



Medicare Part D – 2016

Prior Authorization Group Description

VICTRELIS

Covered Uses:

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria:

Acute hepatitis or uncontrolled autoimmune hepatitis. Hepatic decompensation in cirrhotic patients. Monotherapy with Victrelis

Required Medical Information:

Diagnosis of chronic hepatitis C (CHC) genotype 1 by detectable serum hepatitis C virus (HCV) RNA levels by quantitative assay. Continuation requests of covered uses will be approved.

Age Restrictions:

Prescriber Restrictions:

Coverage Duration:

Length of Benefit.

Other Criteria:

Initiate therapy with peginterferon alfa and ribavirin for 4 weeks then add Victrelis to peginterferon alfa and ribavirin regimen after 4 weeks of treatment.