UnitedHealthcare Community Plan

Clinical Pharmacy Program Guidelines for Hepatitis C Agents - OHIO

Program	Prior Authorization
Medication	Daklinza® (daclatasvir), Epclusa (sofosbuvir/velpatasvir), Harvoni™ (ledipasvir/sofosbuvir), Mavyret™ (glecaprevir/pibrentasvir), Olysio® (simeprevir), Sovaldi® (sofosbuvir), Technivie™ (ombitasvir, paritaprevir, and ritonavir tablets), Viekira Pak™ (ombitasvir, paritaprevir, and ritonavir tablets; dasabuvir tablets), Viekira XR™ (dasabuvir, ombitasvir, paritaprevir, and ritonavir extended-release tablets), Vosevi™ (sofosbuvir/velpatasvir/voxilaprevir), Zepatier™ (elbasvir/grazoprevir)

1. Background:

Mavyret is indicated for the treatment of patients with chronic HCV genotype 1, 2, 3, 4, 5, or 6 infection without cirrhosis and with compensated cirrhosis (Child-Pugh A). Mavyret is also indicated for the treatment of adult patients with HCV genotype 1 infection, who previously have been treated with a regimen containing an HCV NS5A inhibitor or an NS3/4A protease inhibitor, but not both.

Daklinza (daclatasvir) is a hepatitis C virus (HCV) NS5A inhibitor indicated for use with Sovaldi (sofosbuvir), with or without ribavirin, for the treatment of chronic HCV genotype 1 or 3 infection.

Epclusa is indicated for the treatment of adult patients with chronic HCV genotype 1, 2, 3, 4, 5, or 6 infection without cirrhosis or with compensated cirrhosis and also adult patients with decompensated cirrhosis in combination with ribavirin.

Harvoni (ledipasvir/sofosbuvir) is indicated for the treatment of chronic hepatitis C (CHC) genotype 1, 4, 5, or 6 infection in adults and pediatric patients 12 years of age and older or weighing at least 35kg.

Olysio (simeprevir) is indicated for the treatment of chronic hepatitis C (CHC) genotype 1 or 4 infection as a component of a combination antiviral treatment regimen.

Sovaldi is a indicated for the treatment of adult patients with genotype 1, 2, 3, or 4 chronic HCV infection without cirrhosis or with compensated cirrhosis as a component of a combination antiviral treatment regimen and pediatric patients 12 years of age and older or weighing at least 35kg with genotype 2 or 3 chronic HCV without cirrhosis or with compensated cirrhosis in combination with ribavirin.

Technivie is indicated in combination with ribavirin for the treatment of patients with genotype 4 chronic HCV infection without cirrhosis or with compensated cirrhosis.

Viekira Pak and Viekira XR are indicated for the treatment of chronic HCV genotype 1a or 1b in patients without cirrhosis or with compensated cirrhosis.

Vosevi is indicated for the treatment of adult patients with chronic HCV infection without cirrhosis or with compensated cirrhosis (Child-Pugh A) who have genotype 1, 2, 3, 4, 5, or 6 infection and have previously been treated with an HCV regimen containing an NS5A inhibitor or genotype 1a or 3 infection and have previously been treated with an HCV regimen containing sofosbuvir without an NS5A inhibitor.

Zepatier is indicated for treatment of chronic HCV genotype 1 or 4 infection in adults. Zepatier is indicated for use with ribavirin in certain patient populations.

2. Coverage Criteria:

A. Chronic Hepatitis C

1. Diagnosis of chronic hepatitis C genotype 1, 2, 3, 4, 5, or 6 infection

-AND-

2. **One** of the following:

   a. Patient has stage 2 or higher hepatic fibrosis (liver biopsy confirming a METAVIR score of F2 or greater or alternative scoring equivalent, transient elastography (Fibroscan) score greater than or equal to 7.1kPa, FibroTest (FibroSURE) score of greater than or equal to 0.48, APRI score greater than 0.7)

   -OR-

   b. Patient is taking immunosuppressant therapy following organ transplantation

   -OR-

   c. Patient has serious extrahepatic manifestations of HCV infection (i.e., leukocytoclastic vasculitis, membranoproliferative glomerulonephritis, proteinuria, nephrotic syndrome or symptomatic cryoglobulinemia)

