Policy and Procedure	
PHARMACY PRIOR AUTHORIZATION POLICY AND CRITERIA ORPTCINF029O.0424	**ANTI-INFECTIVE AGENTS** **HEPATITIS C DIRECT ACTING ANTIVIRALS** See Table 5 for a List of Medications
Effective Date: 6/1/2024	**Review/Revised Date**: 03/16, 05/16, 10/16, 12/16, 01/17, 04/17, 07/17, 08/17, 11/17, 07/18, 12/18, 03/19, 10/19, 10/20, 01/21, 08/21, 09/21, 10/21, 04/22, 10/22, 03/23, 11/23, 02/24 (MTW)
Original Effective Date: 04/16	**P&T Committee Meeting Date**: 04/16, 06/16, 10/16 , 12/16, 12/16 (Chair), 01/17 (cv), 02/17, 04/17 (cv), 08/17, 08/17 (cv), 12/17, 08/18, 02/19, 04/19, 12/19, 12/20, 02/21, 10/21, 12/21, 04/22, 12/22, 04/23, 12/23, 04/24
Approved by: Oregon Region Pharmacy and Therapeutics Committee	

SCOPE:
Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:
Medicaid

POLICY CRITERIA:

COVERED USES:
All Food and Drug Administration (FDA) approved indications not otherwise excluded from the benefit.

Coverage for Medicaid is limited to a condition that has been designated a covered line item number by the Oregon Health Services Commission listed on the Prioritized List of Health Care Services.

REQUIRED MEDICAL INFORMATION:
Prior authorization is NOT required for preferred Direct Acting Antivirals (DAA) regimens (generic Epclusa® and Mavyret® tablet) for treatment-naive patients with hepatitis C virus.

Mavyret® will be covered for patients undergoing solid organ transplantation after confirmation donated solid organ is from a hepatitis C virus (HCV) viremic donor

For treatment-experienced and for non-preferred DAAs, all the following criteria (1-6) must be met:
1. Documentation of confirmed diagnosis of hepatitis C (HCV) infection (B18.2)
2. Documentation of baseline quantitative HCV RNA level
3. Documentation that ALL the following pre-treatment testing has been performed
    a. Genotype testing in past three years is only required for the following population:
        i. Patients with decompensated cirrhosis

   ii. Patients with prior treatment experience with a direct-acting antiviral (DAA) regimen
   iii. For regimen which is not pan-genotypic (e.g., Harvoni®, Zepatier®)
b. Cirrhosis status as clinically determined (e.g., clinical, laboratory, or radiologic evidence)
c. History of previous HCV treatment, viral load after treatment, and outcome are required only if there is documentation of treatment experience

4. For coverage of non-preferred regimen, the prescriber must submit medical rationale in support of the use of non-preferred drug(s).
5. For coverage of the following regimen, NS5A resistance testing is required to detect any potential resistant variant.
   a. Elbasvir/grazoprevir (Zepatier®) for GT 1a infection
   b. Ledipasvir/sofosbuvir (Harvoni®) for GT 1a treatment-experienced infection
   c. Sofosbuvir/velpatasvir (Epclusa®) for GT 3 in cirrhosis or treatment-experienced infection
6. For coverage of pellet formulation, the prescriber must submit medical rationale in support of its use over the available tablet formulation (such as use in pediatric patients or inability to swallow)

EXCLUSION CRITERIA:
NS3/4A protease inhibitors (e.g., Mavyret, Vosevi, and Zepatier) are not covered in patients with moderate to severe hepatic impairment (Child-Pugh B or C)

AGE RESTRICTIONS:
The patient's age must be within FDA labeling.

PRESCRIBER RESTRICTIONS:
For patients who have complication of cirrhosis only: Therapy must be prescribed by, OR the patient is in the process of establishing care with or in consultation with a hepatologist, gastroenterologist, or infectious disease specialist.

COVERED REGIMEN AND DURATION:
Please refer to Medication Policy Tables 1-4.

QUANTITY LIMIT: 28 day-supply per dispense.

Requests for indications that were approved by the FDA within the previous six (6) months may not have been reviewed by the health plan for safety and effectiveness and inclusion on this policy document. These requests will be reviewed using the New Drug and or Indication Awaiting P&T Review; Prior Authorization Request ORPTCOPS047.

Requests for a non-FDA approved (off-label) indication requires the proposed indication be listed in either the American Hospital Formulary System (AHFS), Drugdex, or the National Comprehensive Cancer Network (NCCN) and is considered subject to evaluation of the prescriber's medical rationale, formulary alternatives, the available published evidence-based research and whether the proposed use is determined to be experimental/investigational.

Coverage for Medicaid is limited to a condition that has been designated a covered line item number by the Oregon Health Services Commission listed on the Prioritized List of Health Care Services.

