

Pharmacy

PRIOR AUTHORIZATION FORM

For Prior Authorization, please fax toll-free (877) 974-4411, or local number (616) 942-8206

This form applies to: Commercial Plan Medicaid Plan Medicare Plan

Victrelis[®] (boceprevir)

URGENT (life threatening)

Non-Urgent (standard review)

A claim involving "urgent care" applies when then standard review time will seriously jeopardize the life or health of the member, or subject the member to severe pain that cannot be managed without the care or treatment requested in the subject of this request. **Priority Health averages between 1 and 3 business days for our standard review response time.**

Member Information

Member Name:	Member No.:
DOB:	Gender:
Member's PCP:	

Provider Information

Provider Name:	
Office Contact Name:	Provider Phone:
Provider NPI:	Provider Fax:
Provider Address:	

Provider Signature _____

Date _____

PRODUCT INFORMATION

Victrelis[®] 200 mg **Dose:** Four capsules every 7-9 hours with food

If approved, authorization is given in 3 time frames: initial authorization is for 16 weeks, followed by an additional 12 weeks. Authorization beyond 28 weeks will vary by patient. Victrelis must be used in combination with preferred peginterferon (Pegasys[®]) and ribavirin. All Hepatitis C treatments are to be filled at the preferred network specialty pharmacy (Diplomat Specialty Pharmacy).

Request: New Continuation (treatment weeks 17-28) Continuation (treatment weeks 29+)

PRIORITY HEALTH PRECERTIFICATION REQUIRMENTS

Authorization for Victrelis[®] (boceprevir) requires the following information to certify:

To certify this request, all of the following criteria must be met:

- Prescribed by gastroenterologist, hepatologist, or infectious disease specialist
- Diagnosis of Chronic Hepatitis C, genotype 1
- Patient must be over the age of 18 years
- Must receive 4 week lead in and concomitant Peg-interferon and ribavirin
- Detectable HCV RNA levels (greater than or equal to 50 IU/mL)
- Patient must not have HIV or Hepatitis B co-infection
- Patient must not have a history of decompensated cirrhosis
- Patient must not have a history of liver transplant
- No other contraindications (see drug interaction table)

SECTION A – NEW THERAPY (TREATMENT WEEKS 1-16)**PRIORITY HEALTH PRECERTIFICATION DOCUMENTATION**

Authorization for Victrelis® (boceprevir) requires the following information to certify:

A. What is the prescriber's specialty?

- gastroenterologist
 hepatologist
 infectious disease

B. What is the patient's diagnosis?

- Hepatitis C, Genotype 1
 Other: _____

Rationale for use: _____

C. Is the patient 18 years of age or older?

- Yes
 No – Rationale for use: _____

D. Will (or has) the patient receive a 4 week lead in followed by concomitant peginterferon and ribavirin therapy with Victrelis?

- Yes
 No – Rationale for use: _____

E. Does the patient have a detectable HCV RNA level?

- Yes – HCV RNA: _____ IU/mL Date of lab: _____
 No – Rationale for use: _____

F. Does the patient have a history of Hepatitis B or HIV co-infection?

- No
 Yes – Rationale for use: _____

G. Does the patient have cirrhosis?

- No
 Yes - Use Incivek for 12 weeks, along with peginterferon/ribavirin for 48 weeks recommended, due to potential adherence issues with prolonged triple drug regimen with Victrelis.

H. Does the patient have a history of decompensated cirrhosis?

- No
 Yes – Rationale for use: _____

I. Has the patient received a liver transplant:

- No
 Yes – Rationale for use: _____

J. Does the patient have any other contraindications to use of Victrelis? (see Drug Interaction table)

- No
 Yes – Rationale for use: _____

K. Previous Treatment:

- Treatment Naïve
- Null responder (less than 2 log reduction in HCV RNA at 12 weeks of treatment)
Note: Use Incivek for 12 weeks, along with peginterferon/ribavirin for 48 weeks recommended, due to potential adherence issues with prolonged triple drug regimen with Victrelis.
- Partial Responder (at least 2 log reduction, but still detectable during therapy)
- Relapser (Achieved undetectable status at end of treatment, with subsequent virologic relapse)
- Intolerant or non-adherent to previous therapy (These patients should not be considered for therapy with Victrelis/peginterferon/ribavirin, unless provider can assure tolerability and adherence to this regimen.)
- Previous treatment including other HCV NS3/4A protease inhibitors, e.g. telaprevir (not indicated, if failure or resistant to telaprevir).

NOTE: Request renewal authorization of therapy as soon as possible after HCV RNA levels are available for treatment weeks 8 and 12.

SPECIAL NOTES/CONSIDERATIONS (TREATMENT WEEKS 1-16)

Management of Adverse Effects:**Anemia and/or Neutropenia:**

CBC with differential should be monitored at treatment weeks 4, 8, 12, and then as necessary. Hemoglobin less than 10 g/dL can be treated with ribavirin dosage decrease (see package labeling) or interruption (≤ 1 week). If Hgb is ≤ 8.5 g/dL, after ribavirin decrease or interruption, then Victrelis should be discontinued, and all therapy stopped.

Note: Treatment with epoetin alpha does not improve sustained virologic response (SVR), and adds significant cost.

If peginterferon or ribavirin needs to be discontinued permanently for any reason, then Victrelis must also be discontinued.

SECTION B – CONTINUATION THERAPY PART 1 (TREATMENT WEEKS 17-28)

If approved, continued authorization is for 12 weeks. Further therapy requires authorization once TW24 labs available.

A. Was patient treatment naïve before starting Victrelis therapy?

- Yes
 No

B. Please provide the HCV RNA level for treatment weeks (TW) 8 and 12:

Week 8: Undetectable HCV RNA _____ IU/mL Date: _____

Week 12: Undetectable HCV RNA _____ IU/mL Date: _____

SPECIAL NOTES/CONSIDERATIONS (TREATMENT WEEKS 17-28)**1. Discontinuation of Victrelis/Peginterferon/Ribivirin**

- Incivek and peginterferon/ribavirin should be stopped if HCV RNA at week 12 is greater than 100 IU/mL.
- All therapy should be stopped if HCV RNA is detectable at 24 weeks.

2. Treatment Duration

For treatment naïve patients:

- If HCV RNA levels are undetectable at TW 8 and 12, continue Victrelis for a total of 24 weeks (TW28), and stop all treatment at TW28.
- If detectable, but less than 100 IU/ml, continue Victrelis for total of 32 weeks (TW36), and continue PR until TW48, unless detectable at TW24.

For patients NOT treatment naïve:

- If HCV RNA levels are undetectable at TW 8 and 12, continue Victrelis for a total of 32 weeks (TW36), and stop all treatment at TW36.
- If detectable, but less than 100 IU/ml, continue Victrelis for total of 32 weeks (TW36), and continue PR until TW48, unless detectable at TW24, stop all therapy.

NOTE: Request renewal authorization of therapy as soon as possible after HCV RNA levels are available for treatment week 24.