   -OR-

   d. Patient is co-infected with HIV

   -AND-

3. Prescribed by **one** of the following:

   a. Hepatologist
   b. Gastroenterologist
   c. Infectious Disease Specialist
   d. HIV Specialist Certified through the American Academy of HIV Medicine
   e. Transplant physician

-AND-

4. Physician/provider asserts patient demonstrates treatment readiness, including the ability to adhere to the treatment regimen

-AND-

5. **One** of the following:

   a. **All** of the following:

      (1) The request is for Mavyret

      -AND-

      (2) The patient is without cirrhosis or has compensated cirrhosis (Child-Pugh A)

      -AND-

      (3) **One** of the following:

         (a) **Both** of the following:

            i. Patient is genotype 1, 2, 3, 4, 5, or 6

            ii. Patient is treatment naïve

         -OR-

         (b) **All** of the following:

            i. Patient is treatment-experienced

            ii. Patient is genotype 1

            iii. **One** of the following:

- Patient previously treated with an NS5A inhibitor without prior treatment with an NS3/4A protease inhibitor
- Patient previously treated with an NS3/4 protease inhibitor without prior treatment with an NS5A inhibitor

-OR-

(c) **All** of the following:

i. Patient is treatment-experienced

ii. Patient is genotype 1, 2, 3, 4, 5, or 6

iii. Patient not previously treated with an HCV NS3/4A protease inhibitor or NS5A inhibitor

-AND-

(4) The requested regimen is an approvable regimen, as outlined below, based on patient genotype and characteristics

Treatment Naïve Patients

HCV Genotype	**Treatment Duration**	
	No cirrhosis	Compensated cirrhosis (Child-Pugh A)
1, 2, 3, 4, 5, or 6	8 weeks	12 weeks

Treatment Experienced Patients

		Treatment Duration	
HCV Genotype	**Patients previously treated with a regimen containing:**	**No cirrhosis**	**Compensated cirrhosis (Child-Pugh A)**
1	An NS5A inhibitor[1] without prior treatment with an NS3/4A protease inhibitor	16 weeks	16 weeks
	An NS3/4A PI[2] without prior	12 weeks	12 weeks

	treatment with an NS5A inhibitor		
1, 2, 4, 5, or 6	PRS[3]	8 weeks	12 weeks
3	PRS[3]	16 weeks	16 weeks

1. In clinical trials, subjects were treated with prior regimens containing ledipasvir and sofosbuvir or daclatasvir with pegylated interferon and ribavirin.

2. In clinical trials, subjects were treated with prior regimens containing simeprevir and sofosbuvir, or simeprevir, boceprevir, or telaprevir with pegylated interferon and ribavirin.

3. PRS = prior treatment experience with regimens containing interferon, pegylated interferon, ribavirin, and/or sofosbuvir, but no prior treatment experience with an HCV NS3/4A PI or NS5A inhibitor.

-OR-

b. **All** of the following:

(1) The request is for Daklinza

-AND-

(2) **One** of the following:

(a) Patient is genotype 1 or 3 and has a history of intolerance or contraindication to Mavyret

-OR-

(b) Patient is currently on Daklinza therapy

-AND-

(3) The requested regimen is an approvable regimen, as outlined below, based on patient genotype and characteristics

	Patient Population	**Treatment and Duration**
Genotype 1	Without cirrhosis	Daklinza + sofosbuvir for 12 weeks
	Compensated (Child-Pugh A) cirrhosis	
	Decompensated (Child-Pugh B or C) cirrhosis	Daklinza + sofosbuvir + ribavirin for 12 weeks

	Post-transplant	
Genotype 3	Without cirrhosis	Daklinza + sofosbuvir for 12 weeks
	Compensated (Child-Pugh A) or decompensated (Child-Pugh B or C) cirrhosis	Daklinza + sofosbuvir + ribavirin for 12 weeks

-OR-

c. **All** of the following:

(1) The request is for Epclusa

-AND-

(2) **One** of the following:

(a) Patient is genotype 1, 2, 3, 4, 5, or 6 and has a history of intolerance or contraindication to Mavyret

