PHARMAC
Pharmaceutical Management Agency

Version 4

New Zealand Government

Contact details:
PO Box 10 254
Wellington
Phone: 0800 023 588 (option 3)
Fax: 04 974 4828
Email: viekira@pharmac.govt.nz

Viekira Pak® / Viekira Pak-RBV® Distribution request form

To complete this form electronically: https://healthsector.pharmac.health.nz/viekira-pak

Prescribers using practice management systems or working from a DHB facility can complete and submit this form electronically[1]

Viekira Pak and Viekira Pak-RBV are registered in New Zealand for the treatment of genotype 1 chronic hepatitis C infection, including patients with compensated cirrhosis. The following information will be important to obtain prior to deciding whether to prescribe Viekira Pak or Viekira Pak-RBV:

1. Hepatitis C Virus RNA evidence of chronic hepatitis C infection
2. The genotype of the patient's hepatitis C virus
3. The patient's stage of liver fibrosis[2]
4. The potential drug-drug interactions with Viekira Pak and Viekira Pak-RBV
5. The contraindications for using Viekira Pak and Viekira Pak-RBV. In the case of Viekira Pak-RBV this includes pregnancy in females, and males whose partners are pregnant.

Important reminder: If you are not the patient's regular general practitioner (GP), please make sure you notify the GP that you have applied for Viekira Pak. This is essential to lessen possible problems with newly prescribed medication and drug-to-drug interactions.

Please refer to our website www.pharmac.govt.nz/hepatitis-c-treatments for additional information.

Patient	
NHI	
Last name	
First name	
Middle name (optional)	
DHB of domicile	
Contact phone number	

I confirm that the patient is aware that:

- ☐ The information on this form will be shared with PHARMAC, the distributor, and the AbbVie Care accredited pharmacy specified for the purposes of the patient being able to access the funded treatment.
- ☐ PHARMAC, the distributor and the AbbVie Care accredited pharmacy, will NOT release the patient's personal details to AbbVie Limited.

[1] The network to submit electronically is the one that most General Practitioners and all DHBs, PHOs, laboratories, pharmacies, private hospitals and NGOs use to transfer health information.

[2] Note that this information is required prior to starting treatment to determine whether ongoing surveillance is required. Viekira Pak and Viekira Pak-RBV are contraindicated in patients with severe hepatic impairment (Child-Pugh C) and not recommended in patients with moderate hepatic impairment (Child-Pugh B).

Applicant

☐ GP ☐ Secondary care ☐ Other

NZMC number		Title	
Last name			
First name			
Department or Practice address			
Email address			
Phone		Pager or extension	

Nominated AbbVie Care accredited pharmacy for delivery - choose from list

* This form should only be used when an accredited pharmacy is chosen: www.viekira.co.nz/locations.

On the rare occasion that the patient cannot access an accredited pharmacy please contact PHARMAC viekira@pharmac.govt.nz or 0800 023 588 (option 3).

AbbVie Care accredited pharmacy	
Address	

Please select treatment prescribed

For additional information refer to www.pharmac.govt.nz/hepatitis-c-treatments

☐	Viekira Pak	8 weeks
☐	Viekira Pak	12 weeks
☐	Viekira Pak + 200 mg RBV	12 weeks
☐	Viekira Pak + 200 mg RBV	24 weeks

Applicant's signature:	Date

What you need to do:

1. If you can't complete this form electronically complete this form manually and send it to PHARMAC via fax 04 974 4828 or by post to the address on the top of this form.
2. Give a prescription to the patient and let them know the AbbVie Care accredited pharmacy named on this form will contact them when their treatment is ready for collection.
3. Remind the patient to take the prescription to the pharmacy when they go to collect their medicine.
4. If your patient requires 24 weeks' treatment please ensure that your patient is issued with a second prescription.

What will happen next?

1. PHARMAC will receive and check this distribution request form.
2. We will collate all orders and send an instruction, on a weekly basis, to the distributor to send the prescribed treatment to each nominated pharmacy.
3. Concurrently to sending the order to the distributor, PHARMAC will notify each relevant nominated pharmacy of deliveries they should expect to receive and for which patient.
4. The distributor will dispatch the full course of treatment to the nominated pharmacy.
5. The nominated pharmacy will contact the patient to let them know that their medicine is ready for collection (most likely within 7-10 days from the time you send this form to PHARMAC).
6. The nominated pharmacy will dispense the medication to the patient each month and will support the patient throughout their course of treatment.