Oral Hepatitis C First and Second Gen Antivirals - Prior Authorization Program Summary - Through Preferred agent(s) Medicaid

This program applies to Medicaid.

The BCBS MN Step Therapy Supplement applies to this program for Medicaid, for the New to Market section only.

**FDA APPROVED INDICATIONS AND DOSAGE**

<table>
<thead>
<tr>
<th>Agent</th>
<th>Indications</th>
<th>Dosage</th>
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</table>
| Daklinza™ (daclatasvir) | • Treatment of chronic hepatitis C virus (HCV) genotype 1 or 3 infection in combination with sofosbuvir with or without ribavirin  
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 | 60 mg tablet taken orally once daily with or without food in combination with sofosbuvir with or without ribavirin  
Dose modification: Reduce dosage to 30 mg once daily with strong CYP3A inhibitors and increase dosage to 90 mg once daily with moderate CYP3A inducers |
| Epclusa® (sofosbuvir/velpatasvir) | • Treatment of adult and pediatric patients 6 years of age and older or weighing at least 17 kg 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 | Adults:  
1 tablet containing 400 mg of sofosbuvir and 100 mg of velpatasvir orally once daily for 12 weeks  
Pediatric patients weighing 17 to less than 30 kg:  
1 tablet containing 200 mg of sofosbuvir and 50 mg of velpatasvir orally once daily for 12 weeks  
Pediatric patients weighing at least 30 kg:  
1 tablet containing 400 mg of sofosbuvir and 100 mg of velpatasvir orally once daily OR  
2 tablets containing 200 mg of sofosbuvir and 50 mg of velpatasvir orally once daily for 12 weeks |
| Harvoni® (ledipasvir/sofosbuvir) | • Treatment of chronic hepatitis C in adults and | Adults:  
1 tablet orally once daily containing 90 mg of |
<table>
<thead>
<tr>
<th>Oral tablet/Oral pellets</th>
<th>pediatric patients 3 years of age and older:</th>
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<tbody>
<tr>
<td>- For patients with genotype 1, 4, 5, or 6 infection without cirrhosis or with compensated cirrhosis</td>
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<tr>
<td>- For patients with genotype 1 infection with decompensated cirrhosis in combination with ribavirin</td>
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<tr>
<td>- For patients with genotype 1 or 4 infection who are liver transplant recipients without cirrhosis or with compensated cirrhosis in combination with ribavirin</td>
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<tr>
<td>ledipasvir and 400 mg of sofosbuvir. Length of therapy is dependent on genotype, patient treatment experience, and patient cirrhosis status.</td>
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**Pediatric 3 years of age and older:**

- **Patients weighing less than 17 kg:**
  - One 33.75 mg/150 mg packet of pellets once daily

- **Patients weighing 17 kg to less than 35 kg:**
  - One 45 mg/200 mg tablet once daily
  - One 45 mg/200 mg packet of pellets once daily

- **Patients weighing at least 35 kg:**
  - One 90 mg/400 mg tablet once daily
  - Two 45 mg/200 mg tablets once daily
  - Two 45 mg/200 mg packets of pellets once daily

<table>
<thead>
<tr>
<th>Mavyret™ (glecaprevir/pibrentasvir)</th>
<th>Treatment of adult and pediatric patients 12 years and older or weighing at least 45 kg with chronic hepatitis C who have:</th>
</tr>
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<tbody>
<tr>
<td>- Genotype 1, 2, 3, 4, 5, or 6 infection without cirrhosis or with compensated cirrhosis (Child-Turcotte-Pugh A)</td>
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<tr>
<td>- 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</td>
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<tr>
<td>3 tablets orally once daily with food. Length of therapy is dependent on genotype, patient treatment experience, and patient cirrhosis status</td>
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<tr>
<td><strong>Olysio® (simeprevir)</strong></td>
<td><strong>Sovaldi® (sofosbuvir)</strong></td>
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<tr>
<td>Oral capsule</td>
<td>Oral tablet/Oral pellets</td>
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- **Treatment of adults with chronic HCV infection**
  - In combination with sofosbuvir in patients with HCV genotype 1 without cirrhosis or with compensated cirrhosis
  - In combination with peg-interferon and ribavirin in patients with HCV genotype 1 or 4 without cirrhosis or with compensated cirrhosis (Child-Turcotte-Pugh A)

  **Limitations of use:**
  Efficacy of Olysio in combination with peg-interferon and ribavirin is substantially reduced in patients infected with HCV genotype 1a with an NS3 Q80K polymorphism

  Olysio is not recommended in patients who have previously failed therapy with a treatment regimen that included Olysio or other HCV protease inhibitors

  **150 mg capsule taken orally once daily with food**

- **Treatment of adult patients with chronic HCV genotype 1, 2, 3 or 4 infection without cirrhosis or with compensated cirrhosis as a component of a combination antiviral treatment regimen**

- **Treatment of pediatric patients 3 years of age and older with genotype 2 or 3 chronic HCV infection without cirrhosis or in combination with ribavirin for patients with compensated cirrhosis**

  **Adults:**
  1 tablet orally once daily containing 400 mg of sofosbuvir. Length of therapy is dependent on genotype, patient treatment experience, and patient cirrhosis status

  **Pediatric 3 years of age and older:**
  **Patients weighing less than 17 kg:**
  One 150 mg packet of pellets once daily

  **Patients weighing 17 kg to less than 35 kg:**
  One 200 mg tablet once daily OR One 200 mg packet of pellets once daily
<table>
<thead>
<tr>
<th>Medicine</th>
<th>Description</th>
<th>Dosage</th>
<th>Notes</th>
</tr>
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<tbody>
<tr>
<td><strong>Technivie™</strong>&lt;br&gt;(ombitasvir/paritaprevir/ritonavir)</td>
<td>Oral tablet</td>
<td>• Treatment of chronic hepatitis C genotype 4 in combination with ribavirin for patients without cirrhosis or with compensated cirrhosis</td>
<td>Two tablets orally once daily (in the morning) with a meal for 12 weeks</td>
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<tr>
<td><strong>Viekira Pak™</strong>&lt;br&gt;(ombitasvir/paritaprevir/ritonavir co-packaged with dasabuvir)</td>
<td>Oral tablets</td>
<td>• Treatment of adult patients with chronic hepatitis C virus who have:&lt;br&gt;- Genotype 1b without cirrhosis or with compensated cirrhosis&lt;br&gt;- Genotype 1a without cirrhosis or with compensated cirrhosis used in combination with ribavirin</td>
<td>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</td>
</tr>
<tr>
<td><strong>Viekira XR™</strong>&lt;br&gt;(dasabuvir/ombitasvir/paritaprevir/ritonavir)</td>
<td>Oral tablet</td>
<td>• Treatment of adult patients with chronic hepatitis C virus who have:&lt;br&gt;- Genotype 1b without cirrhosis or with compensated cirrhosis&lt;br&gt;- Genotype 1a without cirrhosis or with compensated cirrhosis used in combination with ribavirin</td>
<td>3 tablets taken orally once daily with a meal. Length of therapy is dependent on genotype and patient cirrhosis status</td>
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<tr>
<td><strong>Vosevi®</strong>&lt;br&gt;(sofosbuvir/velpatasvir/voxilaprevir)</td>
<td>Oral tablet</td>
<td>• Treatment of adult patients with HCV infection without cirrhosis or compensated cirrhosis (Child-Turcotte-Pugh A) who have:&lt;br&gt;- Genotype 1, 2, 3, 4, 5 or 6 infection and have previously been treated with an HCV regimen containing an NS5A inhibitor&lt;br&gt;- Genotype 1a or 3 infection and have previously been treated with an HCV regimen containing sofosbuvir without an NS5A inhibitor</td>
<td>1 tablet taken orally once daily with food for 12 weeks</td>
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**Zepatier® (elbasvir/grazoprevir)**

Oral tablet

- Treatment, with or without ribavirin, of chronic hepatitis C genotype 1 or 4 infection in adults
- 1 tablet (50 mg elbasvir and 100 mg grazoprevir) taken orally once daily for up to 16 weeks

**CLINICAL RATIONALE**

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 2.4 million people in the United States infected with hepatitis C as of 2016. 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.  

The American Association for the Study of Liver diseases (AASLD) along with the Infectious Diseases society of America (IDSA) recommend the following:  

- One-time, routine, opt out HCV testing is recommended for all individuals aged 18 years and older  
- One-time HCV testing should be performed for all persons less than 18 years old with behaviors, exposures, or conditions or circumstances associated with an increased risk of HCV infection  
- Periodic repeat HCV testing should be offered to all persons with behaviors, exposures, or conditions or circumstances associated with an increased risk of HCV exposure  
- Annual HCV testing is recommended for all persons who inject drugs and for HIV-infected men who have unprotected sex with men  

Risk behaviors:

- Injection drug use (current or ever, including those who injected only once)  
- Intranasal illicit drug use  
- Men who have sex with men  

Risk exposures:

- Persons on long-term hemodialysis (ever)  
- Persons with percutaneous/parenteral exposures in an unregulated setting  
- Healthcare, emergency medical, and public safety workers after needlestick, sharps, or mucosal exposure to HCV-infected blood  
- Children born to HCV-infected women  
- Prior recipients of a transfusion or organ transplant, including persons who:  
  - Were notified that they received blood from a donor who later tested positive for HCV  
  - Received a transfusion of blood or blood components, or underwent an organ transplant before July 1992  
  - Received clotting factor concentrates produced before 1987  
- Persons who were ever incarcerated  

Other conditions and circumstances:

- HIV infection  
- Sexually active persons about to start pre-exposure prophylaxis (PrEP) for HIV  
- Unexplained chronic liver disease and/or chronic hepatitis, including elevated alanine aminotransferase (ALT) levels  
- Solid organ donors (living and deceased) and solid organ transplant recipients  

**AASLD/IDSA guidelines on when and in whom to treat**

The goal of treatment of HCV-infected persons 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 as evidenced by a sustained virologic response (SVR) (defined as the continued absence of detectable HCV RNA for at least 12 weeks after completion of therapy). According to the AASLD/IDSA guidelines, treatment is recommended for all patients with acute or 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 SVR and increase the rates of liver-related mortality.\textsuperscript{12}

Although the prevalence of chronic HCV is lower in children than adults, an estimated 3.5-5 million children worldwide have chronic HCV infection. Data from the National Health and Nutrition Examination Survey (NHANES) collected between 2003 and 2010 indicates that 0.2% of 6 to 11 year olds (31,000 children) and 0.4% of 12 to 19 year olds (101,000 adolescents) in the US are HCV antibody positive.\textsuperscript{15}

Birth to an HCV-infected mother is a known risk for infection and these children should be evaluated and tested for HCV. The rate of mother-to-child transmission (MTCT) of HCV infection is approximately 5%, although rates are higher among women with inadequately controlled HIV co-infection, and women with higher HCV-RNA levels, or viral loads (> 6 log IU/mL). Identifying, following, and treating exposed children is recommended. The basis for evaluation early in life is HCV-RNA testing, as maternal antibodies and consequently anti-HCV assay positivity may persist for 18 months. About 25% to 50% of infected infants spontaneously resolve HCV infection (loss of previously detectable HCV RNA) by 3 years of age. HCV RNA is more expensive than an antibody-based test; and there is no intervention or treatment that will occur prior to age 3—because of lack of approved drugs for this age group and to allow for possible spontaneous clearance.\textsuperscript{15}

**Simplified Treatment**\textsuperscript{16}

Direct-acting antiviral agents (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.

The National Academies of Science, Engineering, and Medicine have proposed a strategy to reduce cases of chronic HCV infection by 90% by 2030. Data shows that HCV treatment can be effectively provided by a broad range of health care professionals with differing expertise – including specialists, primary care physicians, nurse practitioners, clinical pharmacy specialists, physician assistants, and registered nurses- without compromising treatment efficacy or safety. AASLD/IDSA has created simplified regimens to treat HCV in adults without cirrhosis or compensated cirrhosis who have not been previously treated for their infection to allow for the expansion of healthcare professionals who prescribe antiviral therapy and increase the number of persons treated. These simplified treatment algorithms are designed to be used by any health care provider knowledgeable about HCV disease and treatment, including those without extensive experience, who have timely access to a specialist. Any patients not included in the simplified treatment regimens should be seen by a specialist.

For patients without cirrhosis, the pretreatment evaluation should include an assessment for cirrhosis, medication reconciliation, drug-drug interactions, and patient education regarding treatment administration and the importance of adherence and transmission prevention. The recommended treatment regimens are glecaprevir (300 mg)/pibrentasvir (120 mg) taken with food for 8 weeks or sofosbuvir (400 mg)/velpatasvir (100 mg) for a duration of 12 weeks.

For patients with compensated cirrhosis (Child-Turcotte-Pugh class A), the pretreatment evaluation includes all parameters for patients without cirrhosis but also includes clinical evaluation for ascites and hepatic encephalopathy and ultra-sound imaging of the liver within the prior 6 months to evaluate for hepatocellular carcinoma (HCC) and sub clinical ascites. If
any of the additional clinical or imaging findings if present are contraindications to use the simplified treatment algorithm. The recommended regimens for genotype 1-6 are glecaprevir (300 mg)/pibrentasvir (120 mg) taken with food for 8 weeks or for genotypes 1, 2, 4, 5, or 6, sofosbuvir (400 mg)/velpatasvir (100 mg) for a duration of 12 weeks.