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case.

INTRODUCTION:

Direct acting antiviral (DAA) agents are highly effective oral medications indicated for the treatment of patients infected with chronic hepatitis C infection.
Effective 1/1/2017, coverage of Hepatitis C Direct Acting Antivirals will be consistent with Oregon Medicaid Pharmaceutical Services Prior Authorization Criteria for Hepatitis C Direct-Acting Antivirals.

Due to the minimal side effect profile and high efficacy of these agents, HCV-infected donor organs are able to be used in transplant procedures with success. Patients receiving these viremic organs may be treated with the DAA therapies and avoid of acute hepatitis, and other non-hepatic complications.[4]

FDA APPROVED INDICATIONS:

Table 5: Preferred and Non-Preferred Direct Acting Antivirals (DAA)

Drug (PI revised date)	FDA Approved Indications
Preferred Agents	
Sofosbuvir/velpatasvir 400-100mg tablet (generic Epclusa®)	Treatment of adult and pediatric patients 3 years of age and older with chronic HCV genotype (GT) 1, 2, 3, 4, 5, or 6 infection: - Without cirrhosis or with compensated cirrhosis - With decompensated cirrhosis for use in combination with ribavirin
Mavyret® 100-40mg tablet (glecaprevir/pibrentasvir)	Treatment of HCV in adults and pediatric patients 3 years of age and older: - GT 1, 2, 3, 4, 5 or 6 infection without cirrhosis and with compensated cirrhosis (Child-Pugh A) - GT 1 infection, who previously have been treated with a regimen containing an HCV NS5A inhibitor or an NS3/4A protease inhibitor, but not both
Non-Preferred Agents	
• Epclusa® 40-100mg tablet • Epclusa® 200-50mg tablet • Epclusa® 150-37.5mg pellet packet	Treatment of adult and pediatric patients 3 years of age and older with chronic HCV genotype (GT) 1, 2, 3, 4, 5, or 6 infection:

• Epclusa® 200-50mg pellet packet	- Without cirrhosis or with compensated cirrhosis With decompensated cirrhosis for use in combination with ribavirin
• Ledipasvir/Sofosbuvir 90-400mg tablet • Harvoni® 90-400mg tablet • Harvoni® 45-200mg tablet • Harovni® 33.75-150mg pellet packet • Harvoni® 45-200mg pellet packet	Treatment of HCV in adults and pediatric patients 3 years of age and older: - GT 1, 4, 5, or 6 infection without cirrhosis or with compensated cirrhosis - GT 1 infection with decompensated cirrhosis, in combination with ribavirin - GT 1 or 4 infection who are liver transplant recipients without cirrhosis or with compensated cirrhosis, in combination with ribavirin
• Mavyret 50-20 mg Pellet Packets	Treatment of HCV in adults and pediatric patients 3 years of age and older: - GT 1, 2, 3, 4, 5 or 6 infection without cirrhosis and with compensated cirrhosis (Child-Pugh A) - GT 1 infection, who previously have been treated with a regimen containing an HCV NS5A inhibitor or an NS3/4A protease inhibitor, but not both
• Sovaldi® 200mg tablet • Sovaldi® 400mg tablet • Sovaldi® 150mg pellet packet • Sovaldi® 200mg pellet packet	- 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 - 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
Zepatier® 50-100mg tablet (elbasvir/grazoprevir)	In combination with or without ribavirin for the treatment of chronic HCV genotypes 1 or 4 infection in adults and pediatric patients 12 years of age and older or weighing at least 30 kg
Vosevi® 40-100-100mg tablet (sofosbuvir/velpatasvir/voxilaprevir)	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 - 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.

REFERENCE/RESOURCES:

1. Oregon Health Authority, Health Systems Division. Oregon Medicaid Pharmaceutical Services Prior Authorization Criteria. Effective on 1/1/2022.

2. Hepatitis C DAA Risk Corridor. Final Definition of Adequate Case Management. 2020 CCO Contract, Exhibit C, Section 6.a.(1)(c)
3. Drug Package Inserts
4. American Association for the Study of Liver Disease (AASLD) and Infectious Diseases Society of America (IDSA). Recommendations for testing, managing, and treating hepatitis C. Available at: http://www.hcvguidelines.org/full-report-view (Accessed January 20, 2023)

Table 1: Recommended Treatment Regimens for Adults, and Adolescents 12 years of age and older with Hepatitis C virus.