-OR-

(b) Patient is currently on Epclusa therapy

-AND-

(3) The requested regimen is an approvable regimen, as outlined below, based on patient genotype and characteristics

Patient Population	**Recommended Treatment Regimen**
Patients without cirrhosis and patients with compensated cirrhosis (Child-Pugh A)	EPCLUSA for 12 weeks
Patients with decompensated cirrhosis (Child-Pugh B and C)	EPCLUSA + ribavirin for 12 weeks

-OR-

d. **All** of the following:

(1) The request is for Harvoni

-AND-

(2) **One** of the following:

(a) Patient is genotype 1, 4, 5, or 6 and has a history of intolerance or contraindication to Mavyret

-OR-

(b) Patient is currently on Harvoni therapy

-AND-

(3) The requested regimen is an approvable regimen, as outlined below, based on patient genotype and characteristics

Recommended adult treatment regimen and duration:

Genotype	Patient Population	Regimen and Duration
Genotype 1	Treatment-naïve without cirrhosis or with compensated cirrhosis (Child-Pugh A)	HARVONI 12 weeks*
	Treatment-experienced without cirrhosis	HARVONI 12 weeks
	Treatment-experienced with compensated cirrhosis (Child-Pugh A)	HARVONI 24 weeks
	Treatment-naïve and treatment-experienced with decompensated cirrhosis (Child-Pugh B or C)	HARVONI + ribavirin 12 weeks
Genotype 1 or 4	Treatment-naïve and treatment-experienced liver transplant recipients without cirrhosis, or with compensated cirrhosis (Child-Pugh A)	HARVONI + ribavirin 12 weeks
Genotype 4, 5, or 6	Treatment-naïve and treatment-experienced without cirrhosis or with compensated cirrhosis (Child-Pugh A)	HARVONI 12 weeks

*HARVONI for 8 weeks can be considered in treatment-naïve patients without cirrhosis who have pre-treatment HCV RNA less than 6 million IU/mL

Recommended treatment duration for pediatric patients 12 years of age and older or weighing at least 35kg:

	Pediatric patient population 12 years of age and older or weighing at least 35kg	Regimen and Duration
Genotype 1	Treatment naïve without cirrhosis or with compensated cirrhosis (Child-Pugh A)	HARVONI 12 weeks
	Treatment-experienced without cirrhosis	HARVONI 12 weeks
	Treatment-experienced with compensated cirrhosis (Child-Pugh A)	HARVONI 24 weeks
Genotype 4, 5, or 6	Treatment naïve and treatment experienced, without cirrhosis or with compensated cirrhosis (Child-Pugh A)	HARVONI 12 weeks

-OR-

e. **All** of the following:

(1) The request is for Olysio

-AND-

(2) **One** of the following:

(a) Patient is genotype 1 or 4 and has a history of intolerance or contraindication to Mavyret

-OR-

(b) Patient is currently on Olysio therapy

-AND-

(3) The requested regimen is an approvable regimen, as outlined below, based on patient genotype and characteristics

Patient Population	Treatment Regimen	Duration
Genotype 1 without cirrhosis	OLYSIO + sofosbuvir	12 weeks
Genotype 1 with compensated cirrhosis (Child-Pugh A)	OLYSIO + sofosbuvir	24 weeks
Genotype 1 or 4 without cirrhosis or with compensated cirrhosis (Child-Pugh A), with or without HIV-1 co-infection	OLYSIO + Peg-IFN-alfa + RBV	12 weeks*
*Followed by 12 or 36 additional weeks of Peg-IFN-alfa + RBV depending on prior response status and presence of HIV-1 co-infection		

-OR-

f. **All** of the following:

(1) The request is for Sovaldi

-AND-

(2) **One** of the following:

(a) Patient is genotype 1, 2, 3, or 4 and has a history of intolerance or contraindication to Mavyret

-OR-

(b) Patient is currently on Sovaldi therapy

-AND-

(3) The requested regimen is an approvable regimen, as outlined below, based on patient genotype and characteristics

