Hepatitis C Second Generation Antivirals Prior Authorization Through Preferred Agent(s) Program Summary

This program applies to FlexRx Open, FlexRx Closed, GenRx Open, GenRx Closed, Health Insurance Marketplace, FocusRx and KeyRx formularies.

This is a FlexRx standard and GenRx standard prior authorization program.

### FDA APPROVED INDICATIONS AND DOSAGE $^{1,2,3,4,7,8,10,11}$

<table>
<thead>
<tr>
<th>Medication</th>
<th>Indications</th>
<th>Dose and Interval</th>
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</thead>
</table>
| **Epclusa®** (sofosbuvir/velpatasvir) | • Treatment of adult patients with chronic hepatitis C genotype 1, 2, 3, 4, 5, or 6 infection:  
  - Without cirrhosis or with compensated cirrhosis  
  - With decompensated cirrhosis in combination with ribavirin | 1 tablet orally once daily containing 400 mg of sofosbuvir and 100 mg of velpatasvir for 12 weeks |
|                     | • Treatment of chronic hepatitis C:  
  - For adult patients with genotype 1, 4, 5, or 6 infection without cirrhosis or with compensated cirrhosis  
  - For adult patients with genotype 1 infection with decompensated cirrhosis in combination with ribavirin  
  - For adult patients with genotype 1 or 4 infection who are liver transplant recipients without cirrhosis or with compensated cirrhosis in combination with ribavirin  
  - For pediatric patients 12 years of age or older or weighing at least 35 kg with chronic hepatitis C, genotype 1, 4, 5, or 6 without or with | 1 tablet orally once daily containing 90 mg of ledipasvir and 400 mg of sofosbuvir. Length of therapy is dependent on genotype, patient treatment experience, and patient cirrhosis status. |
| **Mavyret™**  
(glecaprevir/pibrentasvir) | **Technivie™**  
(ombitasvir/paritaprevir/ritonavir) | **Viekira Pak™**  
(ombitasvir/paritaprevir/ritonavir co-packaged with dasabuvir) | **Viekira XR™**  
(dasabuvir/ombitasvir/paritaprevir/ritonavir) |
| --- | --- | --- | --- |
| ● Treatment of adult patients within chronic hepatitis C who have:  
- Genotype 1, 2, 3, 4, 5, or 6 infection without cirrhosis or with compensated cirrhosis (Child Pugh A)  
- 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 | ● Treatment of chronic hepatitis C genotype 4:  
- In combination with ribavirin for patients without cirrhosis or with compensated cirrhosis  
- Without ribavirin for treatment-naïve patients without cirrhosis who cannot take or tolerate ribavirin | ● Treatment of adult patients with chronic hepatitis C virus who have:  
- Genotype 1b without cirrhosis or with compensated cirrhosis  
- Genotype 1a without cirrhosis or with compensated cirrhosis used in combination with ribavirin | Treatment of adult patients with chronic hepatitis C virus who have:  
- Genotype 1b without cirrhosis or with compensated cirrhosis  
- Genotype 1a without cirrhosis or with compensated cirrhosis used in combination with |
| **compensated cirrhosis** | | | |
| | | | |
| 3 tablets orally once daily with food. Length of therapy is dependent on genotype, patient treatment experience, and patient cirrhosis status | Two tablets orally once daily (in the morning) with a meal for 12 weeks | Two ombitasvir, paritaprevir, ritonavir 12.5/75/50 mg tablets orally once daily (in the morning) and one dasabuvir 250 mg tablet twice daily (morning and evening) with a meal. Length of therapy is dependent on genotype and patient cirrhosis status | 3 tablets taken orally once daily with a meal. Length of therapy is dependent on genotype and patient cirrhosis status |
| Vosevi® (sofosbuvir/velpatasvir/voxilaprevir) | Treatment of adult patients with HCV infection without cirrhosis or 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 | 1 tablet taken orally once daily with food for 12 weeks |
| Zepatier® (elbasvir/grazoprevir) | Treatment, with or without ribavirin, of chronic hepatitis C genotype 1 or 4 infection | 1 tablet (50 mg elbasvir and 100 mg grazoprevir) taken orally once daily for up to 16 weeks |

**Clinical Rationale**\(^5,6\)

Hepatitis C is an infection of the liver caused by the Hepatitis C virus (HCV) and is one of the leading causes of chronic liver disease in the United States. According to the Centers for Disease Control and Prevention (CDC), there were an estimated 3.5 million people infected with hepatitis C as of 2015. Hepatitis C infection can either be acute or chronic. Acute HCV infection is defined as presenting within 6 months following exposure to the virus. The infection is defined as chronic if the virus is present beyond 6 months following exposure. 70% to 80% of those infected with HCV will go on to develop chronic HCV infection.

Persons at high risk for contracting HCV infection include intravenous drug users, recipients of donated blood, blood products, and organs (now rare in the United States due to stringent blood screening), babies born to HCV infected mothers, and persons with HIV infection. Hepatitis C infection is asymptomatic in the early stages of the disease. However, with disease progression, patients may develop mild to severe chronic liver disease including cirrhosis and liver cancer. The goal of therapy is to eradicate the virus and prevent liver damage including cirrhosis. Direct acting antivirals (DAAs) are currently the mainstay of treatment for chronic HCV infection. Certain DAAs may be used as monotherapy while others require use in combination with other agents including peg-interferon, ribavirin and other DAAs.

The American Association of the Study of Liver Disease (AASLD) and the Infectious Disease Society of America (IDSA) have developed guidelines to aid in the management of hepatitis C. The guidelines address issues ranging from testing and linkage to care to the optimal treatment regimen based on patient situations.

**AASLD/IDSA guidelines on when and in whom to treat**\(^5\)

The goal of therapy is to reduce all-cause mortality and liver-related health adverse consequences, including end-stage liver disease and hepatocellular carcinoma, by the achievement of virologic cure. According to the AASLD/IDSA guidelines, treatment is recommended for all patients with chronic HCV infection, except those with short life expectancies that cannot be remediated by treating HCV, by transplantation, or by other directed therapy. Treatment should be initiated early because delaying therapy may decrease the benefits of eradicating the hepatitis C viral infection.
New direct-acting antiviral agents (DAAs) capable of curing hepatitis C virus infection have been approved for use in the United States starting with the initial DAAs in 2011 and since that time many others have followed. DAAs offer the potential for highly effective, interferon-free (and in many cases, ribavirin-free) regimens for the majority of hepatitis C virus infected patients. Regimen selection varies by genotype and other patient factors, such as the presence of cirrhosis and treatment history. Patients who are co-infected with HCV and either hepatitis B or HIV should be treated as those mono-infected with HCV.

