Effective Date: 10/1/2014
Last P&T Approval/Version: 07/28/2022
Next Review Due By: 07/2023
Policy Number: C20418-A

Hepatitis C Antiviral Therapy- NY ONLY

PRODUCTS AFFECTED

EPCLUSA (sofosbuvir/velpatasvir), MAVYRET (glecaprevir and pibrentasvir), ZEPATIER (elbasvir and grazoprevir tablet), DAKLINZA (daclatasvir), HARVONI® (ledipasvir/sofosbuvir) tablets, SOVALDI (sofosbuvir), VOSEVI (sofosbuvir, velpatasvir, voxilaprevir), COPEGUS (ribavirin), MODERIBA PAK (ribavirin), REBETOL (ribavirin), RIBAPAK® (ribavirin), RIBASPHERE® (ribavirin) 400mg, 600mg, VIEKIRA PAK (paritaprevir/ritonavir/ombitasvir and dasabuvir), Ledipasvir-Sofosbuvir TABS 90-400MG

COVERAGE POLICY

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.
This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines

Documentation Requirements:
Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive

DIAGNOSIS:
chronic Hepatitis C Infection

REQUIRED MEDICAL INFORMATION:
This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. If a drug within this policy receives an updated FDA label within the last 180 days, medical necessity for the member will be reviewed using the updated FDA label information along with state and federal requirements, benefit being administered and formulary preferencing. Coverage will be determined on a case-by case basis until the criteria can be updated through Molina Healthcare, Inc. clinical governance. Additional information may be required on a case-by-case basis to allow for adequate review
FOR NON-PREFERRED FORMULARY AND NON-FORMULARY AGENTS ONLY

A. FOR TREATMENT NAÏVE MEMBERS(NO TREATMENT WITHIN THE PREVIOUS 12 MONTHS):
   1. Documentation of diagnosis of Hepatitis C infection
      AND
   2. FOR NON-FORMULARY/NON-PREFERRED AGENTS: Documentation of rationale for a clinical

medical necessity for the inability to utilize the FORMULARY/PREFERRED AGENTS [sofosbuvir/valpatasvir (authorized generic of Epclusa) OR ledipasvir/sofosbuvir (authorized generic of Harvoni)]

B. CHRONIC HEPATITIS C INFECTION TREATMENT, RE-TREATMENT, RE-INFECTION:

1. Documentation of diagnosis of Hepatitis C infection
   AND
2. Documentation requested medication is prescribed in accordance to the current FDA approved labeling and current AASLD guideline recommendation at the dose and duration appropriate for the member
   AND
3. Documentation of HCV genotype and subtype (obtained within the last 3 years) with a confirmed genotype of 1a, 1b, 2, 3, 4, 5, or 6
   AND
4. Documentation of HCV RNA (HCV viral load) within past 6 months, HIV status (if positive see HIV CO- INFECTION requirements), Hepatitis B status, ALT/AST and expected start date and end date of regimen
   AND
   (a) Documentation of evidence of failure to achieve a SVR or lack of efficacy during treatment: Detectable serum HCV RNA by quantitative assay at 12 or more weeks after completing treatment; or a 10-fold increase of viral load at week 6 of treatment. Laboratory documentation of quantitative viral load required. OR
   (b) Evidence of adverse event that required therapy discontinuation: Laboratory results (e.g.: CBC, LFTs, etc.) and/or clinical presentation, AND No improvement of adverse effect after proper clinical management
   OR
   (c) Documentation of evidence of re-infection (i.e.. report of high-risk behavior since previous treatment)
   AND
5. Requested regimen is the highest-rated regimen per AASLD Guidelines for member's condition[by viral subtype, previous therapy, presence or absence or cirrhosis, and presence or absence of resistance- associated variants (RAVs)]
   AND
6. There is evidence that such re-treatment will improve patient outcomes according to AASLD guidelines OR at least a Class IIa rating (weight of evidence and/or opinion is in favor of usefulness and efficacy) or higher per AASLD Guidelines
   AND
7. FOR REGIMENS THAT INCLUDES RIBAVIRIN:
   (a) Documentation member or member's partner is not pregnant, two reliable forms of contraception will be used during therapy, and monthly pregnancy tests will be performed throughout treatment AND Documentation of CBC within last 6 months
   OR
   (b) Documentation of FDA labeled contraindication to Ribavirin: pregnancy, CrCl <30ml/minute, Hepatic decompensation (Child-Pugh class B and C), Hemoglobin <8.5 g/dL, WBC <1,000 mm3, neutrophils <500 mm3 or Platelets <50 x 109/L
   AND
8. FOR NON-FORMULARY/NON-PREFERRED AGENTS: Documentation of rationale for a clinical medical necessity for the inability to utilize the FORMULARY/PREFERRED AGENTS [sofosbuvir/valpatasvir (authorized generic of Epclusa) OR ledipasvir/sofosbuvir (authorized generic of Harvoni)]
   AND
9. FOR MEMBERS < 18 YEARS OF AGE: Requested regimen must meet the The American Association for the Study of Liver Diseases and the Infectious Diseases Society of America Present HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis: HCV in Children AND the most recent FDA labeled indications

