



**Neighborhood Health Plan Of RI  
Pharmacy Benefit Exception Request Form for  
Victrelis® (boceprevir)**

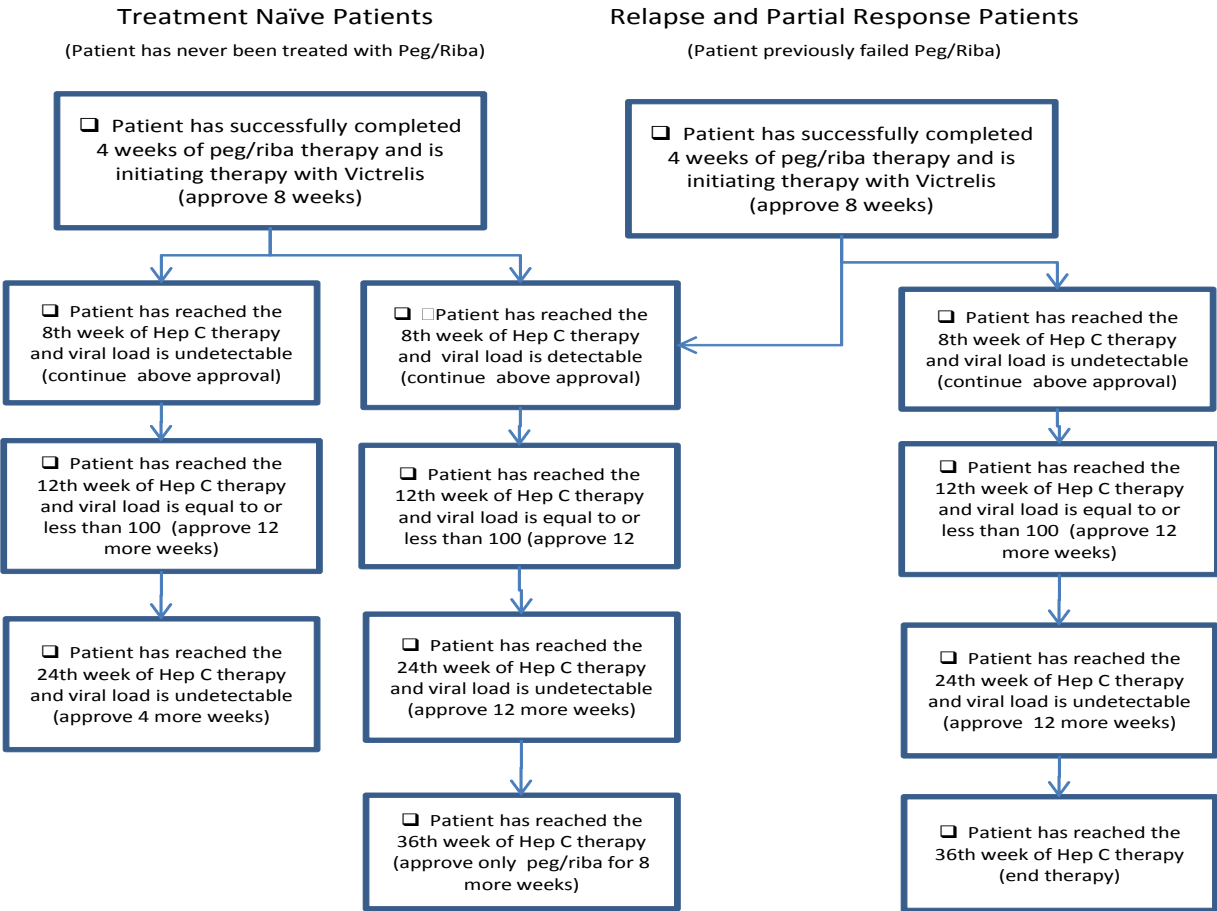
If approval criteria are met, Neighborhood Health Plan of Rhode Island will authorize coverage of Victrelis™ (boceprevir). Failure to fill out this form will result in a rejection of this medication at the pharmacy.

Member Name _____	Member Number _____
DOB: _____	
Prescriber Name _____	Office Contact _____
Office Phone _____	Office Fax _____

Check all that apply:

- Patient is diagnosed with Chronic Hepatitis C Genotype 1 with compensated liver disease
- Patient is also diagnosed with HIV and/or Hepatitis B
- Patient has cirrhosis

On the chart below please indicate the status of the patient’s treatment for Hepatitis C by checking the appropriate box documenting treatment course – Note – Victrelis® is not approved for “Null” responders



Provider Signature \_\_\_\_\_ NPI \_\_\_\_\_ Date \_\_\_\_\_

Completed forms should be faxed to: NHPRI Customer Service Department @ 866-423-0945