VENTURA COUNTY
HEALTH CARE PLAN

Prior Authorization DRUG Guidelines

Victrelis (Boceprevir)

Effective Date: 1/31/12

Date Developed: 12/14/11 by Albert Reeves MD

Last Approval Date: 1/26/16, 1/24/17, 1/23/18, 1/22/19

(Archived 1/22/19)

Victrelis (Boceprevir) is an Antiviral Agent; Protease Inhibitor.

Pre-Authorization Criteria:

VCHCP will authorize Victrelis (Boceprevir) for FDA approved treatment of chronic hepatitis C (CHC) genotype 1 (in combination with peginterferon alfa and ribavirin) in adult patients with compensated liver disease (including cirrhosis) who were previously untreated or have failed prior therapy with peginterferon alfa and ribavirin therapy.

VCHCP requires that Victrelis (Boceprevir) be prescribed by a Gastroenterologist or a Hepatitis C Clinic Physician.

Dosing: Adult

Treatment of chronic hepatitis C (CHC): Oral: 800 mg 3 times/day (in combination with peginterferon alfa and ribavirin)

Treatment-naive patients (interferon-responsive at week 4):

Weeks 1-4: Peginterferon alfa with concomitant ribavirin only

Weeks 5-8: Boceprevir 800 mg 3 times/day with continued peginterferon alfa and ribavirin

Weeks 9-24 (based on HCV-RNA results at week 8):

HCV-RNA **undetectable** or **detectable** at a level of <100 int.

units/mL: Boceprevir 800 mg 3 times/day with continued peginterferon

alfa and ribavirin

HCV-RNA ≥100 int. units/mL (treatment futility): Recheck HCV-RNA at week 12. If HCV-RNA ≥100 int. units/mL at week 12, discontinue treatment (boceprevir, peginterferon alfa, and ribavirin)

Weeks ≥24:

HCV-RNA **undetectable** at week 8 and week 24: Boceprevir 800 mg 3 times/day with continued peginterferon alfa and ribavirin for 4 additional weeks (through week 28)

HCV-RNA **detectable** at Week 8 and **undetectable** at week 24:

U.S. labeling: Boceprevir 800 mg 3 times/day with continued peginterferon alfa and ribavirin for 12 additional weeks (through week 36), followed by peginterferon alfa and ribavirin for additional 12 weeks (through week 48)

HCV-RNA **detectable** at week 24: Discontinue treatment (boceprevir, peginterferon alfa, and ribavirin)

Treatment-naive patients (interferon nonresponsive [<0.5-log_{10} HCV-RNA decline in viral load] at week 4):

Weeks 1-4: Peginterferon alfa with concomitant ribavirin only

Weeks 5-48: Boceprevir 800 mg 3 times/day with continued peginterferon alfa and ribavirin

Previously-treated patients (partial response, relapsed): **Note:** Previously treated does not include prior treatment with boceprevir. "Partial response" includes patients with a >2-log_{10} HCV-RNA decrease by week 12, but a nonsustained virologic response thereafter. "Relapsed" includes patients with an undetectable HCV-RNA upon completion of previous treatment, but with detectable HCV-RNA during the follow-up period.

Weeks 1-4: Peginterferon alfa with concomitant ribavirin only

Weeks 5-8: Boceprevir 800 mg 3 times/day with continued peginterferon alfa and ribavirin

Weeks 9-24 (based on HCV-RNA results at week 8):

HCV-RNA **undetectable** or <100 int. units/mL: Boceprevir 800 mg 3 times/day with continued peginterferon alfa and ribavirin

HCV-RNA ≥100 int. units/mL: Recheck HCV-RNA at week 12. If HCV-RNA ≥100 int. units/mL at week 12, discontinue treatment (boceprevir, peginterferon alfa, and ribavirin)

Weeks ≥24:

HCV-RNA **undetectable** at week 8 and week 24: Boceprevir 800 mg 3 times/day with continued peginterferon alfa and ribavirin for 12 additional weeks (through week 36)