AND

10. FOR MEMBERS WITH A HIV COINFECTION: Documentation of diagnosis of HIV-1 AND Documentation of CD4 count > 500 cells/mm3 if member is not taking antiretroviral therapy OR CD4 count > 200 cells/mm3 if member is virologically suppressed (e.g., HIV RNA < 200 copies/mL) NOTE: see Appendix AASLD recommendations for patients co-infected with HIV and HCV
AND
11. FOR THOSE MEMBER THAT HAVE DECOMPENSATED CIRRHOSIS (CHILD PUGH B OR C):Documentation of Decompensated liver disease confirmed by ONE (1) of the following (dated within the past 30 days): [ONE] Child-Turcotte-Pugh Score (CTP): 7-12 class B/C, Model for End-Stage Liver Disease (MELD): ≤ 20, Ascites, hepatic encephalopathy, variceal bleeding or jaundice
NOTE: Ombitasvir, Paritaprevir and Ritonavir (Technivie) or Ombitasvir, Paritaprevir and Ritonavir; Dasabuvir tablets (Viekira Pak) will not be authorized for CTP score B or C
AND
12. FOR THOSE MEMBERS WITH HEPATOCELLULAR CARCINOMA AWAITING LIVER TRANSPLANT: Documentation of diagnosis of Stage I-III HCC confirmed by image testing: ultrasound, tomography, MRI, laparoscopy or biopsy AND Member meets all criteria for authorization of a liver transplant as indicated in Molina Healthcare MCP-114: Liver Transplantation Adult & Pediatric
NOTE: It is reasonable to treat HCV in a patient with HCC or a history of HCC after the HCC has been treated successfully, with follow-up imaging demonstrating locoregional control. Patients with HCC should be assessed for DAA therapy on a case-by-case basis and, ideally, managed with input from a Tumor Board or specialty care. Patients with extensive or progressive HCC (e.g., vascular invasion or metastatic disease) are less likely to benefit from DAA therapy

CONTINUATION OF THERAPY:
For new to Molina Members, authorization should be entered to allow completion of regimen up to appropriate AASLD duration- 8,12,16, or 24 weeks. For re-treatment- review as new authorization.

DURATION OF APPROVAL:
Fill limit per appropriate AASLD regimen- 8, 12, 16 or 24 weeks within a 6-month approval period

PRESCRIBER REQUIREMENTS:
PRE- OR POST SOLID ORGAN TRANSPLANT (E.G. HEART, KIDNEY, and LIVER) RECURRENT HCV INFECTION AFTER LIVER TRANSPLANT ONLY: Prescribed by or in consultation with a board-certified physician affiliated with a transplant center and is ONE of the following specialist: physician or advanced practice provider within a gastroenterology, hepatology, infectious disease or transplant specialty practice

FOR RETREATMENT MEMBERS ONLY- CHRONIC HEPATITIS C INFECTION: Prescribed by or in consultation with a board- certified physician or advanced practice provider infectious disease specialty practice.