Efficacy

Zepatier

Zepatier (elbasvir/grazoprevir) is a combination regimen of an NS5A replication inhibitor (elbasvir) and an NS3/4A protease inhibitor (grazoprevir). Its efficacy was evaluated in several phase 2 and 3 clinical trials. All the trials had a primary end point of sustained virologic response at 12 weeks (SVR12) following completion of treatment.

Efficacy of Zepatier in treatment naïve patients with HCV genotype 1 with or without cirrhosis was evaluated in the C-EDGE TN and C-EDGE COINFECTION trials. Subjects in both trials received Zepatier for 12 weeks. SVR12 was 95% in both trials. There were no significant differences in SVR12 between cirrhotic and non-cirrhotic patients. The C-EDGE TE trial evaluated efficacy of this combination in treatment experienced HCV genotype 1 patients with or without cirrhosis who had previously failed peginterferon plus ribavirin. Subjects received Zepatier monotherapy for 12 weeks or Zepatier with ribavirin for 16 weeks. SVR12 rates in the two treatment groups were 94% and 97% respectively.

Efficacy in HCV genotype 1 patients with or without cirrhosis who had previously failed peginterferon, ribavirin, plus a protease inhibitor was evaluated in the C-SALVAGE trial. This was an open label, single arm trial. All subjects received Zepatier plus ribavirin for 12 weeks. Overall SVR12 was 96%.

Efficacy of Zepatier in patients with HCV genotype 1 with or without cirrhosis and who had Chronic Kidney Disease (CKD) stage 4 (eGFR 15-29 mL/min/1.73 m^2) or CKD Stage 5 (eGFR <15 mL/min/1.73 m^2), including patients on hemodialysis was evaluated in the C-SURFER trial. Patients were randomized to receive either Zepatier for 12 weeks or placebo for 12 weeks followed by 12 weeks of Zepatier (deferred treatment group). Overall SVR12 was 99%. There were no significant differences with regard to safety in the Zepatier group versus placebo group.

These trials found that presence of NS5A amino acid polymorphisms in patients with HCV genotype 1a was associated with reduced efficacy of Zepatier regardless of treatment history or cirrhosis status. It is recommended to test for NS5A polymorphisms in HCV genotype 1a patients prior to starting treatment with this combination. If the polymorphism is present, addition of ribavirin to the treatment regimen and extension of the duration of treatment to 16 weeks is recommended.

Efficacy of Zepatier in HCV genotype 4 patients was evaluated in the C-SCAPE, C-EDGE TE, C-EDGE TN, and C-EDGE COINFECTION trials. Treatment naïve patients in these trials received Zepatier for 12 weeks while those who were treatment experienced received Zepatier plus ribavirin for 12 to 16 weeks. SVR12 in the treatment naïve and treatment experienced patients was 97% and 100% respectively.

Mavyret

Mavyret (glecaprevir/pibrentasvir) is a combination of an NS3/4A protease inhibitor (glecaprevir) and an NS5A inhibitor (pibrentasvir). Its safety and efficacy have been demonstrated in treatment naïve patients or patients previously treated with regimens containing peginterferon, ribavirin, and/or sofosbuvir (PRS) with HCV genotype 1, 2, 3, 4, 5 or 6 without cirrhosis or with compensated cirrhosis. Its safety and efficacy have also been demonstrated in patients who have previously been treated with a regimen containing an NS5A inhibitor or an NS3/4A protease inhibitor but not both. Patients with prior treatment with both an NS5A inhibitor and NS3/4A inhibitor were at an increased risk of virologic failure when retreated with Mavyret.
The efficacy of Mavyret in treatment naïve or PRS treatment experienced adults with HCV genotypes 1, 2, 3, 4, 5, or 6 infection without cirrhosis was evaluated in the ENDURANCE-1, ENDURANCE-4, SURVEYOR-1 (part 2), and SURVEYOR-2 (part 2 and part 4) trials. The SVR12 ranged from 93% to 100% depending on genotype. The ENDURANCE-1 trial demonstrated numerically similar efficacy in genotype 1 treatment naïve patients without cirrhosis treated for 8 weeks vs 12 weeks the SURVEYOR-2 trial also demonstrated very high SVR12 for genotypes 2, 4, 5, or 6 after 8 weeks of treatment. Therefore, the recommended length of therapy for treatment naïve patients without cirrhosis is 8 weeks.

The efficacy of Mavyret in treatment naïve or PRS treatment experienced adults with HCV genotypes 1, 2, 3, 4, 5, or 6 infection with compensated cirrhosis was evaluated in the EXPEDITION-1 trial. The SVR12 ranged from 99-100% depending on genotype.

The efficacy of Mavyret in treatment naïve or PRS treatment experienced adults with HCV genotype 3 infection without cirrhosis or with compensated cirrhosis was evaluated in the ENDURANCE-3 and SURVEYOR-2 (part 3) trial. For patients without cirrhosis the SVR12 was numerically similar for patients without cirrhosis and the recommendation for these patients is to treat for 8 weeks. The overall SVR12 for all patients in these trials ranged from 94.9-98% depending on cirrhosis status and previous treatment.

The efficacy of Mavyret in treatment naïve or PRS treatment experienced adults with genotype 2, 4, 5, or 6 without cirrhosis was evaluated in the SURVEYOR-2 (part 2 and part 4), ENDURANCE-4, and SURVEYOR-1 (part 2) trials. SVR12 ranged from 93-100% depending on genotype.

The efficacy of Mavyret in treatment naïve or PRS treatment experienced adults with HCV genotype 1, 2, 4, 5, or 6 infection with compensated cirrhosis was evaluated in the SURVEYOR-2 (part 2 and part 4), ENDURANCE-4, and SURVEYOR-1 (part 2) trials. The SVR12 ranged from 99-100% depending on genotype.

The EXPEDITION-4 trial evaluated treatment naïve and PRS treatment experienced adults with chronic kidney disease stage 4 and 5 and chronic HCV infection without cirrhosis or with compensated cirrhosis. The overall SVR12 was 98%.

The MAGRLLAN-1 trial evaluated adults who were NS5A inhibitor or NS3/4A protease inhibitor experienced patients without cirrhosis or with compensated cirrhosis. The SVR12 ranged from 92-94% depending on previous treatment.