**Efficacy**

**Daklinza (daclatasvir)**

Daklinza is an HCV virus NS5A inhibitor indicated for use with sofosbuvir. The efficacy of Daklinza in combination with sofosbuvir with or without ribavirin for patients with HCV was evaluated in the ALLY-1, ALLY-2, and ALLY-3 trials.

ALLY-1, an open-label trial, included 113 patients with cirrhosis or recurrent infection after liver transplantation. Subjects with HCV genotype 1, 2, 3, 4, 5, or 6 were eligible to enroll although data on subjects with genotypes 2, 4, 5, or 6 was insufficient to provide recommendations. All subjects in the ALLY-1 trial received Daklinza in combination with sofosbuvir and ribavirin for 12 weeks. The primary outcome was sustained virologic response at 12 weeks following treatment (SVR12). SVR12 rates were comparable between genotype 1 and genotype 3. SVR12 ranged from 50% (for patients with Child-Turcotte-Pugh C) to 100% (for patients with genotype 1b).

ALLY-2 trial was an open-label trial evaluating the efficacy of Daklinza in combination with sofosbuvir in 153 HCV/HIV coinfected patients with chronic HCV genotype 1, 2, 3, 4, 5, or 6. Although this trial included patients with HCV genotype 1 to 6, this combination is FDA approved only for treatment of HCV genotype 1 and 3 therefore, clinical trial data for other genotypes will not be discussed here. Subjects with genotype 1 enrolled in the ALLY-2 trial received Daklinza plus sofosbuvir for 12 weeks. The primary outcome, overall SVR-12, was 97% in genotype 1 patients. Patients with HCV genotype 1 and cirrhosis had a lower SVR12 (91%) as compared to those without cirrhosis (98%). SVR12 in genotype 3 patients was 100%.

The ALLY-3 trial was an open-label trial evaluating the efficacy of Daklinza in combination with sofosbuvir and ribavirin. The study enrolled 152 subjects with chronic hepatitis C genotype 3 infection and compensated liver disease. 101 subjects were treatment naïve, 7 subjects had been previously treated with a sofosbuvir regimen, and 2 subjects had previously received treatment with an investigational cyclophilin inhibitor. Subjects with previous exposure to an NS5A inhibitor (e.g. daclatasvir, ledipasvir, or ombitasvir) were excluded from the trial. The primary end-point, SVR 12, was 92% to 98% and 58% to 69% for patients without cirrhosis and for those with cirrhosis respectively. Relapse rates following completion of treatment were 9% to 14%.

**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 (SVR12) 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 ASTRAL-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 SVR12 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. SVR12 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.

Trial 4062 was an open-label clinical trial that evaluated 12 weeks of treatment with Epclusa in 59 HCV-infected adults with end stage renal disease (ESRD) requiring dialysis. The overall SVR rate was 95%. Of the subjects completing 12 weeks of Epclusa, 1 subject experienced virologic relapse.

The efficacy of Epclusa once daily for 12 weeks was evaluated in an open-label trial (Study 1143) in 173 genotype 1, 2, 3, 4, or 6 HCV treatment-naïve or treatment-experienced pediatric subjects 6 years of age and older without cirrhosis or with compensated cirrhosis.

In patients 12 years to < 18 years of age (genotypes 1, 2, 3, 4 and 6), the SVR rates were:

- 93% for genotype 1
- 100% for genotypes 2, 3, 4, and 6

In patients 6 years to < 12 years of age (genotypes 1, 2, 3, and 4) the SVR rates were:

- 93% for genotype 1
- 91% for genotype 3
- 100% for genotypes 2 and 4

**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 naive and treatment experienced patients, those without cirrhosis and with cirrhosis (compensated and decompensated), post-liver transplant patients, pediatric patients who were at least 3 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 naive 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.

**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 naive 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 has 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 genotype 1, 2, 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, 4, 5, or 6 infection with compensated cirrhosis was evaluated in the EXPEDITION-1 trial. Patients received Mavyret for 12 weeks. The SVR12 was 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 and 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 EXPEDITION-1 trial. 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 MAGELLAN-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.

The MAGELLAN-2 trial evaluated patients who were treatment-naïve or PRS treatment-experienced who have had a liver or kidney transplant. The overall SVR12 rate was 98%.

The efficacy of Mavyret was evaluated in an open-label study (DORA [Part 1]) that evaluated adolescent subjects 12 years to less than 18 years without cirrhosis who received Mavyret for 8 or 16 weeks. Treatment duration was chosen to match approved adult durations based on HCV genotype and prior treatment experience. The overall SVR12 rate was 100%.

**Olysio (simeprevir)**

Olysio is a HCV NS3/4A protease inhibitor. It is indicated for use in combination with sofosbuvir or in combination with ribavirin and peg-interferon (triple therapy). AASLD/IDSA no longer recommend use of simeprevir in combination with ribavirin and peg-interferon for genotype 1 patients due to low efficacy and high potential for side effects. The AASLD/IDSA guidelines do
recommend Olysio as one of several potential regimens for patients with chronic kidney disease stage 1, 2, or 3.

**Sovaldi (sofosbuvir)**

Sovaldi is a nucleotide analog NS5B polymerase inhibitor. It is indicated for use in combination with other DAAs including daclatasvir and simprevir. It may also be used in combination with peg-interferon and ribavirin. To date, sofosbuvir is the only oral DAA indicated for treatment of patients with hepatocellular carcinoma secondary to chronic HCV infection.

The safety and efficacy of Sovaldi was evaluated in five Phase 3 trials in a total of 1724 HCV mono-infected subjects with genotypes 1 to 6 chronic hepatitis C virus, one Phase 3 trial in 223 HSC/HIV-1 coinfected subjects with genotype 1, 2, or 3 HCV, and one trial in 106 pediatric subjects 3 years of age and older with genotype 2 or 3 HCV. The efficacy of Sovaldi (SVR12) is dependent on the combination regimen in which it is used, the patient’s genotype, and patient’s treatment history (range 82% - 100%).

The most common adverse events of sofosbuvir when used with ribavirin include fatigue, headache and insomnia. Nausea, insomnia, and anemia were the most common adverse events when sofosbuvir was used in combination with ribavirin and peg-interferon.

**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. SVR12 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.

**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.

**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.

**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 m²) or CKD Stage 5 (eGFR <15 mL/min/1.73 m²), 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.

**Safety**

**Risk of Hepatitis B infection reactivation with HCV Direct Acting Antivirals**¹⁴

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.

**References:**

Oral Hepatitis C First and Second Gen Antivirals – Through preferred agent(s)
Prior Authorization - Medicaid

Preferred agents as determined by client:

<table>
<thead>
<tr>
<th>Genotype 1 Treatment-Naïve Patients</th>
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<th>Genotype 1 Treatment-Experienced Patients</th>
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<tr>
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<tr>
<td>Mavyret</td>
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<tr>
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<tr>
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<td></td>
</tr>
<tr>
<td></td>
<td>Harvoni</td>
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</tr>
<tr>
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<td>Sovaldi</td>
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<tr>
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</tr>
<tr>
<td></td>
<td>Vosevi</td>
</tr>
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</table>

| Genotype 2 Treatment-Experienced Patients               |
|--------------------------------------------------------|-------------------------------|
| Preferred                                              | Non-preferred                |
| Mavyret                                                 | Sofosbuvir/Velpatasvir       |
|                                                        | Epclusa                      |
|                                                        | Sovaldi                      |
|                                                        | None                          |

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<td>Vosevi</td>
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</table>

| Genotype 3 Treatment-Experienced Patients               |
|--------------------------------------------------------|-------------------------------|
| Preferred                                              | Non-preferred                |
| Mavyret                                                 | Sofosbuvir/Velpatasvir       |
|                                                        | Epclusa                      |
|                                                        | Sovaldi                      |
|                                                        | None                          |

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| Genotype 4 Treatment-Experienced Patients               |
|--------------------------------------------------------|-------------------------------|
| Preferred                                              | Non-preferred                |
| Mavyret                                                 | Sofosbuvir/Velpatasvir       |
|                                                        | Zepatier                     |
|                                                        | Epclusa                      |
|                                                        | Ledipasvir/Sofosbuvir        |
|                                                        | Harvoni                      |
|                                                        | Sovaldi                      |
|                                                        | None                          |

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<th>Genotype 5 or 6 Treatment-Naïve Patients</th>
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<tr>
<td></td>
<td>Vosevi</td>
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</table>

| Genotype 5 or 6 Treatment-Experienced Patients         |
|--------------------------------------------------------|-------------------------------|
| Preferred                                              | Non-preferred                |
| Mavyret                                                 | Sofosbuvir/Velpatasvir       |
|                                                        | Epclusa                      |
|                                                        | Ledipasvir/Sofosbuvir        |
|                                                        | Harvoni                      |
### Target Drugs

#### Genotype 5 or 6 Treatment-Experienced Patients

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<tr>
<td>Vosevi</td>
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#### Target Drugs

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<tr>
<td><strong>Epclusa (sofosbuvir/velpatasvir)</strong></td>
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<tr>
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<td>M, N, O, or Y</td>
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<td><strong>Harvoni (ledipasvir/sofosbuvir)</strong></td>
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<td><strong>Ledipasvir/sofosbuvir</strong></td>
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<td><strong>Vosevi (sofosbuvir/velpatasvir/voxilaprevir)</strong></td>
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<td>M, N, O, or Y</td>
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<td><strong>Zepatier (elbasvir/grazoprevir)</strong></td>
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<td>50 mg elbasvir/100 mg grazoprevir tablets</td>
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TARGET DRUGS
Hepatitis C Genotype 1 – Treatment Naive

Preferred Agent(s) as determined by client
Mavyret™ (glecaprevir/pibrentasvir)

Non-preferred Agent(s) as determined by client
Epclusa® (sofosbuvir/velpatasvir)
Harvoni® (ledipasvir/sofosbuvir)
Ledipasvir/Sofosbuvir
Sofosbuvir/Velpatasvir
Sovaldi® (sofosbuvir)
Zepatier™ (elbasvir/grazoprevir)

PRIOR AUTHORIZATION CRITERIA FOR APPROVAL
Evaluation for Genotype 1 – Treatment Naive
Mavyret (glecaprevir/pibrentasvir) will be approved when ALL of the following criteria are met:

1. Regimen may be prescribed by a primary care provider, a gastroenterologist, hepatologist, or infectious disease specialist AND
2. If the patient has any ONE of the following, the regimen must be prescribed by a gastroenterologist, hepatologist, infectious disease specialist, or a nurse practitioner or physician assistant working with a gastroenterologist, hepatologist, or infectious disease specialist:
   a. Patient is treatment-experienced OR
   b. Patient has Hepatitis B and/or HIV co-infection OR
   c. Patient has undergone liver transplantation OR
   d. Patient has liver cancer OR
   e. Patient has severe liver disease defined as:
      i. APRI > 1.5 OR
      ii. FibroSURE > 0.49 OR
      iii. Fibroscan > 9.5 kPa OR
      iv. FIB-4 > 3.25 OR
      v. MR Elastography > 6 kPa OR
      vi. Fibrospect > 42 OR
      vii. Liver Biopsy > F3
   AND
3. If the patient has a substance use disorder or IV drug use, the patient must:
   a. Be enrolled in a substance use disorder treatment program and provider’s attestation of enrollment is provided at time of request; OR
   b. Be counseled about measures to reduce the risk of HCV transmission to others; and evidence of counseling is provided at time of request; AND ONE of the following:
      i. Be offered at least TWO of the following harm reduction services, as described in AASLD/IDSA HCV guidelines:
         1. Condom distribution (e.g. written prescription for condoms, clinic receipt of condom purchase for distribution within the past 12 months, etc.)
         2. Access to sterile syringes (e.g. written prescription for needles and syringes, copy of educational materials on syringe access and disposal provided to the patient, etc.)
         3. Naloxone training and distribution (e.g. written prescription for naloxone, copy of current naloxone training protocol etc.)
4. Medication-assisted treatment options (e.g. provider’s attestation of methadone program enrollment, prescription for buprenorphine substantiated by pharmacy claims data); OR
   ii. Not be candidate for ANY of the harm reduction services above; and provider provides the reason the patient is not a candidate for each of the harm reduction service above.