ALL OTHER INDICATIONS: Prescribed by or in consultation with a board-certified physician or advanced practice provider within a gastroenterology, hepatology, infectious disease or transplant specialty practice.

FOR TREATEMENT NAÏVE PATIENTS: No requirement

AGE RESTRICTIONS:
18 years of age or older with the exceptions found under **FOR MEMBERS < 18 YEARS OF AGE section**

QUANTITY:
MAX QUANTITY IS A 28 DAY SUPPLY PER DISPENSE. THE NUMBER OF DISPENSES ARE ALLOWED UP TO APPROVED DURATION.

PLACE OF ADMINISTRATION:

Drug and Biologic Coverage Criteria

The recommendation is that oral medications in this policy will be for pharmacy benefit coverage and patient self-administered.

DRUG INFORMATION

ROUTE OF ADMINISTRATION:
Oral

DRUG CLASS:
Hepatitis C Agents

FDA-APPROVED USES:
EPCLUSA (sofosbuvir/velpatasvir): indicated for the treatment of adult patients and pediatric patients 3 years of age and older with chronic HCV genotype 1, 2, 3, 4, 5, or 6 infection: without cirrhosis or with compensated cirrhosis or with decompensated cirrhosis for use in combination with ribavirin

MAVYRET (glecaprevir and pibrentasvir): indicated for the treatment of adult patients and pediatric patients 12 years and older or weighing at least 45kg with chronic HCV genotype (GT) 1, 2, 3, 4, 5 or 6 infection without cirrhosis or with compensated cirrhosis (Child-Pugh A) and adult and pediatric patients 12 years and older or weighing at least 45kg, 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

ZEPATIER (elbasvir and grazoprevir tablet): indicated for treatment of chronic HCV genotype 1 or 4 infection in adults. ZEPATIER is indicated for use with ribavirin in certain patient populations

DAKLINZA (daclatasvir): indicated for use with sofosbuvir, with or without ribavirin, for the treatment of chronic HCV genotype 1 or 3 infection. Limitations of Use: Sustained virologic response (SVR12) rates are reduced in genotype 3 patients with cirrhosis receiving DAKLINZA in combination with sofosbuvir for 12 weeks.

HARVONI® (ledipasvir/sofosbuvir): indicated with or without ribavirin for the treatment of chronic hepatitis C virus (HCV) genotype 1, 4, 5 or 6 infection AND pediatric patients 3 years of age and older with genotype 1, 4, 5, or 6 HCV without cirrhosis or with compensated cirrhosis, genotype 1 infection with decompensated cirrhosis, for use in combination with ribavirin, genotype 1 or 4 infection who are liver transplant recipients without cirrhosis or with compensated cirrhosis, for use in combination with ribavirin

SOVALDI (sofosbuvir): indicated for the treatment of: Adult patients with genotype 1, 2, 3 or 4 chronic hepatitis C virus (HCV) infection without cirrhosis or with compensated cirrhosis as a component of a combination antiviral treatment regimen AND Pediatric patients 3 years of age and older with genotype 2 or 3 chronic HCV infection without cirrhosis or with compensated cirrhosis in combination with ribavirin

VOSEVI (sofosbuvir, velpatasvir, voxilaprevir): 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. Additional benefit of VOSEVI over sofosbuvir/velpatasvir was not shown in adults with genotype 1b, 2, 4, 5, or 6 infection previously treated with sofosbuvir without an NS5A inhibitor.

VIEKIRA PAK (paritaprevir/ritonavir/ombitasvir and dasabuvir): indicated for the treatment of adult patients with chronic hepatitis C virus (HCV): genotype 1b without cirrhosis or with compensated cirrhosis OR genotype 1a without cirrhosis or with compensated cirrhosis for use in combination with ribavirin

COPEGUS (ribavirin), MODERIBA PAK (ribavirin),REBETOL (ribavirin), RIBAPAK® (ribavirin),

RIBASPHERE® (ribavirin) 400mg, 600mg: indicated for the treatment of chronic hepatitis C (CHC) virus infection in combination with PEGASYS in patients 5 years of age and older with compensated liver disease not previously treated with interferon alpha, and in adult CHC patients coinfected with HIV.