Harvoni

Harvoni (ledipasvir/sofosbuvir) is a combination of an NS5A inhibitor (ledipasvir) and nucleotide analog NS5B polymerase inhibitor (sofosbuvir). Its efficacy was evaluated in several phase 2 and 3 clinical trials. These trials enrolled a broad range of patient populations including treatment naïve and treatment experienced patients, those without cirrhosis and with cirrhosis (compensated and decompensated), post-liver transplant patients, pediatric patients who were at least 12 years old or weighed more than 35 kg, as well as those with HIV/HCV co-infection. All the trials had a primary end point of sustained virologic response at 12 weeks (SVR12) following completion of treatment. Overall SVR12 was greater than 90% for the various patient populations. The treatment duration of this agent varies from 8 weeks to 24 weeks. Per the FDA labeling, treatment naïve patients with HCV genotype 1 with RNA of less than 6 million can be successfully treated with 8 weeks of Harvoni. This duration of treatment is not recommended in patients with cirrhosis, HIV, are post-liver transplantation, and/or black or African-American. Treatment experienced patients with cirrhosis may be treated with Harvoni alone for 24 weeks or in combination with ribavirin for 12 weeks. These two regimens are equally efficacious with SVR12 of 96% and 97% respectively.

Viekira Pak and Viekira XR

Viekira Pak (ombitasvir/paritaprevir/ritonavir co-packaged with dasabuvir) and Viekira XR (dasabuvir/ombitasvir/paritaprevir/ritonavir) is a combination therapy containing a hepatitis C virus NS3/4A protease inhibitor (paritaprevir), a CYP3A inhibitor (ritonavir), a hepatitis C virus NS5A inhibitor (ombitasvir), and a hepatitis C NS5B palm polymerase inhibitor (dasabuvir). Safety and efficacy of this
combination was evaluated in trials including treatment naïve, previous failures, cirrhotic and non-cirrhotic genotype 1 patients. The studies (SAPPHIRE-I, SAPPHIRE-II, PEARL-II, PEARL-III, PEARL-IV, TURQUOISE-II, AND TURQUOISE-III) all had a primary efficacy endpoint of SVR12.

Patients with genotype 1a infection without cirrhosis were evaluated in the SAPPHIRE-I, SAPPHIRE-II, and PEARL-IV trials. The SVR12 ranged from 95-97% depending on previous treatment.

Patients with genotype 1b infection without cirrhosis were evaluated in the PEARL-II and PEARL-III trials. SVR12 for both of these studies was 100%.

Patients with genotype 1a and genotype 1b infection with compensated cirrhosis were evaluated in the TURQUOISE-II and TURQUOISE-IV trials. The SVR12 ranged from 89-100% depending on genotype subtype and length of treatment.

Treatment guidelines recommend that patients that have failed a previous protease inhibitor containing regimen receive ledipasvir/sofosbuvir. Ombitasvir/paritaprevir/ritonavir + dasabuvir is not a recommended regimen in previous protease inhibitor failures due to risk of resistance.

**Technivie**

Technivie (ombitasvir/paritaprevir/ritonavir) is a combination therapy containing a hepatitis C virus NS5A inhibitor (ombitasvir), a hepatitis C virus NS3/4A protease inhibitor (paritaprevir), and a CYP3A inhibitor (ritonavir).

The efficacy of Technivie was evaluated in adults with chronic genotype 4 hepatitis C virus infection without cirrhosis in the PEARL-I trial. The patients were either treatment naïve or did not achieve a virologic response with prior treatment with pegylated interferon/ribavirin. The primary outcome was SVR12. SVR 12 was 100% for treatment naïve and treatment experienced subjects whose regimen included ribavirin and 91% for treatment naïve patients whose regimen did not include ribavirin.

The efficacy of Technivie was evaluated in adults with chronic genotype 4 hepatitis C virus infection with compensated cirrhosis in the AGATE-I trial. The patients were either treatment naïve or were treatment experienced with peginterferon and ribavirin. Treatment Technivie and ribavirin for 16 weeks was not shown to increase SVR12 rates and therefore was not included in the results. The SVR12 was 97%.

Safety and efficacy of this combination regimen has not been studied in patients previously treated with a direct acting antiviral.

**Epclusa**

Epclusa (sofosbuvir/velpatasvir) contains a hepatitis C nucleotide analog NS5B polymerase inhibitor (sofosbuvir) and a hepatitis C virus NS5A inhibitor (velpatasvir). Efficacy of this combination agent was evaluated in five phase 3 trials (ASTRAL-1, ASTRAL-2, ASTRAL-3, ASTRAL-4, and ASTRAL-5). All these trials included patients who were either treatment naïve or had previously been treated with an interferon based regimen (peginterferon plus ribavirin with or without a protease inhibitor). The primary endpoint for these trials was sustained virologic response at 12 weeks (SVR 12) following completion of therapy.

ASTRAL-1 was a placebo controlled trial that enrolled patients with HCV infection genotype 1, 2, 4, 5, or 6. Overall, the SVR 12 rate was 99% in patients who received Epclusa and 0% in those receiving placebo (95% confidence interval, p<0.001).

ASTRAL-2 and ASRTAL-3 were randomized, open label trials evaluating efficacy in patients with HCV genotype 2 or 3 respectively. Those with HCV genotype 2 received either Epclusa for 12 weeks or sofosbuvir plus ribavirin for 12 weeks. The SVR12 rates for the two treatment arms were 99% and 94% respectively. Subjects with HCV genotype 3 were randomized to receive either Epclusa for 12 weeks or sofosbuvir plus ribavirin for 24 weeks. The SVR 12 rates were 95% and 80% respectively.
ASTRAL-4 was an open label trial that evaluated efficacy of Epclusa in patients with decompensated cirrhosis. Patients were randomized to receive one of three treatment regimens: Epclusa for 12 weeks, Epclusa for 24 weeks, or Epclusa plus ribavirin for 12 weeks. SVR 12 rates were 83%, 86%, and 94% respectively.

ASTRAL-5 was an open-label trial that evaluated 12 weeks of Epclusa in patients with genotype 1, 2, 3, 4, 5, or 6 hepatitis C infection who were coinfected with HIV-1. The patients were all on antiretroviral therapy of various regimens. The primary endpoint was SVR12. The SVR12 ranged from 92-100% depending on genotype and in genotype 1 the subtype. No patient had HIV-1 rebound during treatment and CD4+ counts were stable during treatment.

**Vosevi**
Vosevi (sofosbuvir/velpatasvir/voxilaprevir) is a fixed-dose combination of a hepatitis C virus nucleotide analog NS5B polymerase inhibitor (sofosbuvir), an HCV NS5A inhibitor (velpatasvir), and an HCV NS3/4A protease inhibitor (voxilaprevir). Efficacy of this combination agent was evaluated in two phase 3 trials. The primary endpoint in both trials was SVR12.