AND

4. The treating clinician must provide documentation to attest that the patient is screened for evidence of current or prior hepatitis B virus (HBV) infection before starting treatment with direct acting antivirals AND the treating clinician must also have a monitoring plan in place for HBV flare-ups or reactivation during treatment and post-treatment follow-up

AND

5. Where indicated, the treating clinician must provide documentation that the patient has been counseled on the HBV reactivation adverse events management plan AND the risk of HBV reactivation including serious liver injury and death

AND

6. Clinical documentation of patient’s liver cirrhosis status (e.g., no cirrhosis, compensated cirrhosis, etc.) that corresponds to the requested therapy duration AND

7. Pretreatment detectable HCV RNA viral load value, measured within 1 year of treatment start date, is provided at time of request AND

8. Provider attests to submit SVR12 results to the Department via fax at 651-431-7424 or upon request AND

9. Patient is 12 years of age or older OR weighs at least 45 kg with a diagnosis of Hepatitis C, genotype 1 AND

10. Patient does NOT have ANY of the following exclusion criteria:
   a. Clinically significant drug interactions with patient’s existing medications that cannot be mitigated
   b. Pregnancy
   c. Severe end organ disease and not eligible for transplant (e.g. liver, heart, lung, kidney)
   d. Clinically-significant illness or any other major medical disorder that may interfere with patients’ ability to complete a course of treatment
   e. Patients who, in the professional judgment of the primary treating clinician, would not achieve a long term clinical benefit from HCV treatment (e.g. patients with multisystem organ failure; receiving palliative care or in hospice; significant pulmonary or cardiac disease; and malignancy outside of the liver not meeting oncologic criteria for cure)
   f. Decompensated liver disease with CPT > 12 or MELD > 20
   g. MELD ≤ 20 and ONE of the following:
      i. Cardiopulmonary disease that cannot be corrected and is a prohibitive risk for surgery
      ii. Malignancy outside the liver not meeting oncologic criteria for cure
      iii. Hepatocellular carcinoma
      iv. Intrahepatic cholangiocarcinoma
      v. Hemangiosarcoma
   h. Contraindication to requested drug or drug combination
      i. Requested duration of therapy is longer or shorter than the therapy duration listed in FDA-approved label of requested drug
   j. Indeterminate HCV genotype

AND

11. At the time of treatment initiation, patient must have evidence of Minnesota Health Care Programs (MHCP) insurance coverage for the duration of treatment

Length of Approval: as determined in Appendix A Table.
Evaluation for Genotype 1 – Treatment Naive

Epclusa (sofosbuvir/velpatasvir)
Sofosbuvir/Velpatasvir
Harvoni (ledipasvir/sofosbuvir)
Ledipasvir/Sofosbuvir
Sovaldi (sofosbuvir)
Zepatier (elbasvir/glecaprevir) will be approved when ALL of the following criteria are met:

1. Regimen may be prescribed by a primary care provider, a gastroenterologist, hepatologist, or infectious disease specialist AND

2. If the patient has any ONE of the following, the regimen must be prescribed by a gastroenterologist, hepatologist, infectious disease specialist, or a nurse practitioner or physician assistant working with a gastroenterologist, hepatologist, or infectious disease specialist:
   a. Patient is treatment-experienced OR
   b. Patient has Hepatitis B and/or HIV co-infection OR
   c. Patient has undergone liver transplantation OR
   d. Patient has liver cancer OR
   e. Patient has severe liver disease defined as:
      i. APRI > 1.5 OR
      ii. FibroSURE > 0.49 OR
      iii. Fibroscan > 9.5 kPa OR
      iv. FIB-4 > 3.25 OR
      v. MR Elastography > 6 kPa OR
      vi. Fibroscop > 42 OR
     vii. Liver Biopsy > F3

   AND

3. If the patient has a substance use disorder or IV drug use, the patient must:
   a. Be enrolled in a substance use disorder treatment program and provider’s attestation of enrollment is provided at time of request; OR
   b. Be counseled about measures to reduce the risk of HCV transmission to others; and evidence of counseling is provided at time of request; AND ONE of the following:
      i. Be offered at least TWO of the following harm reduction services, as described in AASLD/IDSA HCV guidelines:
         1. Condom distribution (e.g. written prescription for condoms, clinic receipt of condom purchase for distribution within the past 12 months, etc.)
         2. Access to sterile syringes (e.g. written prescription for needles and syringes, copy of educational materials on syringe access and disposal provided to the patient, etc.)
         3. Naloxone training and distribution (e.g. written prescription for naloxone, copy of current naloxone training protocol etc.)
         4. Medication-assisted treatment options (e.g. provider’s attestation of methadone program enrollment, prescription for buprenorphine substantiated by pharmacy claims data.); OR
      ii. Not be candidate for ANY of the harm reduction services above; and provider provides the reason the patient is not a candidate for each of the harm reduction service above.

   AND

4. The treating clinician must provide documentation to attest that the patient is screened for evidence of current or prior hepatitis B virus (HBV) infection before starting treatment with direct acting antivirals AND the treating clinician must also have a monitoring plan for HBV flare-ups or reactivation during treatment and post-treatment follow-up AND
5. Where indicated, the treating clinician must provide documentation that the patient has been counseled on the HBV reactivation adverse events management plan AND the risk of HBV reactivation including serious liver injury and death

AND

6. Clinical documentation of patient’s liver cirrhosis status (e.g., no cirrhosis, compensated cirrhosis, etc.) that corresponds to the requested therapy duration AND

7. Pretreatment detectable HCV RNA viral load value, measured within 1 year of treatment start date, is provided at time of request AND

8. Provider attests to submit SVR12 results to the Department via fax at 651-431-7424 or upon request AND

9. Patient has a diagnosis of Hepatitis C, genotype 1 AND ONE of the following:
   a. Patient is 18 years of age or older
   OR
   b. ALL of the following:
      i. Patient is age 12 through 17 OR weighs at least 35 kg
      AND
      ii. The requested agent is Harvoni or ledipasvir/sofosbuvir
      AND
      iii. The patient is NOT a candidate for Mavyret

AND

10. Patient does NOT have ANY of the following exclusion criteria:
   a. Clinically significant drug interactions with patient’s existing medications that cannot be mitigated
   b. Pregnancy
   c. Severe end organ disease and not eligible for transplant (e.g. liver, heart, lung, kidney)
   d. Clinically-significant illness or any other major medical disorder that may interfere with patients’ ability to complete a course of treatment
   e. Patients who, in the professional judgment of the primary treating clinician, would not achieve a long term clinical benefit from HCV treatment (e.g. patients with multisystem organ failure; receiving palliative care or in hospice; significant pulmonary or cardiac disease; and malignancy outside of the liver not meeting oncologic criteria for cure)
   f. Decompensated liver disease with CPT > 12 or MELD > 20
   g. MELD ≤ 20 and ONE of the following:
      i. Cardiopulmonary disease that cannot be corrected and is a prohibitive risk for surgery
      ii. Malignancy outside the liver not meeting oncologic criteria for cure
      iii. Hepatocellular carcinoma
      iv. Intrahepatic cholangiocarcinoma
      v. Hemangiosarcoma
   h. Contraindication to requested drug or drug combination
   i. Requested duration of therapy is longer or shorter than the therapy duration listed in FDA-approved label of requested drug
   j. Indeterminate HCV genotype

AND

11. Patient has HCV infection with at least ONE of the four conditions listed below:
   a. Decompensated liver disease as defined by Child-Pugh-Turcotte classification score 7 - 12 and MELD is ≤ 20; OR
   b. Abdominal imaging where radiologist determines findings are suggestive of cirrhosis (e.g. nodules; enlarged liver, especially in the left lobe; tortuous hepatic arteries; ascites; portal hypertension); OR
   c. Evidence of one or more non-invasive tests indicating a fibrosis score of ≥ F3, such as:
      i. APRI (AST to platelet ratio index) ≥ 1.5
      ii. FibroSURE ≥ 0.49
iii. FibroScan ≥ 9.5
iv. Fibrosis-4 index (FIB-4) > 3.25
v. MR Elastography ≥ 6 kPa
vi. Fibrospect ≥ 42
d. HCV infection with ONE of the following:
   i. Post solid organ transplant (e.g. Heart, Kidney, Liver)
   ii. Awaiting Liver transplant
   iii. Stage I-III Hepatocellular Carcinoma meeting Milan Criteria
   iv. HCV Infection post liver transplant
   v. Severe complications of HCV as defined below
      1. Type 2 or Type 3 essential mixed cryoglobulinemia with end organ manifestations
      2. HCV-induced renal disease (e.g. Nephrotic syndrome or membranoproliferative glomerulonephritis (MPGN)

AND
11. At the time of treatment initiation, patient must have evidence of Minnesota Health Care Programs (MHCP) insurance coverage for the duration of treatment

AND
12. For patients 18 years of age or older, BOTH of the following:
   a. The prescriber provides clinical rationale why the preferred agent Mavyret cannot be used
      AND
   b. ONE of the following:
      i. If sofosbuvir/velpatasvir, the patient has creatinine clearance (CrCL) > 30 mL/min OR not currently on hemodialysis
         OR
      ii. If Zepatier, BOTH of the following:
          1. The patient has creatinine clearance (CrCL) < 30 mL/min
             AND
          2. The prescriber must supply clinical rationale as to why sofosbuvir-velpatasvir cannot be used
             OR
      iii. If Epclusa, ALL of the following:
          1. Patient has a documented contraindication to Zepatier
             AND
          2. Patient has creatinine clearance (CrCL) > 30 mL/min OR not currently on hemodialysis
             AND
          3. The prescriber must provide compelling clinical evidence of why sofosbuvir-velpatasvir cannot be used
             OR
      iv. If ledipasvir/sofosbuvir, ALL of the following:
          1. Patient has a documented contraindication to Zepatier
             AND
          2. The prescriber must supply clinical rationale as to why Epclusa and sofosbuvir-velpatasvir cannot be used
             AND
          3. Patient has creatinine clearance (CrCL) > 30 mL/min OR not currently on hemodialysis
             OR
      v. If Harvoni, ALL of the following:
          1. Patient has a documented contraindication to Zepatier
             AND
          2. The prescriber must supply clinical rationale as to why Epclusa and sofosbuvir-velpatasvir cannot be used
             AND
3. The prescriber must provide compelling clinical evidence of why ledipasvir/sofosbuvir cannot be used
   **AND**
4. Patient has creatinine clearance (CrCL) > 30 mL/min **OR** not currently on hemodialysis
   **OR**
   vi. If Sovaldi, **ALL** of the following:
      1. Patient has a documented contraindication to Zepatier
         **AND**
      2. Prescriber has supplied clinical rationale as to why Epclusa, Harvoni, sofosbuvir-velpatasvir, and lepidasvir-sofosbuvir cannot be used
         **AND**
      3. Patient has creatinine clearance (CrCL) > 30 mL/min **OR** not currently on hemodialysis

**Length of Approval:** as determined in Appendix A Table.
Hepatitis C Genotype 1 – Treatment Experienced

Preferred Agent(s) as determined by client
Mavyret™ (glecaprevir/pibrentasvir)
Vosevi™ (sofosbuvir/velpatasvir/voxilaprevir)

Non-preferred Agent(s) as determined by client
None

Evaluation for Genotype 1 – Treatment Experienced
Mavyret (glecaprevir/pibrentasvir)
Vosevi (sofosbuvir/velpatasvir/voxilaprevir) will be approved when ALL of the following criteria are met:

1. If the patient has any ONE of the following, the regimen must be prescribed by a gastroenterologist, hepatologist, infectious disease specialist, or a nurse practitioner or physician assistant working with a gastroenterologist, hepatologist, or infectious disease specialist:
   a. Patient is treatment-experienced OR
   b. Patient has Hepatitis B and/or HIV co-infection OR
   c. Patient has undergone liver transplantation OR
   d. Patient has liver cancer OR
   e. Patient has severe liver disease defined as:
      i. APRI > 1.5 OR
      ii. FibroSURE > 0.49 OR
      iii. Fibroscan > 9.5 kPa OR
      iv. FIB-4 > 3.25 OR
      v. MR Elastography > 6 kPa OR
      vi. Fibrospect > 42 OR
      vii. Liver Biopsy > F3

   AND

2. If the patient has a substance use disorder or IV drug use, the patient must:
   a. Be enrolled in a substance use disorder treatment program and provider’s attestation of enrollment is provided at time of request; OR
   b. Be counseled about measures to reduce the risk of HCV transmission to others; and evidence of counseling is provided at time of request; and ONE of the following:
      i. Be offered at least TWO of the following harm reduction services, as described in AASLD/IDSA HCV guidelines:
         1. Condom distribution (e.g. written prescription for condoms, clinic receipt of condom purchase for distribution within the past 12 months, etc.)
         2. Access to sterile syringes (e.g. written prescription for needles and syringes, copy of educational materials on syringe access and disposal provided to the patient, etc.)
         3. Naloxone training and distribution (e.g. written prescription for naloxone, copy of current naloxone training protocol etc.)
         4. Medication-assisted treatment options (e.g. provider’s attestation of methadone program enrollment, prescription for buprenorphine substantiated by pharmacy claims data.); OR
      ii. Not be candidate for ANY of the harm reduction services above; and provider provides the reason the patient is not a candidate for each of the harm reduction service above.