Recommended Adult Treatment Regimen and Duration

	Adult Patient Population	Regimen and Duration
Genotype 1 or 4	Treatment naïve without cirrhosis or with	SOVALDI + peginterferon alfa + ribavirin

	compensated cirrhosis (Child-Pugh A)	12 weeks
Genotype 2	Treatment naïve and treatment experienced without cirrhosis or with compensated cirrhosis (Child-Pugh A)	SOVALDI + ribavirin 12 weeks
Genotype 3	Treatment naïve and treatment experienced without cirrhosis or with compensated cirrhosis (Child-Pugh A)	SOVALDI + ribavirin 24 weeks

SOVALDI in combination with ribavirin for 24 weeks can be considered for adult patients with genotype 1 infection who are interferon ineligible.
SOVALDI should be used in combination with ribavirin for treatment of HCV in adult patients with hepatocellular carcinoma awaiting liver transplantation for up to 48 weeks or until liver transplantation, whichever occurs first.

Recommended Treatment Regimen and Duration for Pediatric Patients 12 Years of Age and Older or Weighing at Least 35kg

	Pediatric Patient Population 12 Years of Age and Older or Weighing at Least 35kg	**Regimen and Duration**
Genotype 2	Treatment naïve and treatment experienced without cirrhosis or with compensated cirrhosis (Child-Pugh A)	SOVALDI + ribavirin 12 weeks
Genotype 3	Treatment naïve and treatment experienced without cirrhosis or with compensated cirrhosis (Child-Pugh A)	SOVALDI + ribavirin 24 weeks

-OR-

g. **All** of the following:

(1) The request is for Technivie

-AND-

(2) **One** of the following:

(a) Patient is genotype 4 and has a history of intolerance or contraindication to Mavyret

-OR-

(b) Patient is currently on Technivie therapy

-AND-

(3) The requested regimen is an approvable regimen, as outlined below, based on patient genotype and characteristics

Patient Population	Treatment	Duration
Genotype 4 without cirrhosis or with compensated cirrhosis	TECHNIVIE + ribavirin*	12 weeks
*TECHNIVIE administered without ribavirin for 12 weeks may be considered for treatment-naïve patients who cannot take or tolerate ribavirin		

-OR-

h. **All** of the following:

(1) The request is for Viekira Pak or Viekira XR

-AND-

(2) **One** of the following:

(a) Patient is genotype 1 and has a history of intolerance or contraindication to Mavyret

-OR-

(b) Patient is currently on Viekira Pak or Viekira XR therapy

-AND-

(3) The requested regimen is an approvable regimen, as outlined below, based on patient genotype and characteristics

Patient Population	Treatment*	Duration
Genotype 1a, without cirrhosis	VIEKIRA PAK/VIEKIRA XR + ribavirin	12 weeks
Genotype 1a, with compensated cirrhosis	VIEKIRA PAK/VIEKIRA XR + ribavirin	24 weeks**
Genotype 1b, with or without compensated cirrhosis	VIEKIRA PAK/VIEKIRA XR	12 weeks

*Note: Follow the genotype 1a dosing recommendations in patients with an unknown genotype 1 subtype or with mixed genotype 1 infection
**VIEKIRA PAK/VIEKIRA XR administered with ribavirin for 12 weeks may be considered in some patients based on prior treatment history

-OR-

i. **All** of the following:

(1) The request is for Vosevi

-AND-

(2) The patient is without cirrhosis or has compensated cirrhosis (Child-Pugh A)

-AND-

(3) **One** of the following:

(a) **Both** of the following:

- Patient is genotype 1, 2, 3, 4, 5, or 6 and had virologic failure after completing previous treatment of at least 4 weeks' duration with an HCV regimen containing an NS5A inhibitor
- If patient is genotype 1 and has not been previously treated with an NS3/4A inhibitor, history of intolerance or contraindication to Mavyret

-OR-

(b) **All** of the following:

- Patient is genotype 1a or 3 and had virologic failure after completing previous treatment of at least 4 weeks'

duration with an HCV regimen containing sofobuvir without an NS5A inhibitor

- If patient is genotype 1a and has been treated with or without an NS3/4A inhibitor, history of intolerance or contraindication to Mavyret
- If patient is genotype 3 and has not been treated with an NS3/4A inhibitor, history of intolerance or contraindication to Mavyret

-OR-

(c) Patient is currently on Vosevi therapy

-AND-

(4) The requested regimen is an approvable regimen, as outlined below, based on patient genotype and characteristics