The efficacy of Vosevi in patients with hepatitis C genotype 1, 2, 3, 4, 5, or 6 infection without cirrhosis or with compensated cirrhosis who were treatment experienced with a NS5A inhibitor (POLARIS-1 trial). The SVR12 ranged from 91-100% depending on genotype.

The efficacy of Vosevi in patients with hepatitis C genotype 1, 2, 3, 4, 5, or 6 infection without cirrhosis or with compensated cirrhosis who previously failed a hepatitis C direct acting antiviral (POLARIS-4 trial). The SVR12 ranged from 94-100% depending on genotype and in genotype 1, the subtype. Additional benefit of this combination agent over sofosbuvir/velpatasvir has not been shown in patients with genotype 1b, 2, 4, 5, or 6 infection who were previously treated with sofosbuvir without an NS5A inhibitor.

**Safety**

**Risk of Hepatitis B infection reactivation with HCV Direct Acting Antivirals**
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.

**Epclusa**
The most common adverse events reported in patients who received Epclusa were headache and fatigue. Those with decompensated cirrhosis who were treated with Epclusa and ribavirin reported fatigue, anemia, nausea, headache, insomnia, and diarrhea as the most common adverse events. Epclusa and ribavirin combination regimen is contraindicated in patients for whom ribavirin is contraindicated.

**Harvoni**
The most common side effects associated with Harvoni are fatigue, headache, and asthenia. If used in combination with ribavirin, all contraindications to ribavirin also apply to Harvoni combination therapy.

**Mavyret**
The most common adverse events associated with Mavyret are headache and fatigue. Mavyret is contraindicated in patients with severe hepatic impairment (Child-Pugh C) and in combination with atazanavir and rifampin.

**Technivie**
The most common adverse events reported in the trials were asthenia, fatigue, nausea, insomnia, pruritis, and skin reaction. These adverse events were graded as mild in severity. Technivie is contraindicated in patients with severe hepatic impairment (Child-Pugh C) and if taken with ribavirin, the contraindications to ribavirin apply to the combination therapy.

**Viekira Pak and Viekira XR**\(^{3,8}\)
The most common adverse events reported in the trials were fatigue, nausea, pruritic, skin reactions, insomnia, and asthenia. Viekira Pak and Viekira XR are contraindicated in patients with moderate to severe hepatic impairment (Child-Pugh B or C), in patients with known hypersensitivity to ritonavir [e.g. toxic epidermal necrolysis (TEN) or Stevens-Johnson syndrome] and if administered with ribavirin, the contraindications to ribavirin also apply to the combination therapy. In addition, Viekira Pak and Viekira XR should not be given with that are highly dependent on CYP3A for clearance and for which elevated plasma concentrations are associated with serious and/or life-threatening events. Viekira Pak and Viekira XR should not be given with drugs that are moderate or strong inducers of CYP3A and strong inducers of CYP2C8, or with drugs that are strong inhibitors of CYP2C8.

**Vosevi**\(^{10}\)
The most common adverse events reported in patients who received sofosbuvir/velpatasvir/voxilaprevir were headache, fatigue, diarrhea, and nausea. Vosevi is contraindicated for co-administration with rifampin.

**Zepatier**\(^{4}\)
The most common adverse events observed with Zepatier were fatigue, headache, and nausea. This combination is contraindicated in patients with moderate to severe hepatic impairment (Child-Pugh B or C). Use in combination with strong CPY3A inducers, efavirenz, or organic anion transporting polypeptides 1B1/3 (OATP1B1/3) inhibitors is contraindicated.

**References**

Hepatitis C Second Generation Antivirals Prior Authorization – Through Preferred Agent(s)

OBJECTIVE
The intent of the Hepatitis C second generation antiviral Prior Authorization (PA) program is to appropriately select patients for therapy according to the Food and Drug Administration (FDA) approved product labeling and/or clinical guidelines. The preferred agent may be approved for use once all criteria have been met; a non-preferred agent may be approved if the patient is currently treated with the non-preferred agent or the prescriber has provided documentation in support of use of the non-preferred agent over the preferred agent.

TARGET AGENTS
Preferred Agent(s):
Epclusa® (sofosbuvir/velpatasvir)
Harvoni® (ledipasvir/sofosbuvir)
Mavyret™ (glecaprevir/pibrentasvir)
Vosevi® (sofosbuvir/velpatasvir/voxilaprevir)

Non-preferred Agent(s) (see additional Non-preferred Agent criteria):
Technivie™ (ombitasvir/paritaprevir/ritonavir)
Viekira Pak™ (ombitasvir/paritaprevir/ritonavir + dasabuvir)
Viekira XR™ (dasabuvir/ombitasvir/paritaprevir/ritonavir)
Zepatier (elbasvir/grazoprevir)

<table>
<thead>
<tr>
<th>Requested agent/regimen</th>
<th>Genotype</th>
<th>Preferred agent(s)*</th>
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<tbody>
<tr>
<td>Technivie™ (ombitasvir/ paritaprevir/ritonavir)</td>
<td>4</td>
<td>Epclusa, Harvoni, Mavyret, Vosevi</td>
</tr>
<tr>
<td>Viekira PAK™ (ombitasvir/paritaprevir/ritonavir + dasabuvir)</td>
<td>1</td>
<td>Epclusa, Harvoni, Mavyret, Vosevi</td>
</tr>
<tr>
<td>Viekira XR™ (dasabuvir/ombitasvir/paritaprevir/ritonavir)</td>
<td>1 or 4 without renal impairment</td>
<td>Epclusa, Harvoni, Mavyret, Vosevi</td>
</tr>
<tr>
<td>Zepatier (elbasvir/grazoprevir)</td>
<td>1 or 4 with renal impairment</td>
<td>Mavyret</td>
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</table>

* Preferred agents will require prior authorization. The prior authorization for a specific agent will be based on the Food and Drug Administration (FDA) approved product labeling and/or clinical guidelines for the patient’s specific factors (e.g. genotype, cirrhosis status, renal function, treatment naive vs. experienced, previous treatment etc)

