DIVISION OF HEALTH CARE FINANCING AND POLICY
NEVADA MEDICAID
DRUG USE REVIEW (DUR) BOARD

PROPOSED PRIOR AUTHORIZATION CRITERIA

Victrelis™ (boceprevir) is a covered benefit of Nevada Medicaid for recipients who meet the criteria for coverage.

1. Coverage and Limitations:

   Authorization for Treatment Initiation (Treatment Weeks 4 through 28) will be given if all of the following criteria are met and documented:

   a. The recipient has a diagnosis of Chronic Hepatitis C genotype 1 infection and

   b. The recipient will be treated with peginterferon alfa and ribavirin for 4 weeks prior to starting boceprevir and will continue peginterferon alfa and ribavirin for the entire duration of treatment with boceprevir and

   c. The recipient has not received a previous course of therapy with telaprevir or boceprevir unless the drug is being switched due to an adverse event with the alternative drug.

   Authorization for treatment continuation for Treatment Weeks 28 through 36 will be given if all of the following criteria are met and documented:

   a. The recipient is treatment-naïve and their HCV-RNA level was detectable at Treatment Week 8 and undetectable at Treatment Week 24, or

   b. The recipient is a previous partial responder or a relapser to peginterferon alfa and ribavirin and their HCV-RNA was undetectable at Treatment Week 24

   Authorization for treatment continuation for Treatment Weeks 28 through 48 will be given if all of the following criteria are met and documented:

   a. The recipient has a diagnosis of chronic hepatitis C genotype 1 with compensated cirrhosis and their HCV-RNA was undetectable at Treatment Week 24, or

   b. The recipient had a $<2\text{-log}_{10}$ HCV-RNA drop by Treatment Week 12 on prior treatment with peginterferon alfa and ribavirin and HVC-RNA on tripple therapy is undetectable at Treatment Week 24, or

   c. The recipient is treatment-naïve and poorly interferon responsive based on a $<1\text{-log}_{10}$ decline in HCV-RNA at treatment Week 4 following lead-in therapy with peginterferon alfa and ribavirin and HCV-RNA is undetectable at Treatment Week 24.

2. PA Guidelines:

    a. Initial prior authorization approval will be for 24 weeks (through Treatment Week 28)

    b. For recipients meeting criteria for continuation treatment for Treatment Weeks 28 through 36, a prior authorization may be renewed once for an additional 8 weeks

    c. For recipients meeting criteria for continuation treatment for Treatment Weeks 28 through 44, a Prior authorization may be renewed once for an additional 24 weeks

3. Quantity Limitations:

    Quantity limit: 336 tablets per rolling 25 days