   AND
3. The treating clinician must provide documentation to attest that the patient is screened for evidence of current or prior hepatitis B virus (HBV) infection before starting treatment with direct acting antivirals AND the provider has a monitoring plan for HBV flare-ups or reactivation during treatment and post-treatment follow-up

AND

4. Where indicated, the treating clinician must provide documentation that the patient has been counseled on the HBV reactivation adverse events management plan AND the risk of HBV reactivation including serious liver injury and death

AND

5. Clinical documentation of patient’s liver cirrhosis status (e.g., no cirrhosis, compensated cirrhosis, etc.) that corresponds to the requested therapy duration AND

6. Clinical documentation of patient’s prior treatment including drug name and date(s) of therapy AND

7. Pretreatment detectable HCV RNA viral load value, measured within 1 year of treatment start date, is provided at time of request AND

8. Provider attests to submit SVR12 results to the Department via fax at 651-431-7424 or upon request AND

9. Patient is 12 years of age or older OR weighs at least 45 kg with a diagnosis of hepatitis C, genotype 1 if requesting Mavyret; OR the patient is 18 years of age or older with a diagnosis of Hepatitis C, genotype 1 if requesting Vosevi AND

10. Patient does NOT have ANY of the following exclusion criteria:
   a. Clinically significant drug interactions with patient’s existing medications that cannot be mitigated
   b. Pregnancy
   c. Severe end organ disease and not eligible for transplant (e.g. liver, heart, lung, kidney)
   d. Clinically-significant illness or any other major medical disorder that may interfere with patients’ ability to complete a course of treatment
   e. Patients who, in the professional judgment of the primary treating clinician, would not achieve a long term clinical benefit from HCV treatment (e.g. patients with multisystem organ failure; receiving palliative care or in hospice; significant pulmonary or cardiac disease; and malignancy outside of the liver not meeting oncologic criteria for cure)
   f. Decompensated liver disease with CPT > 12 or MELD > 20
   g. MELD ≤ 20 and ONE of the following:
      i. Cardiopulmonary disease that cannot be corrected and is a prohibitive risk for surgery
      ii. Malignancy outside the liver not meeting oncologic criteria for cure
      iii. Hepatocellular carcinoma
      iv. Intrahepatic cholangiocarcinoma
      v. Hemangiosarcoma
   h. Contraindication to requested drug or drug combination
   i. Requested duration of therapy is longer or shorter than the therapy duration listed in FDA-approved label of requested drug
   j. Indeterminate HCV genotype

AND

11. At the time of treatment initiation, patient must have evidence of Minnesota Health Care Programs (MHCP) insurance coverage for the duration of treatment

Length of Approval: as determined in Appendix A Table.
TARGET DRUGS
Hepatitis C Genotype 2 – Treatment Naive

Preferred Agent(s) as determined by client
Mavyret™ (glecaprevir/pibrentasvir)

Non-preferred Agent(s) as determined by client
Epclusa® (sofosbuvir/velpatasvir)
Sofosbuvir/Velpatasvir
Sovaldi® (sofosbuvir)

PRIOR AUTHORIZATION CRITERIA FOR APPROVAL
Evaluation for Genotype 2 – Treatment Naive
Mavyret (glecaprevir/pibrentasvir) will be approved when ALL of the following criteria are met:
1. Regimen may be prescribed by a primary care provider, a gastroenterologist, hepatologist, or infectious disease specialist AND
2. If the patient has any ONE of the following, the regimen must be prescribed by a gastroenterologist, hepatologist, infectious disease specialist, or a nurse practitioner or physician assistant working with a gastroenterologist, hepatologist, or infectious disease specialist:
   a. Patient is treatment-experienced OR
   b. Patient has Hepatitis B and/or HIV co-infection OR
   c. Patient has undergone liver transplantation OR
   d. Patient has liver cancer OR
   e. Patient has severe liver disease defined as:
      i. APRI > 1.5 OR
      ii. FibroSURE > 0.49 OR
      iii. Fibroscan > 9.5 kPa OR
      iv. FIB-4 > 3.25 OR
      v. MR Elastography > 6 kPa OR
      vi. Fibropect > 42 OR
      vii. Liver Biopsy > F3

AND
3. If the patient has a substance use disorder or IV drug use, the patient must:
   a. Be enrolled in a substance use disorder treatment program and provider’s attestation of enrollment is provided at time of request; OR
   b. Be counseled about measures to reduce the risk of HCV transmission to others; and evidence of counseling is provided at time of request; AND ONE of the following:
      i. Be offered at least TWO of the following harm reduction services, as described in AASLD/IDSA HCV guidelines:
         1. Condom distribution (e.g. written prescription for condoms, clinic receipt of condom purchase for distribution within the past 12 months, etc.)
         2. Access to sterile syringes (e.g. written prescription for needles and syringes, copy of educational materials on syringe access and disposal provided to the patient, etc.)
         3. Naloxone training and distribution (e.g. written prescription for naloxone, copy of current naloxone training protocol etc.)
         4. Medication-assisted treatment options (e.g. provider’s attestation of methadone program enrollment, prescription for buprenorphine substantiated by pharmacy claims data.); OR
ii. Not be candidate for ANY of the harm reduction services above; and 
provider provides the reason the patient is not a candidate for each of 
the harm reduction service above

AND

4. The treating clinician must provide documentation to attest that the patient is screened 
for evidence of current or prior hepatitis B virus (HBV) infection before starting treatment 
with direct acting antivirals AND the treating clinician must also have a monitoring plan in 
place for HBV flare-ups or reactivation during treatment and post-treatment follow-up

AND

5. Where indicated, the treating clinician must provide documentation that the patient has 
been counseled on the HBV reactivation adverse events management plan AND the risk 
of HBV reactivation including serious liver injury and death

AND

6. Clinical documentation of patient’s liver cirrhosis status (e.g., no cirrhosis, compensated 
cirrhosis, etc.) that corresponds to the requested therapy duration

AND

7. Pretreatment detectable HCV RNA viral load value, measured within 1 year of treatment 
start date, is provided at time of request AND

8. Provider attests to submit SVR12 results to the Department via fax at 651-431-7424 or 
upon request AND

9. Patient is 12 years of age or older OR weighs at least 45 kg with a diagnosis of Hepatitis 
C, genotype 2 AND

10. Patient does NOT have ANY of the following exclusion criteria:

a. Clinically significant drug interactions with patient’s existing medications that 
cannot be mitigated
b. Pregnancy
c. Severe end organ disease and not eligible for transplant (e.g. liver, heart, lung, 
kidney)
d. Clinically-significant illness or any other major medical disorder that may interfere 
with patients’ ability to complete a course of treatment
e. Patients who, in the professional judgment of the primary treating clinician, would 
not achieve a long term clinical benefit from HCV treatment (e.g. patients with 
multisystem organ failure; receiving palliative care or in hospice; significant 
pulmonary or cardiac disease; and malignancy outside of the liver not meeting 
oncologic criteria for cure)
f. Decompensated liver disease with CPT > 12 or MELD > 20
g. MELD ≤ 20 and ONE of the following:
   i. Cardiopulmonary disease that cannot be corrected and is a prohibitive risk 
      for surgery
   ii. Malignancy outside the liver not meeting oncologic criteria for cure
   iii. Hepatocellular carcinoma
   iv. Intrahepatic cholangiocarcinoma
   v. Hemangiosarcoma
h. Contraindication to requested drug or drug combination
i. Requested duration of therapy is longer or shorter than the therapy duration listed 
in FDA-approved label of requested drug
j. Indeterminate HCV genotype

AND

11. At the time of treatment initiation, patient must have evidence of Minnesota Health Care 
Programs (MHCP) insurance coverage for the duration of treatment

Length of Approval: as determined in Appendix A Table.
Evaluation for Genotype 2 – Treatment Naive
Epclusa (sofosbuvir/velpatasvir)
Sofosbuvir/Velpatasvir
Sovaldi (sofosbuvir) will be approved when ALL of the following criteria are met:

1. Regimen may be prescribed by a primary care provider, a gastroenterologist, hepatologist, or infectious disease specialist **AND**

2. If the patient has any ONE of the following, the regimen must be prescribed by a gastroenterologist, hepatologist, infectious disease specialist, or a nurse practitioner or physician assistant working with a gastroenterologist, hepatologist, or infectious disease specialist:
   a. Patient is treatment-experienced OR
   b. Patient has Hepatitis B and/or HIV co-infection OR
   c. Patient has undergone liver transplantation OR
   d. Patient has liver cancer OR
   e. Patient has severe liver disease defined as:
      i. APRI > 1.5 OR
      ii. FibroSURE > 0.49 OR
      iii. Fibroscan > 9.5 kPa OR
      iv. FIB-4 > 3.25 OR
      v. MR Elastography > 6 kPa OR
      vi. Fibrospect > 42 OR
      vii. Liver Biopsy > F3
   **AND**

3. If the patient has a substance use disorder or IV drug use, the patient must:
   a. Be enrolled in a substance use disorder treatment program and provider’s attestation of enrollment is provided at time of request; OR
   b. Be counseled about measures to reduce the risk of HCV transmission to others; and evidence of counseling is provided at time of request; **AND** ONE of the following:
      i. Be offered at least TWO of the following harm reduction services, as described in AASLD/IDSA HCV guidelines:
         1. Condom distribution (e.g. written prescription for condoms, clinic receipt of condom purchase for distribution within the past 12 months, etc.)
         2. Access to sterile syringes (e.g. written prescription for needles and syringes, copy of educational materials on syringe access and disposal provided to the patient, etc.)
         3. Naloxone training and distribution (e.g. written prescription for naloxone, copy of current naloxone training protocol etc.)
         4. Medication-assisted treatment options (e.g. provider’s attestation of methadone program enrollment, prescription for buprenorphine substantiated by pharmacy claims data.); **OR**
      ii. Not be candidate for ANY of the harm reduction services above; and provider provides the reason the patient is not a candidate for each of the harm reduction service above
   **AND**

4. The treating clinician must provide documentation to attest that the patient is screened for evidence of current or prior hepatitis B virus (HBV) infection before starting treatment with direct acting antivirals **AND** the treating clinician must also have a monitoring plan in place for HBV flare-ups or reactivation during treatment and post-treatment follow-up **AND**

5. Where indicated, the treating clinician must provide documentation that the patient has been counseled on the HBV reactivation adverse events management plan **AND** the risk of HBV reactivation including serious liver injury and death **AND**
6. Clinical documentation of patient’s liver cirrhosis status (e.g., no cirrhosis, compensated cirrhosis, etc.) that corresponds to the requested therapy duration AND
7. Pretreatment detectable HCV RNA viral load value, measured within 1 year of treatment start date, is provided at time of request AND
8. Provider attests to submit SVR12 results to the Department via fax at 651-431-7424 or upon request AND
9. Patient has a diagnosis of Hepatitis C, genotype 2 AND ONE of the following:
   a. Patient is 18 years of age or older
   OR
   b. ALL of the following:
      i. Patient is age 12 years through 17 OR weighs at least 35 kg AND
      ii. Patient will use Sovaldi in combination with ribavirin AND
      iii. Patient is NOT a candidate for Mavyret
AND
10. Patient does NOT have ANY of the following exclusion criteria:
    a. Clinically significant drug interactions with patient’s existing medications that cannot be mitigated
    b. Pregnancy
    c. Severe end organ disease and not eligible for transplant (e.g. liver, heart, lung, kidney)
    d. Clinically-significant illness or any other major medical disorder that may interfere with patients’ ability to complete a course of treatment
    e. Patients who, in the professional judgment of the primary treating clinician, would not achieve a long term clinical benefit from HCV treatment (e.g. patients with multisystem organ failure; receiving palliative care or in hospice; significant pulmonary or cardiac disease; and malignancy outside of the liver not meeting oncologic criteria for cure)
    f. Decompensated liver disease with CPT > 12 or MELD > 20
    g. MELD ≤ 20 and ONE of the following:
       i. Cardiopulmonary disease that cannot be corrected and is a prohibitive risk for surgery
       ii. Malignancy outside the liver not meeting oncologic criteria for cure
       iii. Hepatocellular carcinoma
       iv. Intrahepatic cholangiocarcinoma
       v. Hemangiosarcoma
    h. Contraindication to requested drug or drug combination
    i. Requested duration of therapy is longer or shorter than the therapy duration listed in FDA-approved label of requested drug
    j. Indeterminate HCV genotype
AND
11. Patient has HCV infection with at least ONE of the four conditions listed below:
    a. Decompensated liver disease as defined by Child-Pugh-Turcotte classification score 7 - 12 and MELD is ≤ 20; OR
    b. Abdominal imaging where radiologist determines findings are suggestive of cirrhosis (e.g. nodules; enlarged liver, especially in the left lobe; tortuous hepatic arteries; ascites; portal hypertension); OR
    c. Evidence of one or more non-invasive tests indicating a fibrosis score of ≥ F3, such as:
       i. APRI (AST to platelet ratio index) ≥ 1.5
       ii. FibroSURE ≥ 0.49
       iii. FibroScan ≥ 9.5
       iv. Fibrosis-4 index (FIB-4) > 3.25
       v. MR Elastography ≥ 6 kPa
       vi. Fibrospect ≥ 42
    d. HCV infection with ONE of the following:
       i. Post solid organ transplant (e.g. Heart, Kidney, Liver)
ii. Awaiting Liver transplant
iii. Stage I-III Hepatocellular Carcinoma meeting Milan Criteria
iv. HCV Infection post liver transplant
v. Severe complications of HCV as defined below
   1. Type 2 or Type 3 essential mixed cryoglobulinemia with end organ manifestations
   2. HCV-induced renal disease (e.g. Nephrotic syndrome or membranoproliferative glomerulonephritis (MPGN)

**AND**

12. At the time of treatment initiation, patient must have evidence of Minnesota Health Care Programs (MHCP) insurance coverage for the duration of treatment

**AND**

13. For patients 18 years of age and over, BOTH of the following:
   a. The prescriber provides clinical rationale why the preferred agent Mavyret cannot be used
      **AND**
   b. ONE of the following:
      i. If sofosbuvir/velpatasvir, the patient has creatinine clearance (CrCL) > 30 mL/min OR not currently on hemodialysis
      **OR**
      ii. If Epclusa, BOTH of the following:
         1. Patient has creatinine clearance (CrCL) > 30 mL/min OR not currently on hemodialysis
         **AND**
         2. The prescriber must provide compelling clinical evidence of why sofosbuvir-velpatasvir cannot be used
         **OR**
      iii. If Sovaldi, ALL of the following:
         1. Patient has a contraindication Epclusa
            **AND**
         2. Sovaldi will be used in combination with ribavirin
            **AND**
         3. Patient has creatinine clearance (CrCL) > 30 mL/min OR not currently on hemodialysis

