DRUG DETERMINATION POLICY

Title: DDP-06 Hepatitis C Agents

Effective Date: 06/01/2021

Physicians Health Plan
PHP Insurance Company
PHP Service Company

Important Information - Please Read Before Using This Policy

The following policy applies to health benefit plans administered by PHP and may not be covered by all PHP plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Benefit determinations for individual requests require consideration of:

1. The terms of the applicable benefit document in effect on the date of service.
2. Any applicable laws and regulations.
3. Any relevant collateral source materials including coverage policies.
4. The specific facts of the particular situation.

Contact PHP Customer Service to discuss plan benefits more specifically.

1.0 Policy:

This policy describes the determination process for coverage of specific drugs that require prior approval.

This policy does not guarantee or approve Benefits. Coverage depends on the specific Benefit plan. Pharmacy Benefit Determination Policies are not recommendations for treatment and should not be used as treatment guidelines.

2.0 Background or Purpose:

Hepatitis C Agents are specialty antiviral drugs indicated for treating detectable Hepatitis C virus. These criteria were developed and implemented to ensure appropriate use for the intended diagnoses.

3.0 Clinical Determination Guidelines:

Document the following with chart notes:

A. Hepatitis C [must meet all listed below]:
    1. Age: at least 18 years.
    2. Prescribing physician: infectious disease, gastroenterologist, hepatologist.
    3. Diagnosis and severity [must meet all listed below]:
        a. Detectable Hepatitis C Virus (HCV) RNA.
        b. Documented genotype.
        c. Fibrosis score: METAVIR score: F1 and above.
    4. Patient lifestyle [must meet both listed below]:
        a. Negative urine and blood drug screening (ten panel) within a month of treatment initiation.
        b. Alcohol abstinence attestation.
    5. Treatment option(s).
        a. Preferred: (go to https://www.hcvguidelines.org/) [must meet both listed below]:

- Food and Drug Administration (FDA) approved for specific genotype, treatment history and cirrhosis status.

- Preferred agent based on current Pharmacy and Therapeutics Committee recommendation: Mavyret (glecaprevir/pibrentasvir) and generic Epclusa (sofosbuvir/velpatasvir).

b. Non-preferred: contraindication to preferred treatment option(s).

6. Dosage regimen (go to https://www.hcvguidelines.org/).

B. Appropriate medication use [must meet all listed below]:

1. Diagnosis: meets standard diagnostic criteria that designates signs, symptoms and test results to support specific diagnosis.

2. FDA approval status [must meet one listed below]:

a. FDA approved: product, indication, and/or dosage regimen.

b. Off-label use: at least two supporting studies from major peer-reviewed medical journals that support the off-label use as safe and effective.

3. Place in therapy: sequence of therapy supported by national or international accepted guidelines and/or studies (e.g., oncologic, infectious conditions).

4.0 References, Citations & Resources:

1. Lexicomp Online® Lexi-Drugs®, Hudson, Ohio: Lexi-Comp, Inc.; Viekira Pak, Harvoni, Sovaldi, Daklinza, Techni Accessed March 2021.
2. All-oral 12-week treatment with daclatasvir plus sofosbuvir in patients with hepatitis C virus genotype 3 infection: ALLY-3 phase III study. *Hepatology* 2015; 61(4):1127-35.
3. Ombitasvir + paritaprevir plus ritonavir w or w/o ribavirin in treatment-naive and treatment-experienced patients with genotype 4 chronic hepatitis C virus infection (PEARL-I): a randomized, open-label trial. Lancet. 2015.
4. Diagnosis of cirrhosis by transient elastography (FibroScan). *Gut* 2006; 55:403-408.
5. AASLD/IDSA/IAS-USA. Recommendations for testing, managing, and treating hepatitis C. www.hcvguidelines.org. Accessed on March 2018.
6. Zepatier oral tablets (elbasvir/grazoprevir) Package Insert. Merck & Co. Inc. 2016.
7. Practice of FibroTest for Hepatitis C Accessed from BioPredictive site on 2/9/17 http://www.biopredictive.com/intl/physician/fibrotest-for-hcv/view?set_language=en.
8. Chronic Hepatitis C Virus (HCV) Infection: Treatment Considerations; Department of Veterans Affairs National Hepatitis C Resource Center and the HIV, Hepatitis and Related Conditions Program in the Office of Specialty Care Services October 18, 2017.
9. University of Liverpool HEP Drug Interactions: https://www.hep-druginteractions.org/; accessed March 2018.

5.0 Appendices:

See pages 3-4.

6.0 Revision History:

Original Effective Date: 06/26/2014

Next Review Date: 03/24/2022

Revision Date	Reason for Revision
2/19	Transitioned to new format
3/19 and 5/19	Reviewed at P & T Workgroup
3/20	Annual review; replaced abbreviations
2/21	Annual review, instructional change, appropriate use section

Appendix I: METAVIR Fibrosis Score & Activity Score

Fibrosis	Score	Activity	Score
No fibrosis	F0	No activity	A0
Portal fibrosis without septa	F1	Mild activity	A1
Few Septa	F2	Moderate activity	A2
Numerous septa w/o cirrhosis	F3	Severe activity	A3
Cirrhosis	F4		

Appendix II: Monitoring & Patient Safety

Drug	Adverse Reaction	Monitoring Parameters	REMS
Daklinza (daclatasvir) Epclusa (sofosbuvir + velpatasvir Harvoni (ledipasvir + sofosbuvir) Mavyret (glecaprevir + pibrentasvir) Zepatier (elbasvir + grazoprevir)	• Central Nervous System: fatigue (11-18%) headache (9-17%) • Gastrointestinal: nausea (6-11%)	• Labs: liver function tests, creatinine (pre, during), HCV-RNA (pre and post)	None needed
Viekira Pak	• Central Nervous System: fatigue (34%), insomnia (5-26%) • Dermatology: hypersensitivity reactions (7-24%), pruritus (7%-18%) • Gastrointestinal: nausea (7-18%) • Musculoskeletal: weakness (4-14%)	• Labs: liver function tests (baseline and during), HCV-RNA (pre and post)	None needed
Technivie (ombitasvir, paritaprevir, ritonavir)	• Central Nervous System: fatigue (7-15%), Asthenia (25-29%), insomnia (5-13%) • Gastrointestinal: nausea (9-14%)	• Labs: liver function tests (baseline and during), Hepatitis C-RNA (pre and post)	None needed
Sovaldi (sofosbuvir)	• Central Nervous System: fatigue (30-59%), Headache (24-44%), Insomnia (15-29%) • Dermatology: pruritus (11-27%), skin rash (8-18%) • Gastrointestinal: nausea (22-34%), diarrhea (9-12%) • Hematology/Oncology: reduced hemoglobin (6-23%), anemia (6-21%)	• Labs: liver function tests, Creatinine (Pre, during), Hepatitis C-RNA (pre and post) • Pregnancy test: pre and monthly at least 6 months post	None Needed

Drug	Adverse Reaction	Monitoring Parameters	REMS
	• Musculoskeletal: weakness (5--1%), myalgia (6-14%) • Respiratory: flu-like symptoms (6-16%) • Miscellaneous: fever (4-18%)	discontinuation	