and pegylated interferon.
2. The patient has been on a treatment regimen of ribavirin and pegylated interferon for four (4) weeks.
3. The patient is eighteen (18) years or older.
4. The patient's previous treatment history and weight are presented at the time of initial request.
5. The patient's Child-Pugh score is <6 (compensated liver disease).
6. The patient has not previously failed therapy with a hepatitis C protease inhibitor (e.g. telaprevir or boceprevir).
7. The patient is not a pregnant female or a male with a pregnant female partner (ribavirin contraindication).
8. Boceprevir is prescribed by or in consultation with an infectious disease specialist, gastroenterologist, or hepatologist.
9. HCV-RNA test is scheduled eight (8) weeks after starting therapy.
10. The dispensing pharmacy agrees to dispense an initial six-week supply, and work with the prescriber to ensure that viral levels are done at treatment weeks 8,12 and 24.
    (Initial approval of boceprevir will be for six (6) weeks, providing 4 weeks for initial treatment and 2 weeks for administrative review.)
11. Viral levels are submitted at treatment weeks 8, 12 and 24 of the treatment course. *(Prior approvals will not be issued without submission of viral levels.)*
12. Continuation of therapy will be approved in accordance with the manufacturer's guidelines according to viral levels at the established treatment timelines.

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