PEGETRON / PEGASYS/ INCIVEK/VICTRELIS
REQUEST FORM (FOR GENOTYPE 1)

Patient Name (last name, first name, middle initial):	Date of Birth			Health Card Number
	DD	MM	YYYY	
Mailing Address:				Sex: Male ☐ Female ☐
Home Phone Number:	Work Phone Number:			

Medication Requested (check requested medication and dosage):

☐ **Pegetron (Peginterferon alfa-2b + Ribavirin) (check required dose based upon patient weight):**

Patient Weight (kg)	Recommended Dosage		
	Peginterferon alfa-2b (µg per vial or Redipen)	Ribavirin	
		Daily Dose (mg)	Number of Capsules
☐ < 40	50	800	2 in AM and 2 in PM
☐ 40 to 49	80	800	2 in AM and 2 in PM
☐ 50 to 63	80	800	2 in AM and 2 in PM
☐ 64 to 74	100	1000	2 in AM and 3 in PM
☐ 75 to 84	120	1000	2 in AM and 3 in PM
☐ > 84	150	1200	3 in AM and 3 in PM

☐ **Pegasys (Peginterferon alfa-2a + Ribavirin) (check required dose based upon genotype and patient weight):**

Genotype	Patient Weight (kg)	Recommended Dosage		
		Peginterferon alfa-2a (µg per vial or syringe)	Ribavirin	
			Daily Dose (mg)	Number of Tablets
1 or 4	☐ < 75	180	1000	2 in AM and 3 in PM
	☐ ≥ 75	180	1200	3 in AM and 3 in PM
2 or 3	☐ not applicable	180	800	2 in AM and 2 in PM

☐ **Incivek (Telaprevir) 250 mg (Please check one Box below)**

☐ 2 Pills orally 3 times a day	
☐ 3 Pills orally every 12 hours	

☐ **Victrelis (Boceprevir) 800 Mg**

☐ 4 capsules 3 times a day	

Please also send a prescription for the requested medication and any subsequent changes in dosage to the Provincial Pharmacy (fax: 902-368-4905)
Patient must contact the Provincial Pharmacy to make arrangements for picking up all required medications (ph: 368-4947 in Charlottetown; 1-877-577-3737 toll free in PEI)

Send Form to: **Provincial Pharmacare**
HPEI
P.O. Box 2000
Charlottetown, PE C1A 7N8 Fax: 902-368-4905

Physician's Signature:_____ **Date:**_____

Criteria for Treatment of Hepatitis C (Genotype 1 Chronic) with Incivek or Victrelis

Incevick (Telaprevir)	**For the treatment of chronic hepatitis C genotype 1 infection in combination with peginterferon alpha/ribavirin (PegIFN*a*/RBV), if the following criteria are met:** ▸ **Detectable levels of hepatitis C virus (HCV) RNA prior to treatment** ▸ **Fibrosis stage of F2, F3, or F4 as determined by a biopsy/fibroscan where available OR recommendation of a hepatologist or a prescriber with a specialty in hepatitis** ▸ **One course treatment only (12 weeks duration)** ***Notes:*** ▸ **Response guided therapy should be considered in patients for whom this is appropriate.** **Therapy should be discontinued in all patients with HCV RNA levels greater than 1,000IU/ml at treatment week 4 or 12, or confirmed HCV RNA positive at treatment week 24.**
Vicrelis (Biceorevir)	**For the treatment of chronic hepatitis C genotype 1 infection in combination with peginterferon alpha/ribavirin (PegIFN*a*/RBV), if the following criteria are met:** ▸ **Detectable levels of hepatitis C virus (HCV) RNA prior to treatment** ▸ **Fibrosis state of F2, F3, or F4 as determined by a biopsy/fibroscan where available OR recommendation of a hepatologist or a prescriber with a specialty in hepatitis** ▸ **One course of treatment only (up to 44 weeks duration)** ***Notes:*** ▸ **Response guided therapy should be considered in patients for whom this is appropriate.** **Therapy should be discontinued in all patients with HCV RNA levels are ≥ 100 IU/ml at treatment week 12, or confirmed HCV RNA positive at treatment week 24.**