PRIOR AUTHORIZATION CRITERIA FOR APPROVAL
Epclusa Evaluation
Epclusa will be approved when ALL of the following criteria are met:
1. ONE of the following is met:
   a. There is documentation that the patient is currently using the requested agent
   OR
   b. The patient is new to therapy and ALL of the below:
      i. The patient has a diagnosis of chronic hepatitis C genotype 1, 2, 3, 4, 5, or 6
ii. The prescriber has screened the patient for current or prior hepatitis B viral (HBV) infection
   AND

iii. If the screening for HBV was positive for current or prior HBV infection, the prescriber will monitor the patient for HBV flare-up or reactivation during and after treatment with the requested agent
   AND

iv. The requested agent is being prescribed by a specialist (e.g. gastroenterologist, hepatologist, or infectious disease) or in consultation with a specialist
   AND

v. The patient does not have any FDA labeled contraindications to the requested agent
   AND

vi. ONE of the following:
   1. The patient is treatment naïve
      OR
   2. The patient was previously treated (i.e. treatment experienced) with ONLY peg-interferon and ribavirin with or without an HCV protease inhibitor
   AND

2. The dose is within the FDA labeled dose
   AND

3. The requested agent will be used in a treatment regimen AND length of therapy recommended for the patient’s genotype as noted in Table 1 (FDA labeling)

Note: If the requested agent is a non-preferred agent for the patient’s genotype the non-preferred agent criteria below must also be met when therapy has not yet been started

Length of Approval: Up to the duration of treatment as determined in Table 1

<table>
<thead>
<tr>
<th>Table 1: Epclusa Treatment Recommendations based on FDA labeling</th>
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<tbody>
<tr>
<td><strong>Genotype</strong></td>
</tr>
<tr>
<td>1, 2, 3, 4, 5, or 6</td>
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* HCV/HIV-1 co-infection: For patients with HCV/HIV-1 co-infection, follow the Epclusa dosage recommendations in the table above

Harvoni Evaluation

**Harvoni** will be approved when ALL of the following criteria are met:

1. ONE of the following is met:
   a. There is documentation that the patient is currently using the requested agent
   OR
   b. The patient is new to therapy and ALL of the below:
      i. The patient has a diagnosis of chronic hepatitis C genotype 1, 4, 5, or 6
         AND
      ii. The prescriber has provided the patient’s baseline HCV RNA level if the patient has genotype 1
         AND
      iii. The prescriber has screened the patient for current or prior hepatitis B viral (HBV) infection
         AND
iv. If the screening for HBV was positive for current or prior HBV infection, the prescriber will monitor the patient for HBV flare-up or reactivation during and after treatment with the requested agent

**AND**

iv. The requested agent is being prescribed by a specialist (e.g. gastroenterologist, hepatologist, or infectious disease) or in consultation with a specialist

**AND**

v. The patient does not have any FDA labeled contraindications to the requested agent

**AND**

vi. ONE of the following:
   1. The patient is treatment naïve
   **OR**
   2. The patient was previously treated (i.e. treatment experienced) with peg-interferon and ribavirin with or without an HCV protease inhibitor

**AND**

2. The dose is within the FDA labeled dose

**AND**

3. The requested agent will be used in a treatment regimen AND length of therapy recommended for the patient’s genotype as noted in Table 2 and 3 (FDA labeling)

Note: If the requested agent is a non-preferred agent for the patient’s genotype the non-preferred agent criteria below must also be met when therapy has not yet been started

**Length of Approval:** Up to the duration of treatment as determined in Tables 2 and/or 3 below

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**Table 2: Harvoni Treatment Recommendations based on FDA labeling**

<table>
<thead>
<tr>
<th>Genotype</th>
<th>Adult Patient Population^</th>
<th>Treatment</th>
<th>Treatment Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Treatment-naïve with initial viral load of &lt; 6 M IU/mL and without cirrhosis, HIV infection, or history of liver transplantation and/or are not black or African-American</td>
<td>Harvoni</td>
<td>8 weeks*</td>
</tr>
<tr>
<td></td>
<td>Treatment-naïve without cirrhosis* or with compensated cirrhosis (Child-Pugh A)</td>
<td>Harvoni</td>
<td>12 weeks</td>
</tr>
<tr>
<td></td>
<td>Treatment-experienced** without cirrhosis</td>
<td>Harvoni</td>
<td>12 weeks</td>
</tr>
<tr>
<td></td>
<td>Treatment-experienced** with compensated cirrhosis (Child-Pugh A) and eligible for ribavirin</td>
<td>Harvoni + ribavirin</td>
<td>12 weeks±</td>
</tr>
<tr>
<td></td>
<td>Treatment-experienced** with compensated cirrhosis (Child-Pugh A) and ineligible for ribavirin^c</td>
<td>Harvoni</td>
<td>24 weeks</td>
</tr>
<tr>
<td></td>
<td>Treatment-naive and treatment-experienced** with decompensated cirrhosis (Child-Pugh B or C)</td>
<td>Harvoni + ribavirin</td>
<td>12 weeks</td>
</tr>
<tr>
<td>1 or 4</td>
<td>Treatment-naive and treatment-experienced** liver transplant recipients without cirrhosis, or with compensated cirrhosis (Child-Pugh A)</td>
<td>Harvoni + ribavirin</td>
<td>12 weeks</td>
</tr>
<tr>
<td>4, 5, or 6</td>
<td>Treatment-naïve and treatment-</td>
<td>Harvoni</td>
<td>12 weeks</td>
</tr>
</tbody>
</table>
Table 3: Harvoni Treatment Recommendations based on FDA labeling

<table>
<thead>
<tr>
<th>Genotype</th>
<th>Pediatric Patients ≥ 12 years of Age or Weighing at Least 35 Kg[^]</th>
<th>Treatment</th>
<th>Treatment Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Treatment-naïve without cirrhosis or with compensated cirrhosis (Child-Pugh A)</td>
<td>Harvoni</td>
<td>12 weeks</td>
</tr>
<tr>
<td></td>
<td>Treatment-experienced[^] without cirrhosis</td>
<td>Harvoni</td>
<td>12 weeks</td>
</tr>
<tr>
<td></td>
<td>Treatment-experienced[^] with compensated cirrhosis (Child-Pugh A)</td>
<td>Harvoni</td>
<td>24 weeks</td>
</tr>
<tr>
<td>4, 5, or 6</td>
<td>Treatment-naïve and treatment experienced[^], without cirrhosis or with compensated cirrhosis (Child-Pugh A)</td>
<td>Harvoni</td>
<td>12 weeks</td>
</tr>
</tbody>
</table>

[^]HCV/HIV co-infected patients: Follow the dosage recommendation in the tables above unless otherwise noted.