HCV-RNA **detectable** at Week 8 and **undetectable** at week 24: Boceprevir 800 mg 3 times/day with continued peginterferon alfa and ribavirin for 12 additional weeks (through week 36), followed by peginterferon alfa and ribavirin for additional 12 weeks (through week 48)

HCV-RNA **detectable** at week 24: Discontinue treatment (boceprevir, peginterferon alfa, and ribavirin)

Previously treated patients with <2-log$_{10}$ HCV-RNA decline at week 12 (null responders):

Weeks 1-4: Peginterferon alfa with concomitant ribavirin only

Weeks 5-48: Boceprevir 800 mg 3 times/day with continued peginterferon alfa and ribavirin

Cirrhosis, compensated:

Weeks 1-4: Peginterferon alfa with concomitant ribavirin only

Weeks 5-48: Boceprevir 800 mg 3 times/day with continued peginterferon alfa and ribavirin

Dosing: Geriatric

Refer to adult dosing.

Dosage Forms: U.S.

Excipient information presented when available (limited, particularly for generics); consult specific product labeling.

Capsule, oral: Victrelis™: 200 mg

Administration

Administer with food. Doses should be taken approximately every 7-9 hours. Administer concurrently with peginterferon alfa and ribavirin.

WARNINGS / PRECAUTIONS

Concerns related to adverse effects:

Anemia: Has been reported with peginterferon alfa and ribavirin; addition of boceprevir is associated with further hemoglobin decreases. With anemia management, average hemoglobin decrease in clinical trials was ~1 g/dL. Dose modifications of peginterferon alfa and ribavirin were needed more often in patients also taking boceprevir. Complete blood counts should be obtained pretreatment and at weeks 4, 8, and 12, as well as other times during treatment. May require use of erythropoietic-stimulating agents, dose reduction, or interruption of ribavirin therapy (if hemoglobin <10 g/dL), or discontinuation of treatment (if hemoglobin <8.5 g/dL).

Neutropenia: Has been reported with peginterferon alfa and ribavirin; addition of boceprevir is associated with a higher incidence of neutropenia. Complete blood counts should be obtained pretreatment and at weeks 4, 8, and 12, as well as other times during treatment. May require dose reduction or interruption of peginterferon or ribavirin therapy. May be severe or life-threatening (rare); discontinuation of therapy may be necessary.

Concurrent drug therapy issues:

CYP3A4 interactions: High potential for CYP3A4-mediated interactions.

DRUG Interactions

(For additional information: Launch Lexi-Interact™ Drug Interactions Program)

Alfuzosin: CYP3A4 Inhibitors (Strong) may increase the serum concentration of Alfuzosin. *Risk X: Avoid combination*

Almotriptan: CYP3A4 Inhibitors (Strong) may increase the serum concentration of Almotriptan. Management: Limit initial almotriptan adult dose to 6.25 mg and maximum adult dose to 12.5 mg/24-hrs when used with a strong CYP3A4 inhibitor. Avoid concurrent use in patients with impaired hepatic or renal function. *Risk D: Consider therapy modification*

Alosetron: CYP3A4 Inhibitors (Strong) may increase the serum concentration of Alosetron. *Risk C: Monitor therapy*

ALPRAZolam: Boceprevir may increase the serum concentration of ALPRAZolam. Management: In patients receiving boceprevir, consider lower alprazolam doses and monitor closely for symptoms of toxicity (including prolonged sedation and respiratory depression). *Risk D: Consider therapy modification*

Amiodarone: Boceprevir may increase the serum concentration of Amiodarone. *Risk C: Monitor therapy*

Atorvastatin: Boceprevir may increase the serum concentration of Atorvastatin. Management: Titrate atorvastatin dose carefully, not exceeding a maximum adult dose of 20 mg daily, in patients receiving boceprevir. *Risk D: Consider therapy modification*

Bepridil [Off Market]: Boceprevir may increase the serum concentration of Bepridil [Off Market]. *Risk C: Monitor therapy*

Bortezomib: CYP3A4 Inhibitors (Strong) may increase the serum concentration of Bortezomib. *Risk C: Monitor therapy*