COMPENDIAL APPROVED OFF-LABELED USES:
UpToDate, Micromedex, AHFS or Clinical Pharmacology

APPENDIX

APPENDIX:

AASLD recommendations for patients co-infected with HIV and HCV

HIV/HCV-coinfected patients should be treated and retreated the same as patients without HIV infection, after recognizing and managing interactions with antiretroviral medications (AASLD Class I, Level B)
If antiretroviral regimen alterations cannot be made to accommodate alternative HCV direct-acting antivirals in
treatment-naive or -experienced patients, give daclatasvir (see dosing below) plus sofosbuvir 400 mg daily with or without ribavirin for 12 weeks in patients without cirrhosis and 24 weeks in patients with cirrhosis (AASLD Class I, Level B)
Daclatasvir doses are affected by numerous possible drug interactions and requires dose adjustment decrease daclatasvir to 30 mg/day in patients also taking ritonavir-boosted atazanavir (AASLD Class IIa, Level B), increase daclatasvir to 90 mg/day in patients also taking efavirenz or etravirine (AASLD Class IIa, Level B), daclatasvir dose may require adjustment in patients taking cytochrome P450 3A/4 inducers or inhibitors Antiretroviral drug switches, when needed, should be done in collaboration with HIV practitioner; for HIV antiretroviral and HCV direct-acting antiviral combinations not addressed below, expert consultation is recommended (AASLD Class I, Level A)
Recommendation based on the risks associated with switching from an optimal and effective HIV antiretroviral regimen (including adverse effects and viral breakthrough) and the compatibility of daclatasvir plus sofosbuvir with almost all antiretroviral regimens; daclatasvir dose recommendations based on drug-interaction studies in healthy volunteers without blinding and preliminary results of modeling and simulation study

BACKGROUND AND OTHER CONSIDERATIONS

BACKGROUND:

Risk of Hepatitis B infection reactivation with HCV Direct Acting Antivirals (DAA)

In October of 2016, the FDA issued a safety alert concerning risk of reactivation of hepatitis B viral (HBV) infection in patients treated with HCV direct acting antivirals (DAA). At the time of the alert, the FDA had identified 24 cases of HBV infection reactivation in patients who had been treated with a HCV DAA. In a few of these cases, the HBV reactivation resulted in serious liver problems or death. As a result, the FDA has required labeling for all HCV DAAs to include a boxed warning for HBV infection reactivation. In addition,
the FDA has recommended that all patients be screened for evidence of current or prior HBV infection before starting treatment with HCV DAAs and be monitored for HBV reactivation during and after treatment with a HCV DAA.

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:

Clinically-significant medical disorder(s) or medical/psychiatric/social comorbidities likely to result in non-compliance. A short life expectancy due to co-morbid conditions that cannot be remediated by HCV therapy, liver transplantation, or another directed therapy (AASLD, September 2017)

Members identified having any barriers to treatment mentioned in RMI are not appropriate candidates for therapy until issues have been resolved, or acknowledgement of actions taken by prescriber or another provider involved in the member's care to address those barriers

Pregnancy: Currently pregnant or planning on becoming pregnant in the next six months, treatment during pregnancy is not recommended due to the lack of safety and efficacy data. (AASLD, September 2017).The safety and efficacy of DAA therapy in pregnant or lactating women have not been established for any of the currently