**Length of Approval:** as determined in Appendix A Table.
Hepatitis C Genotype 2 – Treatment Experienced

Preferred Agent(s) as determined by client
Mavyret™ (glecaprevir/pibrentasvir)
Vosevi™ (sofosbuvir/velpatasvir/voxilaprevir)

Non-preferred Agent(s) as determined by client
None

Evaluation for Genotype 2 – Treatment Experienced
Mavyret (glecaprevir/pibrentasvir)
Vosevi (sofosbuvir/velpatasvir/voxilaprevir) will be approved when ALL of the following criteria are met:

1. If the patient has any ONE of the following, the regimen must be prescribed by a gastroenterologist, hepatologist, infectious disease specialist, or a nurse practitioner or physician assistant working with a gastroenterologist, hepatologist, or infectious disease specialist:
   a. Patient is treatment-experienced OR
   b. Patient has Hepatitis B and/or HIV co-infection OR
   c. Patient has undergone liver transplantation OR
   d. Patient has liver cancer OR
   e. Patient has severe liver disease defined as:
      i. APRI > 1.5 OR
      ii. FibroSURE > 0.49 OR
      iii. Fibroscan > 9.5 kPa OR
      iv. FIB-4 > 3.25 OR
      v. MR Elastography > 6 kPa OR
      vi. Fibrospect > 42 OR
      vii. Liver Biopsy > F3

   AND

2. If the patient has a substance use disorder or IV drug use, the patient must:
   a. Be enrolled in a substance use disorder treatment program and provider’s attestation of enrollment is provided at time of request; OR
   b. Be counseled about measures to reduce the risk of HCV transmission to others; and evidence of counseling is provided at time of request; AND ONE of the following:
      i. Be offered at least TWO of the following harm reduction services, as described in AASLD/IDSA HCV guidelines:
         1. Condom distribution (e.g. written prescription for condoms, clinic receipt of condom purchase for distribution within the past 12 months, etc.)
         2. Access to sterile syringes (e.g. written prescription for needles and syringes, copy of educational materials on syringe access and disposal provided to the patient, etc.)
         3. Naloxone training and distribution (e.g. written prescription for naloxone, copy of current naloxone training protocol etc.)
         4. Medication-assisted treatment options (e.g. provider’s attestation of methadone program enrollment, prescription for buprenorphine substantiated by pharmacy claims data.); OR
      ii. Not be candidate for ANY of the harm reduction services above; and provider provides the reason the patient is not a candidate for each of the harm reduction service above

   AND
3. The treating clinician must provide documentation to attest that the patient is screened for evidence of current or prior hepatitis B virus (HBV) infection before starting treatment with direct acting antivirals AND the provider has a monitoring plan for HBV flare-ups or reactivation during treatment and post-treatment follow-up

AND

4. Where indicated, the treating clinician must provide documentation that the patient has been counseled on the HBV reactivation adverse events management plan AND the risk of HBV reactivation including serious liver injury and death

AND

5. Clinical documentation of patient’s liver cirrhosis status (e.g., no cirrhosis, compensated cirrhosis, etc.) that corresponds to the requested therapy duration

AND

6. Clinical documentation of patient’s prior treatment including drug name and date(s) of therapy AND

7. Pretreatment detectable HCV RNA viral load value, measured within 1 year of treatment start date, is provided at time of request AND

8. Provider attests to submit SVR12 results to the Department via fax at 651-431-7424 or upon request AND

9. Patient is 12 years of age or older OR weighs at least 45 kg with a diagnosis of hepatitis C, genotype 2 if requesting Mavyret; OR the patient is 18 years of age or older with a diagnosis of Hepatitis C, genotype 2 if requesting Vosevi AND

10. Patient does NOT have ANY of the following exclusion criteria:
   a. Clinically significant drug interactions with patient’s existing medications that cannot be mitigated
   b. Pregnancy
   c. Severe end organ disease and not eligible for transplant (e.g. liver, heart, lung, kidney)
   d. Clinically-significant illness or any other major medical disorder that may interfere with patients’ ability to complete a course of treatment
   e. Patients who, in the professional judgment of the primary treating clinician, would not achieve a long term clinical benefit from HCV treatment (e.g. patients with multisystem organ failure; receiving palliative care or in hospice; significant pulmonary or cardiac disease; and malignancy outside of the liver not meeting oncologic criteria for cure)
   f. Decompensated liver disease with CPT > 12 or MELD > 20
   g. MELD ≤ 20 and ONE of the following:
      i. Cardiopulmonary disease that cannot be corrected and is a prohibitive risk for surgery
      ii. Malignancy outside the liver not meeting oncologic criteria for cure
      iii. Hepatocellular carcinoma
      iv. Intrahepatic cholangiocarcinoma
      v. Hemangiosarcoma
   h. Contraindication to requested drug or drug combination
   i. Requested duration of therapy is longer or shorter than the therapy duration listed in FDA-approved label of requested drug
   j. Indeterminate HCV genotype

AND

11. At the time of treatment initiation, patient must have evidence of Minnesota Health Care Programs (MHCP) insurance coverage for the duration of treatment

Length of Approval: as determined in Appendix A Table.
TARGET DRUGS
Hepatitis C Genotype 3 – Treatment Naive

Preferred Agent(s) as determined by client
Mavyret™ (glecaprevir/pibrentasvir)

Non-preferred Agent(s) as determined by client
Epclusa® (sofosbuvir/velpatasvir)
Sofosbuvir/Velpatasvir
Sovaldi® (sofosbuvir)

PRIOR AUTHORIZATION CRITERIA FOR APPROVAL
Evaluation for Genotype 3 – Treatment Naive
Mavyret (glecaprevir/pibrentasvir) will be approved when ALL of the following criteria are met:

1. Regimen may be prescribed by a primary care provider, a gastroenterologist, hepatologist, or infectious disease specialist AND
2. If the patient has any ONE of the following, the regimen must be prescribed by a gastroenterologist, hepatologist, infectious disease specialist, or a nurse practitioner or physician assistant working with a gastroenterologist, hepatologist, or infectious disease specialist:
   a. Patient is treatment-experienced OR
   b. Patient has Hepatitis B and/or HIV co-infection OR
   c. Patient has undergone liver transplantation OR
   d. Patient has liver cancer OR
   e. Patient has severe liver disease defined as:
      i. APRI > 1.5 OR
      ii. FibroSURE > 0.49 OR
      iii. Fibroscan > 9.5 kPa OR
      iv. FIB-4 > 3.25 OR
      v. MR Elastography > 6 kPa OR
      vi. Fibrospect > 42 OR
      vii. Liver Biopsy > F3

AND

3. If the patient has a substance use disorder or IV drug use, the patient must:
   a. Be enrolled in a substance use disorder treatment program and provider’s attestation of enrollment is provided at time of request; OR
   b. Be counseled about measures to reduce the risk of HCV transmission to others; and evidence of counseling is provided at time of request; AND ONE of the following:
      i. Be offered at least TWO of the following harm reduction services, as described in AASLD/IDSA HCV guidelines:
         1. Condom distribution (e.g. written prescription for condoms, clinic receipt of condom purchase for distribution within the past 12 months, etc.)
         2. Access to sterile syringes (e.g. written prescription for needles and syringes, copy of educational materials on syringe access and disposal provided to the patient, etc.)
         3. Naloxone training and distribution (e.g. written prescription for naloxone, copy of current naloxone training protocol etc.)
         4. Medication-assisted treatment options (e.g. provider’s attestation of methadone program enrollment, prescription for buprenorphine substantiated by pharmacy claims data.); OR
      ii. Not be candidate for ANY of the harm reduction services above; and provider provides the reason the patient is not a candidate for each of the harm reduction service above
4. The treating clinician must provide documentation to attest that the patient is screened for evidence of current or prior hepatitis B virus (HBV) infection before starting treatment with direct acting antivirals AND the treating clinician must also have a monitoring plan in place for HBV flare-ups or reactivation during treatment and post-treatment follow-up AND

5. Where indicated, the treating clinician must provide documentation that the patient has been counseled on the HBV reactivation adverse events management plan, including the risks of HBV reactivation, including serious liver injury and death AND

6. Clinical documentation of patient’s liver cirrhosis status (e.g., no cirrhosis, compensated cirrhosis, etc.) that corresponds to the requested therapy duration AND

7. Pretreatment detectable HCV RNA viral load value, measured within 1 year of treatment start date, is provided at time of request AND

8. Provider attests to submit SVR12 results to the Department via fax at 651-431-7424 or upon request AND

9. Patient is 12 years of age or older OR weighs at least 45 kg, with a diagnosis of Hepatitis C, genotype 3 AND

10. Patient does NOT have ANY of the following exclusion criteria:
    a. Clinically significant drug interactions with patient’s existing medications that cannot be mitigated
    b. Pregnancy
    c. Severe end organ disease and not eligible for transplant (e.g. liver, heart, lung, kidney)
    d. Clinically-significant illness or any other major medical disorder that may interfere with patients’ ability to complete a course of treatment
    e. Patients who, in the professional judgment of the primary treating clinician, would not achieve a long term clinical benefit from HCV treatment (e.g. patients with multisystem organ failure; receiving palliative care or in hospice; significant pulmonary or cardiac disease; and malignancy outside of the liver not meeting oncologic criteria for cure)
    f. Decompensated liver disease with CPT > 12 or MELD > 20
    g. MELD ≤ 20 and ONE of the following:
       i. Cardiopulmonary disease that cannot be corrected and is a prohibitive risk for surgery
       ii. Malignancy outside the liver not meeting oncologic criteria for cure
       iii. Hepatocellular carcinoma
       iv. Intrahepatic cholangiocarcinoma
       v. Hemangiosarcoma
    h. Contraindication to requested drug or drug combination
       i. Requested duration of therapy is longer or shorter than the therapy duration listed in FDA-approved label of requested drug
       j. Indeterminate HCV genotype AND

11. At the time of treatment initiation, patient must have evidence of Minnesota Health Care Programs (MHCP) insurance coverage for the duration of treatment

Length of Approval: as determined in Appendix A Table.
Evaluation for Genotype 3 – Treatment Naive

Epclusa (sofosbuvir/velpatasvir)

Sofosbuvir/VELpatasvir

Sovaldi (sofosbuvir) will be approved when ALL of the following criteria are met:

1. Regimen may be prescribed by a primary care provider, a gastroenterologist, hepatologist, or infectious disease specialist AND

2. If the patient has any ONE of the following, the regimen must be prescribed by a gastroenterologist, hepatologist, infectious disease specialist, or a nurse practitioner or physician assistant working with a gastroenterologist, hepatologist, or infectious disease specialist:
   a. Patient is treatment-experienced OR
   b. Patient has Hepatitis B and/or HIV co-infection OR
   c. Patient has undergone liver transplantation OR
   d. Patient has liver cancer OR
   e. Patient has severe liver disease defined as:
      i. APRI > 1.5 OR
      ii. FibroSURE > 0.49 OR
      iii. Fibroscan > 9.5 kPa OR
      iv. FIB-4 > 3.25 OR
      v. MR Elastography > 6 kPa OR
      vi. Fibrospect > 42 OR
      vii. Liver Biopsy > F3

AND

3. If the patient has a substance use disorder or IV drug use, the patient must:
   a. Be enrolled in a substance use disorder treatment program and provider’s attestation of enrollment is provided at time of request; OR
   b. Be counseled about measures to reduce the risk of HCV transmission to others; and evidence of counseling is provided at time of request; AND ONE of the following:
      i. Be offered at least TWO of the following harm reduction services, as described in AASLD/IDSA HCV guidelines:
         1. Condom distribution (e.g. written prescription for condoms, clinic receipt of condom purchase for distribution within the past 12 months, etc.)
         2. Access to sterile syringes (e.g. written prescription for needles and syringes, copy of educational materials on syringe access and disposal provided to the patient, etc.)
         3. Naloxone training and distribution (e.g. written prescription for naloxone, copy of current naloxone training protocol etc.)
         4. Medication-assisted treatment options (e.g. provider’s attestation of methadone program enrollment, prescription for buprenorphine substantiated by pharmacy claims data.); OR
      ii. Not be candidate for ANY of the harm reduction services above; and provider provides the reason the patient is not a candidate for each of the harm reduction service above

AND

4. The treating clinician must provide documentation to attest that the patient is screened for evidence of current or prior hepatitis B virus (HBV) infection before starting treatment with direct acting antivirals AND the treating clinician must also have a monitoring plan in place for HBV flare-ups or reactivation during treatment and post-treatment follow-up

AND

5. Where indicated, the treating clinician must provide documentation that the patient has been counseled on the HBV reactivation adverse events management plan, including the risks of HBV reactivation, including serious liver injury and death

AND
6. Clinical documentation of patient’s liver cirrhosis status (e.g., no cirrhosis, compensated cirrhosis, etc.) that corresponds to the requested therapy duration **AND**

7. Pretreatment detectable HCV RNA viral load value, measured within 1 year of treatment start date, is provided at time of request **AND**