Brentuximab Vedotin: CYP3A4 Inhibitors (Strong) may increase the serum concentration of Brentuximab Vedotin. Specifically, concentrations of the active monomethyl auristatin E (MMAE) component may be increased. *Risk C: Monitor therapy*

Brinzolamide: CYP3A4 Inhibitors (Strong) may increase the serum concentration of Brinzolamide. *Risk C: Monitor therapy*

Budesonide (Nasal): CYP3A4 Inhibitors (Strong) may increase the serum concentration of Budesonide (Nasal). *Risk C: Monitor therapy*

Budesonide (Systemic, Oral Inhalation): CYP3A4 Inhibitors (Strong) may increase the serum concentration of Budesonide (Systemic, Oral Inhalation). Management: Consider reducing the oral budesonide dose when used together with a CYP3A4 inhibitor. This interaction is likely less severe with orally inhaled budesonide. Monitor patients closely for signs/symptoms of corticosteroid excess. *Risk D: Consider therapy modification*

Buprenorphine: Boceprevir may decrease the serum concentration of Buprenorphine. Boceprevir may increase the serum concentration of Buprenorphine. *Risk C: Monitor therapy*

CarBAMazepine: May decrease the serum concentration of Boceprevir. *Risk X: Avoid combination*

Ciclesonide: CYP3A4 Inhibitors (Strong) may increase the serum concentration of Ciclesonide. Specifically, concentrations of the active des-ciclesonide metabolite may be increased. *Risk C: Monitor therapy*

Cisapride: Boceprevir may increase the serum concentration of Cisapride. *Risk X: Avoid combination*

Colchicine: CYP3A4 Inhibitors (Strong) may increase the serum concentration of Colchicine. Management: Colchicine is contraindicated in patients with impaired renal or hepatic function who are also receiving a strong CYP3A4 inhibitor. In those with normal renal and hepatic function, reduce colchicine dose as directed. *Risk D: Consider therapy modification*

Conivaptan: CYP3A4 Inhibitors (Strong) may increase the serum concentration of Conivaptan. *Risk X: Avoid combination*

Contraceptives (Estrogens): Boceprevir may decrease the serum concentration of Contraceptives (Estrogens). Management: Do not rely on systemic hormonal contraceptives for contraception during treatment with boceprevir. Patients receiving combination regimens containing ribavirin should use two alternative effective means of contraception. *Risk D: Consider therapy modification*

Contraceptives (Progestins): Boceprevir may increase the serum concentration of Contraceptives (Progestins). Management: Do not rely on systemic hormonal contraceptives for contraception during treatment with boceprevir. Patients receiving combination regimens containing ribavirin should use two alternative effective means of contraception. *Risk D: Consider therapy modification*

Corticosteroids (Orally Inhaled): CYP3A4 Inhibitors (Strong) may increase the serum concentration of Corticosteroids (Orally Inhaled). Management: Monitor for signs and symptoms of adrenal suppression if inhaled budesonide or mometasone are coadministered with a strong CYP3A4 inhibitor. Avoid combining inhaled fluticasone

with any strong CYP3A4 inhibitor. **Exceptions:** Beclomethasone; Beclomethasone (Oral Inhalation); Triamcinolone; Triamcinolone (Systemic). *Risk C: Monitor therapy*

Crizotinib: CYP3A4 Inhibitors (Strong) may increase the serum concentration of Crizotinib. *Risk X: Avoid combination*

CYP3A4 Substrates: CYP3A4 Inhibitors (Strong) may decrease the metabolism of CYP3A4 Substrates. *Risk D: Consider therapy modification*

Management: Consider lower doses of desipramine in patients treated with boceprevir and monitor for symptoms of desipramine toxicity (including dizziness, hypotension and syncope), due to a possible increase in desipramine concentrations. *Risk D: Consider therapy modification*