FDA-approved agents. During pregnancy, these drugs should be used only if the benefits outweigh the risks to the fetus.
Severe end organ disease and is not eligible for solid organ transplant. Clinically-significant illness or any other major medical disorder that may interfere with a patient's ability to complete a course of treatment. Individuals who in the professional judgment of the primary treating clinician would not achieve a long-term clinical benefit from HCV treatment, with conditions such as those: Multisystem organ failure, Receiving palliative care or are enrolled in hospice, Presence of significant pulmonary or cardiac disease, Malignancy outside of the liver not meeting oncologic criteria for cure, Decompensated liver disease with CTP score > 12 or MELD > 20, OR Model For End- Stage Liver Disease (MELD) ≤ 20 and ONE (1) of the following: [ONE] Cardiopulmonary disease that cannot be correct and is a prohibitive risk for surgery, Malignancy outside of the liver not meeting oncologic criteria for cure, Hepatocellular carcinoma with metastatic spread or not listed for liver transplant, Intrahepatic cholangiocarcinoma, Hemangiosarcoma Decompensated liver disease with CTP score > 12 or MELD > 20, OR Model For End-Stage Liver Disease (MELD) ≤ 20 and ONE (1) of the following: [ONE] Cardiopulmonary disease that cannot be correct and is a prohibitive risk for surgery, Malignancy outside of the liver not meeting oncologic criteria for cure, Hepatocellular carcinoma with metastatic spread or not listed for liver transplant, Intrahepatic cholangiocarcinoma, Hemangiosarcoma

OTHER SPECIAL CONSIDERATIONS:
None

CODING/BILLING INFORMATION

Note: 1) This list of codes may not be all-inclusive. 2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement

HCPCS CODE	DESCRIPTION
NA	

AVAILABLE DOSAGE FORMS:
Daklinza TABS 30MG
Daklinza TABS 60MG
Epclusa TABS 400-100MG
Harvoni TABS 90-400MG, 45-200MG, 45/200MG PELLETS, 33.75MG/150MG PELLETS,
Ledipasvir-Sofosbuvir TABS 90-400MG
Mavyret TABS 100-40 MG
Moderiba 1200 Dose Pack TABS 600MG
Moderiba TABS 200MG
Rebetol SOLN 40MG/ML
Ribasphere CAPS 200MG
Ribasphere RibaPak TABS 400MG
Ribasphere RibaPak TABS 600MG
Ribasphere RibaPak TBPK 200 & 400MG
Ribasphere RibaPak TBPK 400 & 600MG
Ribasphere TABS 200MG

Drug and Biologic Coverage Criteria

Ribasphere TABS 400MG
Ribasphere TABS 600MG
Ribavirin CAPS 200MG Ribavirin TABS 200MG
Sofosbuvir-Velpatasvir TABS 400-100MG
Sovaldi TABS 400MG, 200MG, 200MG PELLETS, 150MG PELLETS
Viekira Pak TBPK 12.5-75-50 &250MG
Vosevi TABS 400-100-100MG
Zepatier TABS 50-100MG

REFERENCES

1. Daklinza [package insert]. Princeton, NJ: Bristol-Myers Squibb Company, February 2016
2. Epclusa (sofosbuvir/velpatasvir) [prescribing information]. Foster City, CA: Gilead Sciences Inc; June 2021
3. Harvoni (ledipasvir/sofosbuvir) [prescribing information]. Foster City, CA: Gilead Sciences Inc; September 2019.
4. Mavyret (glecaprevir/pibrentasvir) [prescribing information]. North Chicago, IL: AbbVie Inc; September 2019.
5. Sovaldi (sofosbuvir) [prescribing information]. Foster City, CA: Gilead Sciences; September 2019.
6. Viekira Pak (ombitasvir/paritaprevir/ritonavir/dasabuvir) [prescribing information]. North Chicago, IL: AbbVie Inc; March 2017.
7. Vosevi (sofosbuvir, velpatasvir, voxilaprevir) [prescribing information]. Foster City, CA: Gilead Sciences, Inc; July 2017.
8. New York State Department of Health Office of Insurance Programs July 23, 2020 Drug Utilization Review Board meeting Summary

SUMMARY OF REVIEW/REVISIONS	DATE
REVISION- Required medical Information	Q3 2022
Q2 2022 Established tracking in new format	Historical changes on file