8. Provider attests to submit SVR12 results to the Department via fax at 651-431-7424 or upon request **AND**

9. Patient has a diagnosis of Hepatitis C, genotype 3 **AND** ONE of the following:
   a. Patient is 18 years of age or older **OR**
   b. ALL of the following:
      i. Patient is 12 years of age through 17 OR weighs at least 35 kg **AND**
      ii. The requested agent is Sovaldi in combination with ribavirin **AND**
      iii. The patient is NOT a candidate for Mavyret **AND**

10. Patient does NOT have ANY of the following exclusion criteria:
    a. Clinically significant drug interactions with patient’s existing medications that cannot be mitigated
    b. Pregnancy
    c. Severe end organ disease and not eligible for transplant (e.g. liver, heart, lung, kidney)
    d. Clinically-significant illness or any other major medical disorder that may interfere with patients’ ability to complete a course of treatment
    e. Patients who, in the professional judgment of the primary treating clinician, would not achieve a long term clinical benefit from HCV treatment (e.g. patients with multisystem organ failure; receiving palliative care or in hospice; significant pulmonary or cardiac disease; and malignancy outside of the liver not meeting oncologic criteria for cure)
    f. Decompensated liver disease with CPT > 12 or MELD > 20
    g. MELD ≤ 20 and ONE of the following:
       i. Cardiopulmonary disease that cannot be corrected and is a prohibitive risk for surgery
       ii. Malignancy outside the liver not meeting oncologic criteria for cure
       iii. Hepatocellular carcinoma
       iv. Intrahepatic cholangiocarcinoma
       v. Hemangiosarcoma
    h. Contraindication to requested drug or drug combination
    i. Requested duration of therapy is longer or shorter than the therapy duration listed in FDA-approved label of requested drug
    j. Indeterminate HCV genotype **AND**

11. Patient has HCV infection with at least ONE of the four conditions listed below:
    a. Decompensated liver disease as defined by Child-Pugh-Turcotte classification score 7 - 12 and MELD is ≤ 20; **OR**
    b. Abdominal imaging where radiologist determines findings are suggestive of cirrhosis (e.g. nodules; enlarged liver, especially in the left lobe; tortuous hepatic arteries; ascites; portal hypertension); **OR**
    c. Evidence of one or more non-invasive tests indicating a fibrosis score of ≥ F3, such as:
       i. APRI (AST to platelet ratio index) ≥ 1.5
       ii. FibroSURE ≥ 0.49
       iii. FibroScan ≥ 9.5
       iv. Fibrosis-4 index (FIB-4) > 3.25
       v. MR Elastography ≥ 6 kPa
       vi. Fibrospect ≥ 42
d. HCV infection with ONE of the following:
   i. Post solid organ transplant (e.g. Heart, Kidney, Liver)
   ii. Awaiting Liver transplant
   iii. Stage I-III Hepatocellular Carcinoma meeting Milan Criteria
   iv. HCV Infection post liver transplant
   v. Severe complications of HCV as defined below
      1. Type 2 or Type 3 essential mixed cryoglobulinemia with end organ manifestations
      2. HCV-induced renal disease (e.g. Nephrotic syndrome or membranoproliferative glomerulonephritis (MPGN)

11. At the time of treatment initiation, patient must have evidence of Minnesota Health Care Programs (MHCP) insurance coverage for the duration of treatment

12. For patients 18 years of age and over, BOTH of the following:
   a. The prescriber provides clinical rationale why the preferred agent Mavyret cannot be used
   AND
   b. ONE of the following:
      i. If sofosbuvir/velpatasvir, patient has creatinine clearance (CrCL) > 30 mL/min OR not currently on hemodialysis
      OR
      ii. If Epclusa, BOTH of the following:
         1. patient has creatinine clearance (CrCL) > 30 mL/min OR not currently on hemodialysis
         AND
         2. The prescriber must provide compelling clinical evidence of why sofosbuvir-velpatasvir cannot be used
      OR
      iii. If Sovaldi, ALL of the following:
         1. The prescriber must supply clinical rationale as to why Epclusa and sofosbuvir-velpatasvir cannot be used
         AND
         2. Patient has creatinine clearance (CrCL) > 30 mL/min OR not currently on hemodialysis

Length of Approval: as determined in Appendix A Table.
Hepatitis C Genotype 3 – Treatment Experienced

Preferred Agent(s) as determined by client
Mavyret™ (glecaprevir/pibrentasvir)
Vosevi™ (sofosbuvir/velpatasvir/voxilaprevir)

Non-preferred Agent(s) as determined by client
None

PRIOR AUTHORIZATION CRITERIA FOR APPROVAL
Evaluation for Genotype 3 – Treatment Experienced
Mavyret (glecaprevir/pibrentasvir)
Vosevi (sofosbuvir/velpatasvir/voxilaprevir) will be approved when ALL of the following criteria are met:

1. If the patient has any ONE of the following, the regimen must be prescribed by a gastroenterologist, hepatologist, infectious disease specialist, or a nurse practitioner or physician assistant working with a gastroenterologist, hepatologist, or infectious disease specialist:
   a. Patient is treatment-experienced OR
   b. Patient has Hepatitis B and/or HIV co-infection OR
   c. Patient has undergone liver transplantation OR
   d. Patient has liver cancer OR
   e. Patient has severe liver disease defined as:
      i. APRI > 1.5 OR
      ii. FibroSURE > 0.49 OR
      iii. Fibroscan > 9.5 kPa OR
      iv. FIB-4 > 3.25 OR
      v. MR Elastography > 6 kPa OR
      vi. Fibrospect > 42 OR
      vii. Liver Biopsy > F3

   AND

2. If the patient has a substance use disorder or IV drug use, the patient must:
   a. Be enrolled in a substance use disorder treatment program and provider’s attestation of enrollment is provided at time of request; OR
   b. Be counseled about measures to reduce the risk of HCV transmission to others; and evidence of counseling is provided at time of request; AND ONE of the following:
      i. Be offered at least TWO of the following harm reduction services, as described in AASLD/IDSA HCV guidelines:
         1. Condom distribution (e.g. written prescription for condoms, clinic receipt of condom purchase for distribution within the past 12 months, etc.)
         2. Access to sterile syringes (e.g. written prescription for needles and syringes, copy of educational materials on syringe access and disposal provided to the patient, etc.)
         3. Naloxone training and distribution (e.g. written prescription for naloxone, copy of current naloxone training protocol etc.)
         4. Medication-assisted treatment options (e.g. provider’s attestation of methadone program enrollment, prescription for buprenorphine substantiated by pharmacy claims data.); OR
      ii. Not be candidate for ANY of the harm reduction services above; and provider provides the reason the patient is not a candidate for each of the harm reduction service above

   AND
3. The treating clinician must provide documentation to attest that the patient is screened for evidence of current or prior hepatitis B virus (HBV) infection before starting treatment with direct acting antivirals AND the provider has a monitoring plan for HBV flare-ups or reactivation during treatment and post-treatment follow-up AND

4. Where indicated, the treating clinician must provide documentation that the patient has been counseled on the HBV reactivation adverse events management plan AND the risk of HBV reactivation including serious liver injury and death AND

5. Clinical documentation of patient’s liver cirrhosis status (e.g., no cirrhosis, compensated cirrhosis, etc.) that corresponds to the requested therapy duration AND

6. Clinical documentation of patient’s prior treatment including drug name and date(s) of therapy AND

7. Pretreatment detectable HCV RNA viral load value, measured within 1 year of treatment start date, is provided at time of request AND

8. Provider attests to submit SVR12 results to the Department via fax at 651-431-7424 or upon request AND

9. Patient is 12 years of age or older OR weighs at least 45 kg with a diagnosis of hepatitis C, genotype 3 if requesting Mavyret; OR patient is 18 years of age or older with a diagnosis of Hepatitis C, genotype 3 if requesting Vosevi AND

10. Patient does NOT have ANY of the following exclusion criteria:
   a. Clinically significant drug interactions with patient’s existing medications that cannot be mitigated
   b. Pregnancy
   c. Severe end organ disease and not eligible for transplant (e.g. liver, heart, lung, kidney)
   d. Clinically-significant illness or any other major medical disorder that may interfere with patients’ ability to complete a course of treatment
   e. Patients who, in the professional judgment of the primary treating clinician, would not achieve a long term clinical benefit from HCV treatment (e.g. patients with multisystem organ failure; receiving palliative care or in hospice; significant pulmonary or cardiac disease; and malignancy outside of the liver not meeting oncologic criteria for cure)
   f. Decompensated liver disease with CPT > 12 or MELD > 20
   g. MELD ≤ 20 and ONE of the following:
      i. Cardiopulmonary disease that cannot be corrected and is a prohibitive risk for surgery
      ii. Malignancy outside the liver not meeting oncologic criteria for cure
      iii. Hepatocellular carcinoma
      iv. Intrahepatic cholangiocarcinoma
      v. Hemangiosarcoma
   h. Contraindication to requested drug or drug combination
   i. Requested duration of therapy is longer or shorter than the therapy duration listed in FDA-approved label of requested drug
   j. Indeterminate HCV genotype AND

11. At the time of treatment initiation, patient must have evidence of Minnesota Health Care Programs (MHCP) insurance coverage for the duration of treatment

**Length of Approval:** as determined in Appendix A Table.
TARGET DRUGS
Hepatitis C Genotype 4 – Treatment Naive

Preferred Agent(s) as determined by client
Mavyret\textsuperscript{TM} (glecaprevir/pibrentasvir)

Non-preferred Agent(s) as determined by client
Epclusa\textsuperscript{®} (sofosbuvir/velpatasvir)
Sofosbuvir/Velpatasvir
Harvoni\textsuperscript{®} (ledipasvir/sofosbuvir)
Ledipasvir/Sofosbuvir
Sovaldi\textsuperscript{®} (sofosbuvir)
Zepatier\textsuperscript{TM} (elbasvir/grazoprevir)

PRIOR AUTHORIZATION CRITERIA FOR APPROVAL
Evaluation for Genotype 4 – Treatment naïve

Mavyret (glecaprevir/pibrentasvir) will be approved when ALL of the following criteria are met:

1. Regimen may be prescribed by a primary care provider, a gastroenterologist, hepatologist, or infectious disease specialist AND

2. If the patient has any ONE of the following, the regimen must be prescribed by a gastroenterologist, hepatologist, infectious disease specialist, or a nurse practitioner or physician assistant working with a gastroenterologist, hepatologist, or infectious disease specialist:
   a. Patient is treatment-experienced OR
   b. Patient has Hepatitis B and/or HIV co-infection OR
   c. Patient has undergone liver transplantation OR
   d. Patient has liver cancer OR
   e. Patient has severe liver disease defined as:
      i. APRI > 1.5 OR
      ii. FibroSURE > 0.49 OR
      iii. Fibroscan > 9.5 kPa OR
      iv. FIB-4 > 3.25 OR
      v. MR Elastography > 6 kPa OR
      vi. Fibrospect > 42 OR
      vii. Liver Biopsy > F3

   AND

3. If the patient has a substance use disorder or IV drug use, the patient must:
   a. Be enrolled in a substance use disorder treatment program and provider’s attestation of enrollment is provided at time of request; OR
   b. Be counseled about measures to reduce the risk of HCV transmission to others; and evidence of counseling is provided at time of request; AND ONE of the following:
      i. Be offered at least TWO of the following harm reduction services, as described in AASLD/IDSA HCV guidelines:
         1. Condom distribution (e.g. written prescription for condoms, clinic receipt of condom purchase for distribution within the past 12 months, etc.)
         2. Access to sterile syringes (e.g. written prescription for needles and syringes, copy of educational materials on syringe access and disposal provided to the patient, etc.)
         3. Naloxone training and distribution (e.g. written prescription for naloxone, copy of current naloxone training protocol etc.)
         4. Medication-assisted treatment options (e.g. provider’s attestation of methadone program enrollment, prescription for buprenorphine substantiated by pharmacy claims data.); OR
ii. Not be candidate for ANY of the harm reduction services above; and provider provides the reason the patient is not a candidate for each of the harm reduction service above

**AND**

3. The treating clinician must provide documentation to attest that the patient is screened for evidence of current or prior hepatitis B virus (HBV) infection before starting treatment with direct acting antivirals AND the treating clinician must also have a monitoring plan in place for HBV flare-ups or reactivation during treatment and post-treatment follow-up

**AND**

4. Where indicated, the treating clinician must provide documentation that the patient has been counseled on the HBV reactivation adverse events management plan, including the risks of HBV reactivation, including serious liver injury and death

**AND**

5. Clinical documentation of patient’s liver cirrhosis status (e.g., no cirrhosis, compensated cirrhosis, etc.) that corresponds to the requested therapy duration **AND**

6. Pretreatment detectable HCV RNA viral load value, measured within 1 year of treatment start date, is provided at time of request **AND**