Dexamethasone: May decrease the serum concentration of Boceprevir. Management: Concomitant use of boceprevir and dexamethasone should be avoided if possible due to possible diminished therapeutic effects of boceprevir. If the combination cannot be avoided, closely monitor response to boceprevir. *Risk D: Consider therapy modification*

Dexamethasone (Systemic): May decrease the serum concentration of Boceprevir. Management: Concomitant use of boceprevir and dexamethasone should be avoided if possible due to possible diminished therapeutic effects of boceprevir. If the combination cannot be avoided, closely monitor response to boceprevir. *Risk D: Consider therapy modification*

Dienogest: CYP3A4 Inhibitors (Strong) may increase the serum concentration of Dienogest. *Risk C: Monitor therapy*

Digoxin: Boceprevir may increase the serum concentration of Digoxin. Management: In patients initiating digoxin during boceprevir treatment, initiate at the lowest possible digoxin dose, monitor serum digoxin concentrations, and titrate carefully due to a possible risk of elevated digoxin concentrations. *Risk D: Consider therapy modification*

Dihydroergotamine: Boceprevir may increase the serum concentration of Dihydroergotamine. *Risk X: Avoid combination*

Dronedarone: CYP3A4 Inhibitors (Strong) may increase the serum concentration of Dronedarone. *Risk X: Avoid combination*

Drospirenone: Boceprevir may increase the serum concentration of Drospirenone. *Risk X: Avoid combination*

Dutasteride: CYP3A4 Inhibitors (Strong) may increase the serum concentration of Dutasteride. *Risk C: Monitor therapy*

Efavirenz: May decrease the serum concentration of Boceprevir. Boceprevir may increase the serum concentration of Efavirenz. *Risk X: Avoid combination*

Eplerenone: CYP3A4 Inhibitors (Strong) may increase the serum concentration of Eplerenone. *Risk X: Avoid combination*

Ergotamine: Boceprevir may increase the serum concentration of Ergotamine. *Risk X: Avoid combination*

Everolimus: CYP3A4 Inhibitors (Strong) may increase the serum concentration of Everolimus. *Risk X: Avoid combination*

FentaNYL: CYP3A4 Inhibitors (Strong) may increase the serum concentration of FentaNYL. Management: Monitor patients extra closely for several days following initiation of the combination, and fentanyl dosage reductions should be made as appropriate. *Risk D: Consider therapy modification*

Fesoterodine: CYP3A4 Inhibitors (Strong) may increase serum concentrations of the active metabolite(s) of Fesoterodine. Management: Avoid fesoterodine doses greater than 4 mg daily in adult patients who are also receiving strong CYP3A4 inhibitors. *Risk D: Consider therapy modification*

Flecainide: Boceprevir may increase the serum concentration of Flecainide. *Risk C: Monitor therapy*

Fluticasone (Nasal): CYP3A4 Inhibitors (Strong) may increase the serum concentration of Fluticasone (Nasal). *Risk C: Monitor therapy*

Fluticasone (Oral Inhalation): CYP3A4 Inhibitors (Strong) may increase the serum concentration of Fluticasone (Oral Inhalation). *Risk X: Avoid combination*

GuanFACINE: CYP3A4 Inhibitors (Strong) may increase the serum concentration of GuanFACINE. *Risk C: Monitor therapy*

Halofantrine: CYP3A4 Inhibitors (Strong) may increase the serum concentration of Halofantrine. *Risk X: Avoid combination*

Iloperidone: CYP3A4 Inhibitors (Strong) may increase serum concentrations of the active metabolite(s) of Iloperidone. Specifically, concentrations of the metabolites P88 and P95 may be increased. CYP3A4 Inhibitors (Strong) may increase the serum concentration of Iloperidone. Management: Reduce iloperidone dose by half when administered with a strong CYP3A4 inhibitor. *Risk D: Consider therapy modification*

Itraconazole: May increase the serum concentration of Boceprevir. Boceprevir may increase the serum concentration of Itraconazole. Management: Limit maximum adult itraconazole dose to 200 mg daily in patients receiving boceprevir, due to a possible increase in itraconazole concentrations. *Risk D: Consider therapy modification*