*8 weeks may be considered in treatment-naïve patients without cirrhosis, without HIV infection, or without history of liver transplantation who have pre-treatment HCV RNA < 6 million IU/mL. For this patient population Prime is requiring 8 weeks of therapy.

**Treatment-experienced - patients who have failed therapy with either peg-interferon + ribavirin or a HCV protease inhibitor + peginterferon + ribavirin.

[^] Harvoni + ribavirin for 12 weeks can be considered in treatment-experienced HCV genotype 1 patients with cirrhosis who are eligible for ribavirin. For this patient population BCBS will require treatment with Harvoni in combination with ribavirin for 12 weeks unless the patient is ineligible to receive ribavirin.

[^] Ribavirin ineligible - patients with history of intolerance, contraindication, or hypersensitivity to ribavirin

[^] Treatment-experienced patients who have failed an interferon based regimen with or without ribavirin

Mavyret Evaluation

Mavyret will be approved when ALL of the following criteria are met:

1. ONE of the following is met:
   a. There is documentation that the patient is currently using the requested agent
      OR
   b. The patient is new to therapy and ALL of the below:
      i. The patient has a diagnosis of chronic hepatitis C genotype 1, 2, 3, 4, 5, or 6 AND
      ii. The prescriber has screened the patient for current or prior hepatitis B viral (HBV) infection AND
      iii. If the screening for HBV was positive for current or prior HBV infection, the prescriber will monitor the patient for HBV flare-up or reactivation during and after treatment with the requested agent AND
      iv. The requested agent is being prescribed by a specialist (e.g. gastroenterologist, hepatologist, or infectious disease) or in consultation with a specialist AND
      v. The patient does not have any FDA labeled contraindications to the requested agent AND
      vi. The patient has not been previously treated with the requested agent

2. The dose is within the FDA labeled dose AND
3. The requested agent will be used in a treatment regimen AND length of therapy recommended for the patient’s genotype as noted in Table 4 (FDA labeling)

**Length of Approval**: Up to the duration of treatment as determined in Table 4

**Table 4: Mavyret Treatment Recommendations based on FDA labeling**

<table>
<thead>
<tr>
<th>Genotype</th>
<th>Patient Population*</th>
<th>Treatment</th>
<th>Treatment Duration</th>
<th>Compensated Cirrhosis (Child-Pugh A)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1, 2, 3, 4, 5, or 6</td>
<td>Treatment naïve</td>
<td>Mavyret</td>
<td>8 weeks</td>
<td>12 weeks</td>
</tr>
<tr>
<td>1</td>
<td>Treatment experienced with an NS5A inhibitor¹ but without prior treatment with an NS3/4A protease inhibitor (PI)</td>
<td>Mavyret</td>
<td>16 weeks</td>
<td>16 weeks</td>
</tr>
<tr>
<td>1</td>
<td>Treatment experienced with an NS3/4A protease inhibitor² but without prior treatment with an NS5A inhibitor</td>
<td>Mavyret</td>
<td>12 weeks</td>
<td>12 weeks</td>
</tr>
<tr>
<td>1, 2, 4, 5, or 6</td>
<td>Treatment experienced with PRS³</td>
<td>Mavyret</td>
<td>8 weeks</td>
<td>12 weeks</td>
</tr>
<tr>
<td>3</td>
<td>Treatment experienced with PRS³</td>
<td>Mavyret</td>
<td>16 weeks</td>
<td>16 weeks</td>
</tr>
</tbody>
</table>

*Follow the dosage recommendations above for HCV/HIV co infected patient and in patients with any degree of kidney impairment (including those on hemodialysis)

1. Examples of HCV NS5A inhibitors include daclatasvir, elbasvir, ledipasvir, ombitasvir, velpatasvir.
2. Examples of NS3/4A protease inhibitors include simeprevir, boceprevir, telaprevir
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.

**Technivie Evaluation**

Technivie (ombitasvir/paritaprevir/ritonavir) will be approved when ALL of the following criteria are met:

1. ONE of the following:
   a. There is documentation that the patient is currently using the requested agent
   OR
   b. The patient is new to therapy and ALL of the below:
      i. The patient has a diagnosis of chronic hepatitis C, genotype 4 AND
      ii. The prescriber has screened the patient for current or prior hepatitis B viral (HBV) infection AND
      iii. If the HBV screening was positive for current or prior HBV infection, the prescriber will monitor the patient for HBV flare-up or reactivation during and after treatment with the requested agent AND
      iv. The requested agent is being prescribed by a specialist (e.g. gastroenterologist, hepatologist, or infectious disease) or in consultation with a specialist AND
      v. The patient does not have any FDA labeled contraindications to the requested agent AND
     vi. ONE of the following:
        1. The patient is treatment naïve
        OR
        2. The patient was previously treated (i.e. treatment experienced) with ONLY peg-interferon and ribavirin

AND

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2. The dose is within the FDA labeled dose
   **AND**
3. The requested agent will be used in a treatment regimen **AND** length of therapy recommended for the patient’s genotype as noted in Table 5 (FDA labeling)

   Note: If the requested agent is a non-preferred agent for the patient’s genotype the non-preferred agent criteria below must also be met when therapy has not yet been started

**Length of Approval:** Up to the duration of treatment as determined by Table 5

### Table 5: Technivie Treatment Recommendations based on FDA labeling

<table>
<thead>
<tr>
<th>Patient population</th>
<th>Treatment</th>
<th>Treatment Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genotype 4 without cirrhosis and the patient ribavirin eligible</td>
<td>Technivie + ribavirin</td>
<td>12 weeks</td>
</tr>
<tr>
<td>Genotype 4, treatment naïve, without cirrhosis and the patient ribavirin ineligible*</td>
<td>Technivie</td>
<td>12 weeks</td>
</tr>
<tr>
<td>Genotype 4 with compensated cirrhosis</td>
<td>Technivie + ribavirin</td>
<td>12 weeks</td>
</tr>
</tbody>
</table>

* Ribavirin ineligible - patients with history of intolerance, contraindication, or hypersensitivity to ribavirin