7. Provider attests to submit SVR12 results to the Department via fax at 651-431-7424 or upon request **AND**

8. Patient is 12 years of age or older OR weighs at least 45 kg with a diagnosis of Hepatitis C, genotype 4 **AND**

9. Patient does NOT have ANY of the following exclusion criteria:
   a. Clinically significant drug interactions with patient’s existing medications that cannot be mitigated
   b. Pregnancy
   c. Severe end organ disease and not eligible for transplant (e.g. liver, heart, lung, kidney)
   d. Clinically-significant illness or any other major medical disorder that may interfere with patients’ ability to complete a course of treatment
   e. Patients who, in the professional judgment of the primary treating clinician, would not achieve a long term clinical benefit from HCV treatment (e.g. patients with multisystem organ failure; receiving palliative care or in hospice; significant pulmonary or cardiac disease; and malignancy outside of the liver not meeting oncologic criteria for cure)
   f. Decompensated liver disease with CPT > 12 or MELD > 20
   g. MELD ≤ 20 and ONE of the following:
      i. Cardiopulmonary disease that cannot be corrected and is a prohibitive risk for surgery
      ii. Malignancy outside the liver not meeting oncologic criteria for cure
      iii. Hepatocellular carcinoma
      iv. Intrahepatic cholangiocarcinoma
      v. Hemangiosarcoma
   h. Contraindication to requested drug or drug combination
   i. Requested duration of therapy is longer or shorter than the therapy duration listed in FDA-approved label of requested drug
   j. Indeterminate HCV genotype

**AND**

10. At the time of treatment initiation, patient must have evidence of Minnesota Health Care Programs (MHCP) insurance coverage for the duration of treatment

**Length of Approval:** as determined in Appendix A Table.
Evaluation for Genotype 4 – Treatment Naive

Epclusa (sofosbuvir/velpatasvir)

Sofosbuvir/Velpatasvir

Harvoni (ledipasvir/sofosbuvir)

Ledipasvir/Sofosbuvir

Sovaldi (sofosbuvir)

Zepatier (elbasvir/grazoprevir) will be approved when ALL of the following criteria are met:

1. Regimen may be prescribed by a primary care provider, a gastroenterologist, hepatologist, or infectious disease specialist AND

2. If the patient has any ONE of the following, the regimen must be prescribed by a gastroenterologist, hepatologist, infectious disease specialist, or a nurse practitioner or physician assistant working with a gastroenterologist, hepatologist, or infectious disease specialist:
   a. Patient is treatment-experienced OR
   b. Patient has Hepatitis B and/or HIV co-infection OR
   c. Patient has undergone liver transplantation OR
   d. Patient has liver cancer OR
   e. Patient has severe liver disease defined as:
      i. APRI > 1.5 OR
      ii. FibroSURE > 0.49 OR
      iii. Fibroscan > 9.5 kPa OR
      iv. FIB-4 > 3.25 OR
      v. MR Elastography > 6 kPa OR
      vi. Fibrospect > 42 OR
      vii. Liver Biopsy > F3

   AND

3. If the patient has a substance use disorder or IV drug use, the patient must:
   a. Be enrolled in a substance use disorder treatment program and provider’s attestation of enrollment is provided at time of request; OR
   b. Be counseled about measures to reduce the risk of HCV transmission to others; and evidence of counseling is provided at time of request; AND ONE of the following:
      i. Be offered at least TWO of the following harm reduction services, as described in AASLD/IDSA HCV guidelines:
         1. Condom distribution (e.g. written prescription for condoms, clinic receipt of condom purchase for distribution within the past 12 months, etc.)
         2. Access to sterile syringes (e.g. written prescription for needles and syringes, copy of educational materials on syringe access and disposal provided to the patient, etc.)
         3. Naloxone training and distribution (e.g. written prescription for naloxone, copy of current naloxone training protocol etc.)
         4. Medication-assisted treatment options (e.g. provider’s attestation of methadone program enrollment, prescription for buprenorphine substantiated by pharmacy claims data.); OR
      ii. Not be candidate for ANY of the harm reduction services above; and provider provides the reason the patient is not a candidate for each of the harm reduction service above

   AND

3. The treating clinician must provide documentation to attest that the patient is screened for evidence of current or prior hepatitis B virus (HBV) infection before starting treatment with direct acting antivirals AND the treating clinician must also have a monitoring plan in place for HBV flare-ups or reactivation during treatment and post-treatment follow-up AND
4. Where indicated, the treating clinician must provide documentation that the patient has been counseled on the HBV reactivation adverse events management plan, including the risks of HBV reactivation, including serious liver injury and death

AND

5. Clinical documentation of patient’s liver cirrhosis status (e.g., no cirrhosis, compensated cirrhosis, etc.) that corresponds to the requested therapy duration AND

6. Pretreatment detectable HCV RNA viral load measured value, within 1 year of treatment start date, is provided at time of request AND

7. Provider attests to submit SVR12 results to the Department via fax at 651-431-7424 or upon request AND

8. Patient has a diagnosis of Hepatitis C, genotype 4 AND ONE of the following:
   a. Patient is 18 years of age or older
   OR
   b. BOTH of the following:
      i. Patient is 12 years of age through 17 OR weighs at least 35 kg AND
      ii. The requested agent is Harvoni or ledipasvir/sofosbuvir AND
      iii. Patient is NOT a candidate for Mavyret

AND

9. Patient does NOT have ANY of the following exclusion criteria:
   a. Clinically significant drug interactions with patient’s existing medications that cannot be mitigated
   b. Pregnancy
   c. Severe end organ disease and not eligible for transplant (e.g. liver, heart, lung, kidney)
   d. Clinically-significant illness or any other major medical disorder that may interfere with patients’ ability to complete a course of treatment
   e. Patients who, in the professional judgment of the primary treating clinician, would not achieve a long term clinical benefit from HCV treatment (e.g. patients with multisystem organ failure; receiving palliative care or in hospice; significant pulmonary or cardiac disease; and malignancy outside of the liver not meeting oncologic criteria for cure)
   f. Decompensated liver disease with CPT > 12 or MELD > 20
   g. MELD ≤ 20 and ONE of the following:
      i. Cardiopulmonary disease that cannot be corrected and is a prohibitive risk for surgery
      ii. Malignancy outside the liver not meeting oncologic criteria for cure
      iii. Hepatocellular carcinoma
      iv. Intrahepatic cholangiocarcinoma
      v. Hemangiosarcoma
   h. Contraindication to requested drug or drug combination
   i. Requested duration of therapy is longer or shorter than the therapy duration listed in FDA-approved label of requested drug
   j. Indeterminate HCV genotype

AND

10. Patient has HCV infection with at least ONE of the four conditions listed below:
   a. Decompensated liver disease as defined by Child-Pugh-Turcotte classification score 7 - 12 and MELD is ≤ 20; OR
   b. Abdominal imaging where radiologist determines findings are suggestive of cirrhosis (e.g. nodules; enlarged liver, especially in the left lobe; tortuous hepatic arteries; ascites; portal hypertension); OR
   c. Evidence of one or more non-invasive tests indicating a fibrosis score of ≥ F3, such as:
      i. APRI (AST to platelet ratio index) ≥ 1.5
      ii. FibroSURE ≥ 0.49
iii. FibroScan ≥ 9.5  
iv. Fibrosis-4 index (FIB-4) > 3.25  
v. MR Elastography ≥ 6 kPa  
vi. Fibrospect ≥ 42  
d. HCV infection with ONE of the following:  
   i. Post solid organ transplant (e.g. Heart, Kidney, Liver)  
   ii. Awaiting Liver transplant  
   iii. Stage I-III Hepatocellular Carcinoma meeting Milan Criteria  
   iv. HCV Infection post liver transplant  
   v. Severe complications of HCV as defined below  
      1. Type 2 or Type 3 essential mixed cryoglobulinemia with end organ manifestations  
      2. HCV-induced renal disease (e.g. Nephrotic syndrome or membranoproliferative glomerulonephritis (MPGN))

AND

11. At the time of treatment initiation, patient must have evidence of Minnesota Health Care Programs (MHCP) insurance coverage for the duration of treatment

AND

12. For patients 18 years of age and over, BOTH of the following:
   a. The prescriber provides clinical rationale why the preferred agent Mavyret cannot be used

   AND

   b. ONE of the following:
      i. If sofosbuvir/velpatasvir, the patient has creatinine clearance (CrCL) > 30 mL/min OR not currently on hemodialysis

      OR

      ii. If Zepatier, BOTH of the following:
         1. Patient has creatinine clearance (CrCL) < 30 mL/min

         AND

         2. The provider must supply clinical rationale as to why sofosbuvir-velpatasvir cannot be used

      OR

      iii. If Epclusa, ALL of the following:
         1. Patient has a documented contraindication to Zepatier

         AND

         2. Patient has creatinine clearance (CrCL) > 30 mL/min OR not currently on hemodialysis

         AND

         3. The prescriber must provide compelling clinical evidence of why sofosbuvir-velpatasvir cannot be used

      OR

      iv. If ledipasvir/sofosbuvir, BOTH of the following:
         1. Patient has a documented contraindication to Zepatier

         AND

         2. The prescriber must supply clinical rationale as to why Epclusa and sofosbuvir-velpatasvir cannot be used

         AND

         3. Patient has creatinine clearance (CrCL) > 30 mL/min OR not currently on hemodialysis

      OR

      v. If Harvoni, ALL of the following:
         1. Patient has a documented contraindication to Zepatier

         AND

         2. Prescriber has supplied clinical rationale as to why Epclusa and sofosbuvir-velpatasvir cannot be used

         AND
3. The prescriber must provide compelling clinical evidence of why the lepidasvir-sofosbuvir cannot be used
   **AND**
4. Patient has creatinine clearance (CrCL) > 30 mL/min OR not currently on hemodialysis
   **OR**

   vi. If Sovaldi, ALL of the following:
   1. Patient has a documented contraindication to Zepatier
      **AND**
   2. Prescriber has supplied clinical rationale as to why Epclusa, Harvoni, sofosbuvir/velpatasvir, and ledipasvir/sofosbuvir cannot be used
      **AND**
   3. Patient has creatinine clearance (CrCL) > 30 mL/min OR not currently on hemodialysis
      **AND**
   4. Sovaldi will be used in combination with Peg-IFN and ribavirin

**Length of Approval:** as determined in Appendix A Table.
Hepatitis C Genotype 4 – Treatment Experienced

Preferred Agent(s) as determined by client

**Mavyret™** (glecaprevir/pibrentasvir)

**Vosevi™** (sofosbuvir/velpatasvir/voxilaprevir)

Non-preferred Agent(s) as determined by client

None

Evaluation for Genotype 4 – Treatment Experienced

**Mavyret** (glecaprevir/pibrentasvir)

**Vosevi** (sofosbuvir/velpatasvir/voxilaprevir) will be approved when ALL of the following criteria are met:

1. If the patient has any ONE of the following, the regimen must be prescribed by a gastroenterologist, hepatologist, infectious disease specialist, or a nurse practitioner or physician assistant working with a gastroenterologist, hepatologist, or infectious disease specialist:
   a. Patient is treatment-experienced OR
   b. Patient has Hepatitis B and/or HIV co-infection OR
   c. Patient has undergone liver transplantation OR
   d. Patient has liver cancer OR
   e. Patient has severe liver disease defined as:
      i. APRI > 1.5 OR
      ii. FibroSURE > 0.49 OR
      iii. Fibroscan > 9.5 kPa OR
      iv. FIB-4 > 3.25 OR
      v. MR Elastography > 6 kPa OR
      vi. Fibrospect > 42 OR
      vii. Liver Biopsy > F3

   **AND**

2. If the patient has a substance use disorder or IV drug use, the patient must:
   a. Be enrolled in a substance use disorder treatment program and provider’s attestation of enrollment is provided at time of request; OR
   b. Be counseled about measures to reduce the risk of HCV transmission to others; and evidence of counseling is provided at time of request; **AND** ONE of the following:
      i. Be offered at least TWO of the following harm reduction services, as described in AASLD/IDSA HCV guidelines:
         1. Condom distribution (e.g. written prescription for condoms, clinic receipt of condom purchase for distribution within the past 12 months, etc.)
         2. Access to sterile syringes (e.g. written prescription for needles and syringes, copy of educational materials on syringe access and disposal provided to the patient, etc.)
         3. Naloxone training and distribution (e.g. written prescription for naloxone, copy of current naloxone training protocol etc.)
         4. Medication-assisted treatment options (e.g. provider’s attestation of methadone program enrollment, prescription for buprenorphine substantiated by pharmacy claims data.); **OR**
      ii. Not be candidate for ANY of the harm reduction services above; and provider provides the reason the patient is not a candidate for each of the harm reduction service above

   **AND**
3. The treating clinician must provide documentation to attest that the patient is screened for evidence of current or prior hepatitis B virus (HBV) infection before starting treatment with direct acting antivirals AND the provider has a monitoring plan for HBV flare-ups or reactivation during treatment and post-treatment follow-up

AND

4. Where indicated, the treating clinician must provide documentation that the patient has been counseled on the HBV reactivation adverse events management plan AND the risk of HBV reactivation including serious liver injury and death

AND

5. Clinical documentation of patient’s liver cirrhosis status (e.g., no cirrhosis, compensated cirrhosis, etc.) that corresponds to the requested therapy duration AND

6. Clinical documentation of patient’s prior treatment including drug name and date(s) of therapy AND

7. Pretreatment detectable HCV RNA viral load value, measured within 1 year of treatment start date, is provided at time of request AND

8. Provider attests to submit SVR12 results to the Department via fax at 651-431-7424 or upon request AND

9. Patient is 12 years of age or older OR weighs at least 45 kg with a diagnosis of hepatitis C, genotype 4 if requesting Mavyret; OR patient is 18 years of age or older with a diagnosis of Hepatitis C, genotype 4 if requesting Vosevi AND