Ixabepilone: CYP3A4 Inhibitors (Strong) may increase the serum concentration of Ixabepilone. *Risk D: Consider therapy modification*

Ketoconazole: May increase the serum concentration of Boceprevir. Boceprevir may increase the serum concentration of Ketoconazole. Management: Limit maximum adult ketoconazole dose to 200 mg daily in patients receiving boceprevir, due to a possible increase in ketoconazole concentrations. *Risk D: Consider therapy modification*

Ketoconazole (Systemic): May increase the serum concentration of Boceprevir. Boceprevir may increase the serum concentration of Ketoconazole (Systemic). Management: Limit maximum adult ketoconazole dose to 200 mg daily in patients receiving boceprevir, due to a possible increase in ketoconazole concentrations. *Risk D: Consider therapy modification*

Lapatinib: CYP3A4 Inhibitors (Strong) may increase the serum concentration of Lapatinib. Management: If an overlap in therapy cannot be avoided, consider reducing lapatinib dose to 500 mg/day during, and within 1 week of completing, treatment with the strong CYP3A4 inhibitor. *Risk X: Avoid combination*

Lovastatin: Boceprevir may increase the serum concentration of Lovastatin. *Risk X: Avoid combination*

Lovastatin: CYP3A4 Inhibitors (Strong) may increase the serum concentration of Lovastatin. *Risk X: Avoid combination*

Lumefantrine: CYP3A4 Inhibitors (Strong) may increase the serum concentration of Lumefantrine. *Risk C: Monitor therapy*

Lurasidone: CYP3A4 Inhibitors (Strong) may increase the serum concentration of Lurasidone. *Risk X: Avoid combination*

Maraviroc: CYP3A4 Inhibitors (Strong) may increase the serum concentration of Maraviroc. Management: Reduce the adult dose of maraviroc to 150 mg twice daily when used with a strong CYP3A4 inhibitor. Do not use maraviroc with strong CYP3A4 inhibitors in patients with Clcr less than 30 mL/min. *Risk D: Consider therapy modification*

Methadone: Boceprevir may increase the serum concentration of Methadone. Boceprevir may decrease the serum concentration of Methadone. *Risk C: Monitor therapy*

Methylergonovine: Boceprevir may increase the serum concentration of Methylergonovine. *Risk X: Avoid combination*

MethylPREDNISolone: CYP3A4 Inhibitors (Strong) may increase the serum concentration of MethylPREDNISolone. Management: Consider methylprednisolone dose titration and/or adjustments in patients receiving strong CYP3A4 inhibitors (eg, azole antifungals, protease inhibitors) and monitor for increased steroid related adverse effects. *Risk D: Consider therapy modification*

Midazolam: Boceprevir may increase the serum concentration of Midazolam. *Risk X: Avoid combination*

Nilotinib: CYP3A4 Inhibitors (Strong) may increase the serum concentration of Nilotinib. *Risk X: Avoid combination*

Nisoldipine: CYP3A4 Inhibitors (Strong) may increase the serum concentration of Nisoldipine. *Risk X: Avoid combination*

Paricalcitol: CYP3A4 Inhibitors (Strong) may increase the serum concentration of Paricalcitol. *Risk C: Monitor therapy*

Pazopanib: CYP3A4 Inhibitors (Strong) may increase the serum concentration of Pazopanib. Management: Avoid concurrent use of pazopanib with strong inhibitors of CYP3A4 whenever possible. If it is not possible to avoid such a combination, reduce pazopanib adult dose to 400 mg. Further dose reductions may also be required. *Risk D: Consider therapy modification*

PHENobarbital: May decrease the serum concentration of Boceprevir. *Risk X: Avoid combination*

Phenytoin: May decrease the serum concentration of Boceprevir. *Risk X: Avoid combination*

Pimecrolimus: CYP3A4 Inhibitors (Strong) may decrease the metabolism of Pimecrolimus. *Risk C: Monitor therapy*

Pimozide: Boceprevir may increase the serum concentration of Pimozide. *Risk X: Avoid combination*