Treatment History	Cirrhosis Status	Recommended Regimen
Treatment Naïve (Genotype 1-6)		
Treatment naïve, confirmed reinfection or prior treatment with PEG/RBV	Non-cirrhotic or compensated cirrhosis	SOF/VEL x 12 weeks G/P x 8 weeks
	Compensated cirrhosis	G/P x 8 weeks SOF/VEL x 12 weeks (baseline resistance testing recommended for GT3)
	Decompensated Cirrhosis	SOF/VEL + RBV x 12 weeks SOF/VEL x 24 weeks (if ribavirin ineligible*)
Treatment Experienced (Genotype 1-6)		
Sofosbuvir based regimen treatment failures, including: Sofosbuvir + ribavirin Ledipasvir/sofosbuvir Velpatasvir/sofosbuvir	Non-cirrhotic or compensated cirrhosis	SOF/VEL/VOX x12 weeks G/P x 16 weeks (except GT3)
Elbasvir/grazoprevir treatment failures	Non-cirrhotic or compensated cirrhosis	SOF/VEL/VOX x 12 weeks
Glecaprevir/pibrentasvir treatment failures	Non-cirrhotic or compensated cirrhosis	G/P + SOF + RBV x 16 weeks SOF/VEL/VOX x 12 weeks (plus RBV if compensated cirrhosis)
Multiple DAA Treatment Failures, including: sofosbuvir/velpatasvir/voxilaprevir glecaprevir/pibrentasvir + sofosbuvir	Non-cirrhotic or compensated cirrhosis	G/P + SOF + RBV x 16-24 weeks SOF/VEL/VOX x 24 weeks
Abbreviations: DAA = direct acting antiviral; EBV/GZR = elbasvir/grazoprevir (Zepatier®); G/P = glecaprevir and pibrentasvir (Mavyret®); PEG = pegylated interferon; RAV = resistance-associated variant; RBV = ribavirin; SOF = sofosbuvir; SOF/VEL = sofosbuvir/velpatasvir (Epclusa®); SOF/VEL/VOX = sofosbuvir/velpatasvir/voxilaprevir (Vosevi®) * Ribavirin ineligible/intolerance may include: 1) neutrophils < 750 mm^3, 2) hemoglobin < 10 g/dl, 3) platelets <50,000 cells/mm^3, autoimmune hepatitis or other autoimmune condition, hypersensitivity or allergy to ribavirin		
^ Rarely, genotyping assays may indicate the presence of a mixed infection (e.g., genotypes 1a and 2). Treatment data for mixed genotypes with direct-acting antivirals are limited. However, in these cases, a pangenotypic regimen is appropriate.		
Ribavirin-containing regimens are absolutely contraindicated in pregnant women and in the male partners of women who are pregnant. Documented use of two forms of birth control in patients and sex partners for whom a ribavirin containing regimen is chosen is required.		

Table 2: Recommended Treatment Regimens for children ages 3 - 12 years of age with Hepatitis C virus.

Treatment History	Cirrhosis Status	Recommended Regimen
Treatment Naïve Genotype 1-6		
Treatment naïve, confirmed reinfection or prior treatment with PEG/RBV	Non-cirrhotic or compensated cirrhosis	SOF/VEL x 12 weeks G/P x 8 weeks
	Decompensated Cirrhosis	SOF/VEL + RBV x 12 weeks
Treatment Experienced with DAA regimen		
Note: Efficacy and safety extremely limited in treatment experienced to other DAAs in this population. Can consider recommended treatment regimens in adults if FDA approved for pediatric use. Recommend consulting with hepatologist.		
Abbreviations: DAA = direct acting antiviral; G/P = glecaprevir and pibrentasvir (Mavyret®); RBV = ribavirin; SOF = sofosbuvir; SOF/VEL = sofosbuvir/velpatasvir (Epclusa®) • All regimens containing a protease inhibitor (elbasvir, glecaprevir, simeprevir, paritaprevir, voxilaprevir) should not be used in patients with moderate to severe hepatic impairment (CTP B and C). • There is limited data supporting DAA regimens in treatment- experienced patients with decompensated cirrhosis. These patients should be handled on a case by case.		

Table 3: Recommended dosage of sofosbuvir/velpatasvir (Epclusa®) in pediatric patients 3 years of age and older:

Body weight	Dosing of sofosbuvir/velpatasvir
Less than 17 kg	One 150 mg/37.5 mg pellet packet once daily
17 kg to less than 30 kg	One 200 mg50 mg pellet packet OR tablet once daily
At least 30 kg	Two 200 mg/50 mg pellet packets once daily OR one 400 mg/100 mg tablet once daily

Table 4: Recommended dosage of glecaprevir/pibrentasvir (Mavyret®) in pediatric patients 3 years of age and older:

Body weight	Dosing of glecaprevir/pibrentasvir
Less than 20 kg	Three 50mg/20 mg pellet packets once daily
20 kg to less than 30 kg	Four 50 mg/20 mg pellet packets once daily
30 kg to less than 45 kg	Five 50 mg/20 mg pellet packets once daily
45 kg and greater OR 12 years of age and older	Three 100mg/40 mg tablets once daily

Appendix 1: Hepatitis C DAA Risk Corridor Final Definition of Adequate Case Management. 2020 CCO Contract, Exhibit C, Section 6.a.(1)(c)

OHA developed the following definition of adequate case management to ensure CCOs continue to provide quality case management for this high cost drug regimen into 2020 and future years, as the cost risk continues to be mitigated by the risk corridor. The following requirements will be reviewed during the risk corridor settlement period and may affect a CCO's administrative settlement (~10% load), but the case management will not impact the medical/pharmacy cost component of the settlement.

