Protocol for Direct Acting Antiviral Hepatitis C Drugs (Adults)
Updated July 2021

Approved June 2016
Updated and approved October 2017
Updated and approved July 2018

Addendum:

1. ***Removed prescriber restrictions (criterion #4).***
2. ***Removed discontinued medications:***
   a. ***Olysio (simeprevir) – discontinued May 2018***
   b. ***Daklinza (daclatasvir) – discontinued January 2019***
   c. ***Technivie (paritaprevir/ombitasvir/ritonavir) discontinued May 2018***

This protocol covers (but is not limited to) the following medications:

Sovaldi® (sofosbuvir)
Harvoni® (sofosbuvir/ledipasvir)
Viekira Pak® (paritaprevir/ritonavir/ombitasvir/dasabuvir)
Zepatier® (elbasvir/grazoprevir)
Epclusa® (sofosbuvir/velpatasvir)
Vosevi® (sofosbuvir/velpatasvir/voxilaprevir)
Mavyret® (glecaprevir/pibrentasvir)

Please refer to individual drug package insert for specific genotypes and other guidelines

Criteria for Approval

1. Patient is at least 18 years of age (Mavyret 12 years or at least weighing 45kg) **AND**
2. Diagnosis of **chronic hepatitis C,** labs showing detectable HCV RNA levels from within the **past 90 days** and genotype must be received, **AND**
3. For members with cirrhosis, documentation of the Metavir fibrosis stage or other objective documentation of cirrhosis must be confirmed by at least one of the following:
   3.1 Liver biopsy
   3.2 Transient elastography (FibroScan) score greater than 12.5 kPa
   3.3 FibroTest (FibroSURE) score of greater than or equal to 0.72
   3.4 APRI score greater than 2
   3.5 FIB-4 (Fibrosis-4 index) greater than 3.25
   3.6 Radiological imaging consistent with cirrhosis (e.g., evidence of portal hypertension) **AND**

4. For treatment-experienced patients, must receive medication names and length of therapy, whether patient is a relapser, null responder, partial responder, or treatment naïve to previous Hepatitis C therapy (Provide medication names, dates of fill, length of treatment, **AND** HCV RNA levels from the previous therapy).
5. For continuation of therapy, patient has evidence of compliance (adherent to therapy) as demonstrated by refill records **AND**
6. Initial quantity dispensed will be limited to 14 days dosage units (14-14-28-28 format) **AND**

7. For patients with Chronic Kidney Disease stages 4 or 5 (eGFR < 30mL/min), a copy of the lab work showing eGFR <30mL/min from within the past 30 days must be received.
8. Patient must not have any of the following:
    8.1 Contraindications to requested Hepatitis C therapy (See PI for complete list)
    8.2 Patient must not be on any therapies identified by the prescribing information or AASLD/IDSA guidelines as therapies not recommended for co-administration, (see PI and guidelines for complete list)
    8.3 Limited life expectancy (<12 months due to non-liver related comorbidities). Per AASLD guidelines [2015], HCV therapy would not improve symptoms or prognosis in this patient population and do not require treatment.

9. If combined with ribavirin patient will meet ALL of the following:
    9.1 Patient has no contraindication (See PI for complete list) to ribavirin
    9.2 Neither the patient nor the partner of the patient is pregnant
    9.3 If patient or their partner is of childbearing age, the patient has been or will be instructed to practice effective contraception during therapy and for 6 months after stopping ribavirin therapy.
10. For patients with decompensated cirrhosis, the requested drug(s) must be prescribed by a liver transplant specialist
11. Prior to treatment, and after treatment, patient is assessed for HBV coinfection (e.g., HBsAg, anti-HBc). [AASLD/IDSA 2016]. Copy of lab must be received.
12. For regimens that depend on testing [e.g., baseline high fold-change NS5A RASs (includes G1a polymorphisms at amino acid positions 28, 30, 31, or 93), Baseline Q80K polymorphism, Y93H], a copy of the lab work must be received.
13. For ribavirin intolerant/ineligible requests, the member must meet at least one of the following (Documentation must be received, including a copy of lab work from within the past 30 days if applicable for the reason provided):
    13.1 Member has a contraindication or is receiving a drug that should not recommended for co-administration with ribavirin (See PI for complete list)
    13.2 Member has hemoglobin levels that preclude use of Ribavirin (See PI).
    13.3 Member previously had a side effect or allergic reaction to ribavirin therapy

Please refer to tables for alternative scoring equivalents

Child-Turcotte-Pugh (CTP) Classification for Severity of Cirrhosis

Clinical and Lab Criteria	**Points***		
	1	**2**	**3**
Encephalopathy	None	Grade 1 or 2 (or precipitant-induced)	Grade 3 or 4 (or chronic)
Ascites	None	Mild/Moderate (diuretic-responsive)	Severe (diuretic-refractory)
Bilirubin (mg/dL)	<2	2-3	>3
Albumin (g/dL)	>3.5	2.8-3.5	<2.8
Prothrombin time (PT) [sec prolonged] or INR	<4 <1.7	4-6 1.7-2.3	>6 >2.3
***CTP class is obtained by adding score for each parameter (total points)**			
Class A = 5 to 6 points (least severe liver disease)			
Class B = 7 to 9 points (moderately severe liver disease)			
Class C = 10 to 15 points (most severe liver disease)			

From: Core Concepts. Evaluation and Prognosis of Patients with Cirrhosis (Karla Thornton, MD, MPH)

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

Stage (F)	IASL*	Batts-Ludwig	Metavir	Ishak
0	No fibrosis	No fibrosis	No fibrosis	No fibrosis
1	Mild fibrosis	Fibrosis portal expansion	Periportal fibrotic expansion	Fibrosis expansion of some portal areas with or without short fibrous septa
2	Moderate fibrosis	Rare bridges or septae	Periportal septae 1 (septum)	Fibrous expansion of most portal areas with or without short fibrous septa
3	Severe fibrosis	Numerous bridges or septae	Porto-central septae	Fibrous expansion of most portal areas with occasional portal to portal bridging
4	Cirrhosis	Cirrhosis	Cirrhosis	Fibrous expansion of most portal areas with marked bridging (portal to portal and portal to central)
5				Marked bridging (portal to portal and portal to central) with occasional nodules (incomplete cirrhosis)
6				Cirrhosis

*IASL = The International Association for the Study of Liver

References:

1. American Association for the Study of Liver Diseases (AASLD)/Infectious Disease Society of America (IDSA). Recommendations for Testing, Managing, and Treating Hepatitis C. January 29, 2014. Updated on January 21, 2021. Accessed on: May 25, 2021.Available at https://www.hcvguidelines.org/sites/default/files/full-guidance-pdf/AASLD-IDSA_HCVGuidance_January_21_2021.pdf. Published Harvoni® [Prescribing Information]. Gilead Sciences, Foster City, CA 94404; October 2014.
2. Sovaldi® [Prescribing Information]. Gilead Sciences, Foster City, CA 94404; December 2013.
3. Viekira Pak® [Prescribing Information]. AbbVie Inc., North Chicago, Il 60064: December 2014.
4. Zepatier® [Prescribing Information]. Merck & Co. Inc., Whitehouse Station, NJ; January 2016.
5. Epclusa® [Prescribing Information]. Gilead Sciences, Foster City, CA 94404; June 2016.
6. Vosevi® [Prescribing Information]. Gilead Sciences, Foster City, CA 94404; July 2017.
7. Mavyret® [Prescribing Information]. AbbVie Inc., North Chicago, Il 60064: August 2017.