Posaconazole: May increase the serum concentration of Boceprevir. Boceprevir may increase the serum concentration of Posaconazole. *Risk C: Monitor therapy*

Prasugrel: CYP3A4 Inhibitors (Strong) may decrease serum concentrations of the active metabolite(s) of Prasugrel. *Risk C: Monitor therapy*

Primidone: May decrease the serum concentration of Boceprevir. *Risk X: Avoid combination*

Propafenone: Boceprevir may increase the serum concentration of Propafenone. *Risk C: Monitor therapy*

QuiNIDine: Boceprevir may increase the serum concentration of QuiNIDine. *Risk C: Monitor therapy*

Ranolazine: CYP3A4 Inhibitors (Strong) may increase the serum concentration of Ranolazine. *Risk X: Avoid combination*

Rifabutin: May decrease the serum concentration of Boceprevir. Boceprevir may increase the serum concentration of Rifabutin. *Risk X: Avoid combination*

Rifampin: May decrease the serum concentration of Boceprevir. *Risk X: Avoid combination*

Rivaroxaban: CYP3A4 Inhibitors (Strong) may increase the serum concentration of Rivaroxaban. *Risk X: Avoid combination*

RomiDEPsin: CYP3A4 Inhibitors (Strong) may increase the serum concentration of RomiDEPsin. *Risk X: Avoid combination*

Salmeterol: CYP3A4 Inhibitors (Strong) may increase the serum concentration of Salmeterol. *Risk X: Avoid combination*

Saxagliptin: CYP3A4 Inhibitors (Strong) may increase the serum concentration of Saxagliptin. Management: Limit saxagliptin adult dose to 2.5 mg/day and monitor for increased saxagliptin levels/effects (e.g., hypoglycemia) when used with a strong CYP3A4 inhibitor. Monitor for decreased saxagliptin levels/effects if discontinuing CYP3A4 inhibitor. *Risk D: Consider therapy modification*

Sildenafil: Boceprevir may increase the serum concentration of Sildenafil. Management: Avoid sildenafil when used for treatment of pulmonary arterial hypertension in patients receiving boceprevir. Sildenafil for erectile dysfunction should be limited to 25 mg every other day with close monitoring for sildenafil toxicity. *Risk X: Avoid combination*

Sildenafil: CYP3A4 Inhibitors (Strong) may increase the serum concentration of Sildenafil. Management: When used for treatment of pulmonary arterial hypertension, use of sildenafil with strong CYP3A4 inhibitors should be avoided. When used for erectile dysfunction, starting dose should be reduced to 25 mg. Max dose with ritonavir is 25 mg per 48 hours. *Risk D: Consider therapy modification*

Silodosin: CYP3A4 Inhibitors (Strong) may increase the serum concentration of Silodosin. *Risk X: Avoid combination*

Simvastatin: Boceprevir may increase the serum concentration of Simvastatin. *Risk X: Avoid combination*

Simvastatin: CYP3A4 Inhibitors (Strong) may increase the serum concentration of Simvastatin. *Risk X: Avoid combination*

SORAfenib: CYP3A4 Inhibitors (Strong) may increase the serum concentration of SORAfenib. *Risk C: Monitor therapy*

St Johns Wort: May decrease the serum concentration of Boceprevir. *Risk X: Avoid combination*

Tadalafil: Boceprevir may increase the serum concentration of Tadalafil. Management: Avoid tadalafil when used for treatment of pulmonary arterial hypertension in patients receiving boceprevir. Tadalafil for erectile dysfunction should be limited to 10 mg every 72 hours with close monitoring for tadalafil toxicity. *Risk X: Avoid combination*

Tadalafil: CYP3A4 Inhibitors (Strong) may increase the serum concentration of Tadalafil. Management: Erectile dysfunction: tadalafil max = 2.5 mg/day (daily use) or 10 mg/72 hrs (as needed use) (adult doses). Avoid use of tadalafil with a strong CYP3A4 inhibitor for treatment of pulmonary arterial hypertension. *Risk D: Consider therapy modification*