**Viekira Pak and Viekira XR Evaluation**

**Viekira PAK or Viekira XR** will be approved when ALL of the following criteria are met:

1. ONE of the following is met:
   a. There is documentation that the patient is currently using the requested agent **OR**
   b. The patient is new to therapy and ALL of the below:
      i. The patient has a diagnosis of compensated chronic hepatitis C genotype 1 **AND**
      ii. The prescriber has provided the patient’s subtype **AND**
      iii. The prescriber has screened the patient for current or prior hepatitis B viral (HBV) infection **AND**
      iv. If the HBV screening was positive for current or prior HBV infection, the prescriber will monitor the patient for HBV flare-up or reactivation during and after treatment with the requested agent **AND**
      v. The requested agent is being prescribed by a specialist (e.g. gastroenterologist, hepatologist, or infectious disease) or in consultation with a specialist **AND**
      vi. The patient does not have any FDA contraindications to the requested agent **AND**
      vii. ONE of the following:
         1. The patient is treatment naïve **OR**
         2. The patient was previously treated (i.e. treatment experienced) with ONLY peg-interferon and ribavirin **AND**
2. The dose is within the FDA labeled dose **AND**
3. The requested agent will be used in a treatment regimen AND length of therapy recommended for the patient’s genotype as noted in Table 6 (FDA labeling)

Note: If the requested agent is a non-preferred agent for the patient’s genotype the non-preferred agent criteria below must also be met when therapy has not yet been started

Length of Approval: Up to the duration as determined in Table 6

### Table 6: Viekira PAK and Viekira XR Treatment Recommendations based on FDA labeling

<table>
<thead>
<tr>
<th>Patient Population</th>
<th>Treatment*</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genotype 1a, without cirrhosis</td>
<td>Viekira PAK + ribavirin OR Viekira XR + ribavirin</td>
<td>12 weeks</td>
</tr>
<tr>
<td>Genotype 1a, with compensated cirrhosis</td>
<td>Viekira PAK + ribavirin OR Viekira XR + ribavirin</td>
<td>24 weeks**</td>
</tr>
<tr>
<td>Genotype 1b, with or without compensated cirrhosis</td>
<td>Viekira PAK OR Viekira XR</td>
<td>12 weeks</td>
</tr>
<tr>
<td>Genotype 1a or 1b post liver transplant with normal hepatic function (i.e. Metavir ≤2)</td>
<td>Viekira PAK + ribavirin OR Viekira XR + ribavirin</td>
<td>24 weeks</td>
</tr>
</tbody>
</table>

*HCV/HIV-1 co-infection, follow recommendations in table above

**Viekira PAK or Viekira XR with RBV for 12 weeks may be considered for some patients based on prior treatment history. The SVR12 rate difference between 24 and 12 weeks of treatment was +6% with differences varying by pretreatment history.

### Vosevi Evaluation

**Vosevi** will be approved when ALL of the following criteria are met:

1. **ONE** of the following is met:
   a. There is documentation that the patient is currently using the requested agent
   OR
   b. The patient is new to therapy and ALL of the below:
      i. The patient has a diagnosis of chronic hepatitis C genotype 1, 2, 3, 4, 5, or 6 AND
      ii. If genotype 1, the prescriber has provided the patient’s subtype AND
      iii. The prescriber has screened the patient for current or prior hepatitis B viral (HBV) infection AND
      iv. If the screening for HBV was positive for current or prior HBV infection, the prescriber will monitor the patient for HBV flare-up or reactivation during and after treatment with the requested agent AND
      v. The requested agent is being prescribed by a specialist (e.g. gastroenterologist, hepatologist, or infectious disease) or in consultation with a specialist AND
      vi. The patient does not have any FDA labeled contraindications to the requested agent AND
   vii. BOTH of the following:
      1. The patient is not treatment naïve AND
      2. The patient has not been previously treated with the requested agent AND

2. The dose is within the FDA labeled dose AND
3. The requested agent will be used in a treatment regimen AND length of therapy recommended for the patient’s genotype as noted in Table 7 (FDA labeling)

**Length of Approval**: Up to the duration of treatment as determined in Table 7

**Table 7: Vosevi Treatment Recommendations based on FDA labeling**

<table>
<thead>
<tr>
<th>Patient Population</th>
<th>Patients Previously Treated with an HCV Regimen Containing:</th>
<th>Treatment Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genotype 1,2,3,4,5, or 6 without cirrhosis or with compensated cirrhosis (Child Pugh A)</td>
<td>An NS5A inhibitor&lt;sup&gt;a&lt;/sup&gt;</td>
<td>12 weeks</td>
</tr>
<tr>
<td>Genotype 1α or 3 without cirrhosis or with compensated cirrhosis (Child Pugh A)</td>
<td>Sofosbuvir without an NS5A inhibitor&lt;sup&gt;b&lt;/sup&gt;</td>
<td>12 weeks</td>
</tr>
</tbody>
</table>

<sup>a</sup> Examples of HCV NS5A inhibitors include daclatasvir, elbasvir, ledipasvir, ombitasvir, velpatasvir

<sup>b</sup> Sofosbuvir with or without any of the following: peginterferon alfa/ribavirin, ribavirin, HCV NS3/4A protease inhibitor (simeprevir)

**Zepatier Evaluation**

**Zepatier** will be approved when ALL of the following criteria are met:

1. ONE of the following is met:
   a. There is documentation that the patient is currently using the requested agent
   OR
   b. The patient is new to therapy and ALL of the below:
      i. The patient has a diagnosis of chronic hepatitis C genotype 1 or 4
      AND
      ii. BOTH of the following:
          1. If genotype 1, the prescriber has provided the patient’s subtype
          AND
          2. If the subtype 1α, the prescriber has tested the patient for NS5A polymorphisms
          AND
      iii. The prescriber has screened the patient for current or prior hepatitis B viral (HBV) infection
      AND
      iv. If the screening for HBV was positive for current or prior HBV infection, the prescriber will monitor the patient for HBV flare-up or reactivation during and after treatment with the requested agent
      AND
      v. The requested agent is being prescribed by a specialist (e.g. gastroenterologist, hepatologist, or infectious disease) or in consultation with a specialist
      AND
      vi. The patient does not have any FDA labeled contraindications to the requested agent
      AND
      vii. ONE of the following:
          1. The patient is treatment naïve
          OR
          2. The patient was previously treated (i.e. treatment experienced) with ONLY peg-interferon and ribavirin with or without an HCV protease inhibitor
          AND
   2. The dose is within the FDA labeled dose
   AND
   3. The requested agent will be used in a treatment regimen AND length of therapy recommended for the patient’s genotype as noted in Table 8 (FDA labeling)
Note: If the requested agent is a non-preferred agent for the patient’s genotype the non-preferred agent criteria below must also be met when therapy has not yet been started.

