WEST VIRGINIA Department of Health & Human Resources
Bureau for Medical Services

Office of Pharmacy Service
Prior Authorization Criteria

Victrelis (boceprevir)

Requests for bocepivir 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 has been screened and counseled about the importance of refraining from drug and/or alcohol abuse.
5. The patient's previous treatment history and weight are presented at the time of initial request
6. The patient's Child-Pugh score is <6 (compensated cirrhotic liver disease).
7. The patient has not previously tried/failed therapy with a hepatitis C protease inhibitor (e.g. telaprevir or boceprevir).
8. The patient is not a pregnant female or a male with a pregnant female partner (ribavirin contraindication).
9. Bocepivir is prescribed by an infectious disease specialist, gastroenterologist, or hepatologist.
10. **A sensitive RT-PCR assay HCV-RNA test with a lower limit of quantification of ≤25 IU/ml and a limit of detection of approximately 10 to 15 IU/ml** is required to be submitted before the start of therapy. Further testing must be scheduled for the end of weeks eight (8), twelve (12) and twenty-four (24). Initial test results and the scheduled testing dates for the indicated weeks must be submitted before prior authorization will be issued.
11. 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 eight (8), twelve (12) and twenty-four (24).
    (Initial approval of boceprevir will be for six (6) weeks, providing four (4) weeks for initial treatment and 2 weeks for administrative review.)
12. Viral levels are submitted at the end of treatment weeks eight (8), twelve (12) and twenty-four (24) of the treatment course. *(Further prior approvals will not be issued without submission of viral levels performed with the sensitive RT-PCR assay HCV-RNA test with a lower limit of quantification of ≤25 IU/ml and a limit of detection of approximately 10-15 IU/ml.)*
13. Continuation of therapy will be approved in accordance with the manufacturer's guidelines according to viral levels at the established treatment timelines.

Issued: 05/11
Reviewed and Approved by the DUR Board
November 16, 2011
Revised March 22, 2012 v1.1
Amended May 23, 2012 v1.2