Tamsulosin: CYP3A4 Inhibitors (Strong) may increase the serum concentration of Tamsulosin. *Risk X: Avoid combination*

Ticagrelor: CYP3A4 Inhibitors (Strong) may decrease serum concentrations of the active metabolite(s) of Ticagrelor. CYP3A4 Inhibitors (Strong) may increase the serum concentration of Ticagrelor. *Risk X: Avoid combination*

Tolterodine: CYP3A4 Inhibitors (Strong) may increase the serum concentration of Tolterodine. Management: The maximum recommended dose of long-acting tolterodine is 2 mg/day when used together with a strong CYP3A4 inhibitor. *Risk D: Consider therapy modification*

Tolvaptan: CYP3A4 Inhibitors (Strong) may increase the serum concentration of Tolvaptan. *Risk X: Avoid combination*

Toremifene: CYP3A4 Inhibitors (Strong) may enhance the adverse/toxic effect of Toremifene. CYP3A4 Inhibitors (Strong) may increase the serum concentration of Toremifene. *Risk X: Avoid combination*

Triazolam: Boceprevir may increase the serum concentration of Triazolam. *Risk X: Avoid combination*

Vardenafil: Boceprevir may increase the serum concentration of Vardenafil. Management: Limit vardenafil maximum dose to 2.5 mg every 24 hours and monitor closely for symptoms of vardenafil toxicity (including hypotension, visual changes, syncope, and priapism treatment with boceprevir. *Risk D: Consider therapy modification*

Vardenafil: CYP3A4 Inhibitors (Strong) may increase the serum concentration of Vardenafil. Management: Limit the vardenafil dose to 2.5 mg/24-hour period when used with strong CYP3A4 inhibitors. With ritonavir limit dose to 2.5 mg/72-hour period. With lower doses of some inhibitors, a reduction to 5 mg/24-hour period may be adequate. *Risk D: Consider therapy modification*

Vemurafenib: CYP3A4 Inhibitors (Strong) may increase the serum concentration of Vemurafenib. *Risk C: Monitor therapy*

Vilazodone: CYP3A4 Inhibitors (Strong) may increase the serum concentration of Vilazodone. Management: Limit maximum adult vilazodone dose to 20 mg/day in patients receiving strong CYP3A4 inhibitors. *Risk D: Consider therapy modification*

Voriconazole: May increase the serum concentration of Boceprevir. Boceprevir may increase the serum concentration of Voriconazole. *Risk C: Monitor therapy*

Warfarin: Boceprevir may decrease the serum concentration of Warfarin. Boceprevir may increase the serum concentration of Warfarin. *Risk C: Monitor therapy*

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Revision History:

Date Reviewed/Updated: 1/16/13 by A. Reeves MD
Date Approved by P&T Committee: 1/31/12; 1/29/13
Date Reviewed/No Updates: 1/28/14 by C. Sanders MD
Date Approved by P&T Committee: 1/28/14
Date Reviewed/No Updates: 1/13/15 by C. Sanders, MD
Date Approved by P&T Committee: 1/27/15
Date Reviewed/No Updates: 1/26/16 by C. Sanders, MD; R. Sterling, MD
Date Approved by P&T Committee: 1/26/16
Date Reviewed/No Updates: 1/24/17 by C. Sanders, MD; R. Sterling, MD
Date Approved by P&T Committee: 1/24/17
Date Reviewed/No Updates: 1/23/18 by C. Sanders, MD; R. Sterling, MD
Date Approved by P&T Committee: 1/23/18
Date Reviewed/Archived: 1/22/19 by C. Sanders, MD; R. Sterling, MD
Date Approved by P&T Committee: 1/22/19

Revision Date	Content Revised (Yes/No)	Contributors	Review/Revision Notes
1/24/17	No	Catherine Sanders, MD; Robert Sterling, MD	Annual review
1/23/18	No	Catherine Sanders, MD; Robert Sterling, MD	Annual review
1/22/19	No	Catherine Sanders, MD; Robert Sterling, MD	Archived – check ESI