Goal: The goal of case management is to ensure the following: adherence to medication regimen, compliance with viral load testing, adequate access to treatment including mitigation of barriers, collection of data needed to evaluate the program, support for patients and providers, and prevention of treatment interruption and delays.

Data collection requirements for adequate case management
OHA requires CCOs to collect the following information from providers for any member that requests treatment of Hepatitis C DAA drugs in calendar year 2020 and beyond, as specified in the Hepatitis C DAA risk corridor. This information is compulsory, and most items are required as part of the prior authorization terms for treatment.

- List of Medicaid IDs for members with a PA request for Hepatitis C DAA treatment in the calendar year, the date of request, the outcome or status of the request and the date of that determination, and an explanation for decision periods lasting greater than 72 hours.
- For those approved for treatment, the date treatment began (by date dispensed) and an explanation for treatment start dates greater than 30 days following approval.
- Genotype (if known)
- Cirrhosis status
- Treatment Regimen
- Reasons for discontinuation of treatment, when applicable
- Previous HCV treatment status and regimen used
- Sustained Virologic Response (SVR) 12 weeks post treatment completion is required. SVR 24-week post-treatment completion is strongly recommended to confirm the value of DAA medications to prevent relapse.
- Attestation of case management protocol or opt-out (see below)

Case Management Protocol
The following outlines the general protocol CCOs must attest occurred with each member that starts treatment of Hepatitis C DAA drugs in calendar year 2020 and beyond, as specified in the Hepatitis C DAA risk corridor.

- Initial evaluation of barriers to adherence within the prior authorization for approval and plan to address (e.g., transportation, offered MH or SUD treatment, participated in harm reduction and prevention education efforts, etc.)
- Adequate access to prescribers and treatment without unreasonable delay
- Expectation that a care management team, or case manager, is assigned to the member for the duration of the treatment and will evaluate if additional support is required

- Check on appropriate billing (e.g., churn or switch to TPL, quantity and NDC included on medical claims)
- Medication Reconciliation; Check on drug-drug interactions
- Coordinate with patient, PCP, prescriber, and pharmacy regarding treatment
- Prevent gaps in medication supply and ensure refills are accessed in timely fashion
- Contact the patient prior to initiating treatment and as frequently as needed to ensure compliance, access to refills, and collection of 12-week SVR
- Ensure compliance with viral load testing and reporting: 12 weeks post completion SVR. 24-week post treatment completion is strongly recommended to confirm the value of DAA medications to prevent relapse.
- Provide education for patient and PCP as needed
- Warm hand-off documented in case of eligibility/enrollment changes (churn)
- Transition to complex or chronic illness case management if needed

Opt-out Protocol

OHA has consulted with the Department of Justice and has developed the following protocol for the rare occurrence when a member pursues an opt-out of the case-management protocol. Case management is strongly recommended and valuable for the member to successfully complete treatment; however, members may opt-out after signing an attestation that they understand:

- The goal of case management is to support the client to successfully complete treatment and get required tests performed (prescription coordination, testing scheduling, transportation)
- Benefits of participation include:
    - Coordination with prescriber(s), pharmacy and labs
    - Options for education and assistance in accessing care – mental health, SUD, specialist
    - Support for adherence
- Members will be responsible to schedule, coordinate transportation and to have the required lab tests performed 12 weeks after they finish their prescription
- Member's treating physician documents they are aware of the opt-out
- Failure to refill prescriptions and adhere to therapy, or schedule and have required lab tests performed, may result in their prior authorization being rescinded
- Members may rejoin the case management program at any time

Appendix 2: Direct Acting Antivirals and Mechanism of Actions

Brand Name	Mechanism of Action		
	NS5A	NS5B	NS3/4A PI
Daklinza	daclatasvir	--	--

Epclusa	velpatasvir	sofosbuvir	--
Harvoni	ledipasvir	sofosbuvir	--
Incivik	--	--	telaprevir
Mavyret	pibrentasvir	--	glecaprevir
Sovaldi	--	sofosbuvir	--
Technivie	ombitasvir	--	paritaprevir
Victrelis	--	--	boceprevir
Vosevi	velpatasvir	sofosbuvir	voxilaprevir
Zepatier	elbasvir	--	grazoprevir

PI – protease inhibitor