**Length of Approval:** Up to the duration of treatment as determined in Table 8

**Table 8: Zepatier Treatment Recommendations based on FDA labeling**

<table>
<thead>
<tr>
<th>Patient Population^,£</th>
<th>Treatment</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Genotype 1a:</strong> Treatment-naïve or PegIFN/RBV-experienced without baseline NS5A polymorphisms†</td>
<td>Zepatier</td>
<td>12 weeks</td>
</tr>
<tr>
<td><strong>Genotype 1a:</strong> Treatment-naïve or PegIFN/RBV-experienced with baseline NS5A polymorphisms†</td>
<td>Zepatier + ribavirin</td>
<td>16 weeks</td>
</tr>
<tr>
<td><strong>Genotype 1b:</strong> Treatment-naïve or PegIFN/RBV-experienced</td>
<td>Zepatier</td>
<td>12 weeks</td>
</tr>
<tr>
<td><strong>Genotype 1a or 1b:</strong> PegIFN/RBV/protease inhibitor-experienced</td>
<td>Zepatier + ribavirin</td>
<td>12 weeks</td>
</tr>
<tr>
<td><strong>Genotype 4:</strong> Treatment-naïve</td>
<td>Zepatier</td>
<td>12 weeks</td>
</tr>
<tr>
<td><strong>Genotype 4:</strong> PegIFN/RBV-experienced</td>
<td>Zepatier + ribavirin</td>
<td>16 weeks</td>
</tr>
</tbody>
</table>

†Polymorphisms at amino acid positions 28, 30, 31, or 93
^Genotype 1a: Testing for the presence of virus with NS5A resistance-associated polymorphisms is recommended.
£ HCV/HIV co-infection and/or cirrhosis: follow dosage recommendations in the table above

**PRIOR AUTHORIZATION CRITERIA FOR APPROVAL**

**New to market chronic Hepatitis C agents** will be approved when ALL of the following criteria are met:

1. ONE of the following is met:
   a. There is documentation that the patient is currently using the requested agent **OR**
   b. The patient is new to therapy and **ALL** of the below:
      i. The patient has an FDA approved diagnosis for the requested agent **AND**
      ii. **BOTH** of the following:
         1. FDA labeling for the requested agent requires patients are tested for hepatitis B viral (HBV) infection prior to starting treatment with the requested agent **AND**
         2. **BOTH** of the following:
            a. The prescriber has screened the patient for current or prior HBV **AND**
            b. If the HBV screening was positive for current or prior HBV, the prescriber will monitor the patient for HBV flare-up or reactivation during and after treatment with the requested agent **AND**
         i. The requested agent is FDA approved for treatment of the patient’s genotype **AND**
         ii. The patient does not have any FDA labeled contraindications to the requested agent **AND**
         iii. The requested agent is being prescribed by a specialist (e.g. gastroenterologist, hepatologist, or infectious disease) or in consultation with a specialist **AND**
   2. The dose is within the FDA labeled dose **AND**
   3. The requested agent will be used in a treatment regimen **AND** length of therapy recommended for the patient’s diagnosis, and genotype as noted in Table 9 (FDA labeling)
Note: If the requested agent is a non-preferred agent for the patient’s genotype the non-preferred agent criteria below must also be met when therapy has not yet been started.

**Length of Approval:** Up to the duration of treatment as determined in Table 9

**Table 9: Treatment Recommendations based on FDA labeling**

<table>
<thead>
<tr>
<th>Agent(s)</th>
<th>FDA approved indication(s)</th>
<th>Genotype</th>
<th>Treatment Regimen</th>
<th>FDA labeled dose</th>
<th>Treatment Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-Preferred Agents Evaluation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Non-Preferred Agent(s)</strong> will be approved when the drug specific criteria above and ONE of the following additional criteria are met:**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. The patient is currently being treated with the non-preferred agent <strong>OR</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. The patient has an FDA labeled contraindication or hypersensitivity to the preferred agent(s) <strong>OR</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. The prescriber has submitted documentation in support of the use of the non-preferred agent, over the preferred agent(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Length of Approval:** Up to the duration of treatment as determined in Tables above

**Contraindications:**

<table>
<thead>
<tr>
<th>Agent(s)</th>
<th>Contraindication(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Epclusa® (sofosbuvir/velpatasvir)</strong></td>
<td>Epclusa and ribavirin combination regimen is contraindicated in patients for whom ribavirin is contraindicated</td>
</tr>
<tr>
<td><strong>Harvoni® (ledipasvir/sofosbuvir)</strong></td>
<td>If used in combination with ribavirin, all contraindications to ribavirin also apply to Harvoni combination therapy.</td>
</tr>
<tr>
<td><strong>Mavyret™ (glecaprevir/pibrentasvir)</strong></td>
<td>Patients with severe hepatic impairment (Child-Pugh C) Co-administration with atazanavir or rifampin</td>
</tr>
<tr>
<td><strong>Technivie™ (paritaprevir/ritonavir/ombitasvir)</strong></td>
<td>Patients with moderate to severe hepatic impairment [decompensated cirrhosis (Child-Pugh B or C)]. Co-administration with drugs that are: highly dependent on CYP3A for clearance; moderate and strong inducers of CYP3A. Known hypersensitivity to ritonavir (e.g. toxic epidermal necrolysis, Steven-Johnson syndrome). The contraindications to ribavirin also apply to this combination regimen (Technivie + ribavirin).</td>
</tr>
<tr>
<td><strong>Viekira Pak™ (paritaprevir/ritonavir/ombitasvir + dasabuvir) and Viekira XR™ (dasabuvir/ombitasvir/paritaprevir/ritonavir)</strong></td>
<td>Patients with moderate to severe hepatic impairment [decompensated cirrhosis (Child-Pugh B or C)]. Known hypersensitivity to ritonavir (e.g. toxic epidermal necrolysis, Steven-Johnson syndrome). Co-administration with drugs that are: highly dependent on CYP3A for clearance; moderate or strong inducers of CYP3A and strong inducers of CYP2C8; and strong inhibitors of CYP2C8. If Viekira or Viekira XR is administered with ribavirin, the contraindications to ribavirin also apply to this combination regimen.</td>
</tr>
<tr>
<td><strong>Vosevi™ (sofosbuvir/velpatasvir/voxilaprevir)</strong></td>
<td>Co-administration with rifampin</td>
</tr>
<tr>
<td><strong>Zepatier™ (elbasvir/grazoprevir)</strong></td>
<td>Patients with moderate or severe hepatic impairment</td>
</tr>
</tbody>
</table>
[decompensated cirrhosis (Child-Pugh B or C)]. Organic anion transporting polypeptides 1B1/3 (OATP1B1/3) inhibitors, strong CYP3A inducers, and efavirenz.
If Zepatier is administered with ribavirin, the contraindications to ribavirin also apply.