Genotype	Patients previously treated with an HCV regimen containing:	VOSEVI Duration
1, 2, 3, 4, 5, or 6	An NS5A inhibitor[1]	12 weeks
1a or 3	Sofosbuvir without an NS5A inhibitor[2]	12 weeks

1. In clinical trials, prior NS5A inhibitor experience included daclatasvir, elbasvir, ledipasvir, ombitasvir, or velpatasvir.
2. In clinical trials, prior treatment experience included sofosbuvir with or without any of the following: peginterferon alfa/ribavirin, ribavirin, HCV NS3/4A protease inhibitor (boceprevir, simeprevir or telaprevir).

-OR-

j. **All** of the following:

(1) The request is for Zepatier

-AND-

(2) One of the following:

(a) Patient is genotype 1 or 4 and has a history of intolerance or contraindication to Mavyret

-OR-

(b) Patient is currently on Zepatier therapy

-AND-

(3) The requested regimen is an approvable regimen, as outlined below, based on patient genotype and characteristics

Dosage Regimens and Durations for ZEPATIER in Patients with Genotype 1 or 4 HCV with or without Cirrhosis

Patient Population	Treatment	Duration
Genotype 1a: treatment naïve or PegIFN/RBV experienced* without baseline NS5A polymorphisms+	ZEPATIER	12 weeks
Genotype 1a: treatment naïve or PegIFN/RBV experienced* with baseline NS5A polymorphisms+	ZEPATIER + ribavirin	16 weeks
Genotype 1b: treatment naïve or PegIFN/RBV experienced*	ZEPATIER	12 weeks
Genotype 1a or 1b: PegIFN/RBV/PI experienced++	ZEPATIER + ribavirin	12 weeks
Genotype 4: treatment naïve	ZEPATIER	12 weeks
Genotype 4: PegIFN/RBV experienced*	ZEPATIER + ribavirin	16 weeks

*Peginterferon alfa + ribavirin
+Polymorphisms at amino acid positions 28, 30, 31, or 93
++Peginterferon alfa + ribavirin + HCV NS3/4 A protease inhibitor

Comparison of Scoring Systems for Histological Stage (Fibrosis)

METAVIR	Batts-Ludwig	Knodell	Ishak
0	0	0	0
1	1	1	1
1	1	1	2
2	2	--	3
3	3	3	4
4	4	4	5
4	4	4	6

UnitedHealthcare Pharmacy – Community and State Preferred Products						
	Genotype					
	1	2	3	4	5	6
Daklinza						
Epclusa						
Harvoni						
Mavyret	X	X	X	X	X	X
Olysio						
Solvadi						
Technivie						
Viekira						
Vosevi						
Zepatier						

3. References:

1. Daklinza [package insert]. Princeton, NJ: Bristol-Myers Squibb ; February 2017.
2. Epclusa [package insert]. Foster City, CA: Gilead Sciences, Inc.; June 2016.
3. Harvoni [package insert]. Foster City, CA: Gilead Sciences, Inc.; April 2017.
4. Mavyret [package insert]. North Chicago, IL: AbbVie, Inc.; August 2017.
5. Olysio [package insert]. Titusville, NJ: Janssen Therapeutics; May 2017.
6. Sovaldi [package insert]. Foster City, CA: Gilead Sciences, Inc.; April 2017.
7. Technivie [package insert]. North Chicago, IL: AbbVie, Inc.; March 2017.
8. Viekira Pak [package insert]. North Chicago, IL: AbbVie, Inc.; March 2017.
9. Viekira XR [package insert]. North Chicago, IL: AbbVie, Inc.; March 2017.

10. Vosevi [package insert]. Foster City, CA: Gilead Sciences, Inc.; July 2017.
11. Zepatier [package insert]. Whitehouse Station, NJ: Merck & Co.; February 2017.

Program	Prior Authorization – Hepatitis C Agents
Change Control	
Date	Change
1/2018	New policy hepatitis C policy created to incorporate all direct acting antiviral agents. Mavyret will be the preferred product for all genotypes starting 1/1/18. Removed medical record requirement. Added transplant physician as a specialist. Revised treatment readiness requirement.