



- SECTION 1: Hepatitis B Monotherapy**
- SECTION 2: Hepatitis C Monotherapy**
- SECTION 3: Hepatitis C Intron A with RIBAVIRIN**
- SECTION 4: Intron A as Interferon Therapy**

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| SECTION 1: Hepatitis B Monotherapy |
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Pre - PA Allowance

None

Prior-Approval Requirements

Age 1 year of age or older

Diagnoses

Patient must have the following:

1. Chronic hepatitis B

AND ALL of the following:

1. Compensated liver disease
2. Been hepatitis B surface antigen (HBsAG) positive for at least 6 months
3. Current evidence of hepatitis B viral replication via either a positive hepatitis Be antigen (HBeAG) or a positive hepatitis B viral DNA level
4. Currently elevated (2 or more times the upper limit serum alanine aminotransferase (ALT) level
5. **NOT** an immunosuppressed transplant recipient

Prior - Approval Limits

Duration 6 months

Prior – Approval *Renewal* Requirements

None

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| SECTION 2: Hepatitis C Monotherapy |
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Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

1. Chronic hepatitis C confirmed by liver biopsy, a history of blood or blood product exposure, or positive antibodies to hepatitis C

AND ALL of the following:

1. Compensated liver disease
2. **NOT** an immunosuppressed transplant recipient
3. Must **NOT** be an appropriate candidate for treatment with a pegylated interferon in combination with ribavirin and a protease inhibitor
4. Significant intolerance or contraindication to ribavirin
5. **NOT** pregnant
6. **NO** history of unstable heart disease

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

None

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| SECTION 3: Hepatitis C – Intron A with RIBAVIRIN |
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INTRON A (interferon alfa-2b) with RIBAVIRIN

(Copegus, Moderiba Rebetol, Ribapak, Ribasphere, Ribatabs, ribavirin - all strengths)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 3 years of age or older

Diagnosis

Patient must have the following:

1. Chronic hepatitis C

AND ALL of the following:

1. Compensated liver disease
2. Previously untreated with alpha interferon **OR** relapsed following alpha interferon therapy (relapsers must be 18 years of age or greater)
3. Must **NOT** be an appropriate candidate for treatment with a pegylated interferon in combination with ribavirin and a protease inhibitor
4. The patient or the partner of the patient is not pregnant
5. Patients of child bearing age have been or will be instructed to practice effective contraception during therapy and for 6 months after stopping ribavirin therapy
6. **NOT** diagnosed with renal failure
7. **NOT** an immunosuppressed transplant recipient

Prior - Approval Limits

Duration 6 months

Prior – Approval *Renewal* Requirements

Same as above

Prior – Approval *Renewal* Limits

Same as above

SECTION 4: Intron A as Interferon Therapy

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. AIDS-related Kaposi's sarcoma
2. Carcinoid tumor
3. Condylomata acuminata
4. Follicular lymphoma
5. Hairy cell leukemia
6. Malignant melanoma
7. Polycythemia vera
8. Renal cell cancer
9. Cutaneous T-cell lymphoma (Mycosis Fungoides and Sezary Syndrome)

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Same as above

Prior – Approval *Renewal* Limits

Same as above