10. Patient does NOT have ANY of the following exclusion criteria:
   a. Clinically significant drug interactions with patient’s existing medications that cannot be mitigated
   b. Pregnancy
   c. Severe end organ disease and not eligible for transplant (e.g. liver, heart, lung, kidney)
   d. Clinically-significant illness or any other major medical disorder that may interfere with patients’ ability to complete a course of treatment
   e. Patients who, in the professional judgment of the primary treating clinician, would not achieve a long term clinical benefit from HCV treatment (e.g. patients with multisystem organ failure; receiving palliative care or in hospice; significant pulmonary or cardiac disease; and malignancy outside of the liver not meeting oncologic criteria for cure)
   f. Decompensated liver disease with CPT > 12 or MELD > 20
   g. MELD ≤ 20 and ONE of the following:
      i. Cardiopulmonary disease that cannot be corrected and is a prohibitive risk for surgery
      ii. Malignancy outside the liver not meeting oncologic criteria for cure
      iii. Hepatocellular carcinoma
      iv. Intrahepatic cholangiocarcinoma
      v. Hemangiosarcoma
   h. Contraindication to requested drug or drug combination
      i. Requested duration of therapy is longer or shorter than the therapy duration listed in FDA-approved label of requested drug
      j. Indeterminate HCV genotype

AND

11. At the time of treatment initiation, patient must have evidence of Minnesota Health Care Programs (MHCP) insurance coverage for the duration of treatment

Length of Approval: as determined in Appendix A Table.
TARGET DRUGS
Hepatitis C Genotype 5 or 6 – Treatment Naive

Preferred Agent(s) as determined by client
Mavyret™ (glecaprevir/pibrentasvir)

Non-preferred Agent(s) as determined by client
Epclusa® (sofosbuvir/velpatasvir)
Sofosbuvir/Velpatasvir
Harvoni® (ledipasvir/sofosbuvir)
Ledipasvir/Sofosbuvir

Evaluation for Genotype 5 or 6 – Treatment Naive
Mavyret (glecaprevir/pibrentasvir) will be approved when ALL of the following criteria are met:

1. Regimen may be prescribed by a primary care provider, a gastroenterologist, hepatologist, or infectious disease specialist AND
2. If the patient has any ONE of the following, the regimen must be prescribed by a gastroenterologist, hepatologist, infectious disease specialist, or a nurse practitioner or physician assistant working with a gastroenterologist, hepatologist, or infectious disease specialist:
   a. Patient is treatment-experienced OR
   b. Patient has Hepatitis B and/or HIV co-infection OR
   c. Patient has undergone liver transplantation OR
   d. Patient has liver cancer OR
   e. Patient has severe liver disease defined as:
      i. APRI > 1.5 OR
      ii. FibroSURE > 0.49 OR
      iii. Fibroscan > 9.5 kPa OR
      iv. FIB-4 > 3.25 OR
      v. MR Elastography > 6 kPa OR
      vi. Fibrospect > 42 OR
      vii. Liver Biopsy > F3
   AND
3. If the patient has a substance use disorder or IV drug use, the patient must:
   a. Be enrolled in a substance use disorder treatment program and provider’s attestation of enrollment is provided at time of request; OR
   b. Be counseled about measures to reduce the risk of HCV transmission to others; and evidence of counseling is provided at time of request; AND ONE of the following:
      i. Be offered at least TWO of the following harm reduction services, as described in AASLD/IDSA HCV guidelines:
         1. Condom distribution (e.g. written prescription for condoms, clinic receipt of condom purchase for distribution within the past 12 months, etc.)
         2. Access to sterile syringes (e.g. written prescription for needles and syringes, copy of educational materials on syringe access and disposal provided to the patient, etc.)
         3. Naloxone training and distribution (e.g. written prescription for naloxone, copy of current naloxone training protocol etc.)
         4. Medication-assisted treatment options (e.g. provider’s attestation of methadone program enrollment, prescription for buprenorphine substantiated by pharmacy claims data.); OR
   ii. Not be candidate for ANY of the harm reduction services above; and provider provides the reason the patient is not a candidate for each of the harm reduction service above
   AND
4. The treating clinician must provide documentation to attest that the patient is screened for evidence of current or prior hepatitis B virus (HBV) infection before starting treatment with direct acting antivirals AND the treating clinician must also have a monitoring plan in place for HBV flare-ups or reactivation during treatment and post-treatment follow-up AND

5. Where indicated, the treating clinician must provide documentation that the patient has been counseled on the HBV reactivation adverse events management plan, including the risks of HBV reactivation, including serious liver injury and death AND

6. Clinical documentation of patient’s liver cirrhosis status (e.g., no cirrhosis, compensated cirrhosis, etc.) that corresponds to the requested therapy duration AND

7. Pretreatment detectable HCV RNA viral load value, measured within 1 year of treatment start date, is provided at time of request AND

8. Provider attests to submit SVR12 results to the Department via fax at 651-431-7424 or upon request AND

9. Patient is 12 years of age or older OR weighs at least 45 kg, with a diagnosis of Hepatitis C, genotype 5 or 6 AND

10. Patient does NOT have ANY of the following exclusion criteria:
    a. Clinically significant drug interactions with patient’s existing medications that cannot be mitigated
    b. Pregnancy
    c. Severe end organ disease and not eligible for transplant (e.g. liver, heart, lung, kidney)
    d. Clinically-significant illness or any other major medical disorder that may interfere with patients’ ability to complete a course of treatment
    e. Patients who, in the professional judgment of the primary treating clinician, would not achieve a long term clinical benefit from HCV treatment (e.g. patients with multisystem organ failure; receiving palliative care or in hospice; significant pulmonary or cardiac disease; and malignancy outside of the liver not meeting oncologic criteria for cure)
    f. Decompensated liver disease with CPT > 12 or MELD > 20
    g. MELD ≤ 20 and ONE of the following:
       i. Cardiopulmonary disease that cannot be corrected and is a prohibitive risk for surgery
       ii. Malignancy outside the liver not meeting oncologic criteria for cure
       iii. Hepatocellular carcinoma
       iv. Intrahepatic cholangiocarcinoma
       v. Hemangiosarcoma
    h. Contraindication to requested drug or drug combination
    i. Requested duration of therapy is longer or shorter than the therapy duration listed in FDA-approved label of requested drug
    j. Indeterminate HCV genotype AND

11. At the time of treatment initiation, patient must have evidence of Minnesota Health Care Programs (MHCP) insurance coverage for the duration of treatment

Length of Approval: as determined in Appendix A Table.
Evaluation for Genotype 5 or 6 – Treatment Naive
Epclusa (sofosbuvir/velpatasvir)
Sofosbuvir/Velpatasvir
Harvoni (ledipasvir/sofosbuvir)
Ledipasvir/Sofosbuvir will be approved when ALL of the following criteria are met:
1. Regimen may be prescribed by a primary care provider, a gastroenterologist, hepatologist, or infectious disease specialist AND
2. If the patient has any ONE of the following, the regimen must be prescribed by a gastroenterologist, hepatologist, infectious disease specialist, or a nurse practitioner or physician assistant working with a gastroenterologist, hepatologist, or infectious disease specialist:
   a. Patient is treatment-experienced OR
   b. Patient has Hepatitis B and/or HIV co-infection OR
   c. Patient has undergone liver transplantation OR
   d. Patient has liver cancer OR
   e. Patient has severe liver disease defined as:
      i. APRI > 1.5 OR
      ii. FibroSURE > 0.49 OR
      iii. Fibroscan > 9.5 kPa OR
      iv. FIB-4 > 3.25 OR
      v. MR Elastography > 6 kPa OR
      vi. Fibrospect > 42 OR
      vii. Liver Biopsy > F3
   AND
3. If the patient has a substance use disorder or IV drug use, the patient must:
   a. Be enrolled in a substance use disorder treatment program and provider’s attestation of enrollment is provided at time of request; OR
   b. Be counseled about measures to reduce the risk of HCV transmission to others; and evidence of counseling is provided at time of request; AND ONE of the following:
      i. Be offered at least TWO of the following harm reduction services, as described in AASLD/IDSA HCV guidelines:
         1. Condom distribution (e.g. written prescription for condoms, clinic receipt of condom purchase for distribution within the past 12 months, etc.)
         2. Access to sterile syringes (e.g. written prescription for needles and syringes, copy of educational materials on syringe access and disposal provided to the patient, etc.)
         3. Naloxone training and distribution (e.g. written prescription for naloxone, copy of current naloxone training protocol etc.)
         4. Medication-assisted treatment options (e.g. provider’s attestation of methadone program enrollment, prescription for buprenorphine substantiatiated by pharmacy claims data.); OR
      ii. Not be candidate for ANY of the harm reduction services above; and provider provides the reason the patient is not a candidate for each of the harm reduction service above
   AND
4. The treating clinician must provide documentation to attest that the patient is screened for evidence of current or prior hepatitis B virus (HBV) infection before starting treatment with direct acting antivirals AND the treating clinician must also have a monitoring plan in place for HBV flare-ups or reactivation during treatment and post-treatment follow-up AND
5. Where indicated, the treating clinician must provide documentation that the patient has been counseled on the HBV reactivation adverse events management plan, including the risks of HBV reactivation, including serious liver injury and death AND
6. Clinical documentation of patient’s liver cirrhosis status (e.g., no cirrhosis, compensated cirrhosis, etc.) that corresponds to the requested therapy duration **AND**

7. Pretreatment detectable HCV RNA viral load measured value, within 1 year of treatment start date, is provided at time of request **AND**

8. Provider attests to submit SVR12 results to the Department via fax at 651-431-7424 or upon request **AND**

9. Patient has a diagnosis of Hepatitis C, genotype 5 or 6 AND ONE of the following:
   a. Patient is 18 years of age or older **OR**
   b. BOTH of the following:
      i. Patient is 12 years of age through 17 OR weighs at least 35 kg **AND**
      ii. The requested agent is Harvoni or ledipasvir/sofosbuvir **AND**
      iii. Patient is NOT a candidate for Mavyret **AND**

10. Patient does NOT have ANY of the following exclusion criteria:
    a. Clinically significant drug interactions with patient’s existing medications that cannot be mitigated
    b. Pregnancy
    c. Severe end organ disease and not eligible for transplant (e.g. liver, heart, lung, kidney)
    d. Clinically-significant illness or any other major medical disorder that may interfere with patients’ ability to complete a course of treatment
    e. Patients who, in the professional judgment of the primary treating clinician, would not achieve a long term clinical benefit from HCV treatment (e.g. patients with multisystem organ failure; receiving palliative care or in hospice; significant pulmonary or cardiac disease; and malignancy outside of the liver not meeting oncologic criteria for cure)
    f. Decompensated liver disease with CPT > 12 or MELD > 20
    g. MELD ≤ 20 and ONE of the following:
       i. Cardiopulmonary disease that cannot be corrected and is a prohibitive risk for surgery
       ii. Malignancy outside the liver not meeting oncologic criteria for cure
       iii. Hepatocellular carcinoma
       iv. Intrahepatic cholangiocarcinoma
       v. Hemangiosarcoma
    h. Contraindication to requested drug or drug combination
    i. Requested duration of therapy is longer or shorter than the therapy duration listed in FDA-approved label of requested drug
    j. Indeterminate HCV genotype **AND**

11. Patient has HCV infection with at least ONE of the four conditions listed below:
    a. Decompensated liver disease as defined by Child-Pugh-Turcotte classification score 7 - 12 and MELD is ≤ 20; OR
    b. Abdominal imaging where radiologist determines findings are suggestive of cirrhosis (e.g. nodules; enlarged liver, especially in the left lobe; tortuous hepatic arteries; ascites; portal hypertension); OR
    c. Evidence of one or more non-invasive tests indicating a fibrosis score of ≥ F3, such as:
       i. APRI (AST to platelet ratio index) ≥ 1.5
       ii. FibroSURE ≥ 0.49
       iii. FibroScan ≥ 9.5
       iv. Fibrosis-4 index (FIB-4) > 3.25
       v. MR Elastography ≥ 6 kPa
       vi. Fibrospect ≥ 42
d. HCV infection with ONE of the following:
   i. Post solid organ transplant (e.g. Heart, Kidney, Liver)
   ii. Awaiting Liver transplant
   iii. Stage I-III Hepatocellular Carcinoma meeting Milan Criteria
   iv. HCV Infection post liver transplant
   v. Severe complications of HCV as defined below
      1. Type 2 or Type 3 essential mixed cryoglobulinemia with end organ manifestations
      2. HCV-induced renal disease (e.g. Nephrotic syndrome or membranoproliferative glomerulonephritis (MPGN)

AND

11. At the time of treatment initiation, patient must have evidence of Minnesota Health Care Programs (MHCP) insurance coverage for the duration of treatment

AND

12. For patients 18 years of age and over, BOTH of the following:
   a. The prescriber provides clinical rationale why the preferred agent Mavyret cannot be used
      AND
   b. ONE of the following:
      i. If sofosbuvir/velpatasvir, patient has creatinine clearance (CrCL) > 30 mL/min OR not currently on hemodialysis
         OR
      ii. If Epclusa, BOTH of the following:
          1. Patient has creatinine clearance (CrCL) > 30 mL/min OR not currently on hemodialysis
             AND
          2. The prescriber must provide compelling clinical evidence of why sofosbuvir-velpatasvir cannot be used
             OR
      iii. If ledipasvir/sofosbuvir, BOTH of the following:
          1. The prescriber must supply clinical rationale as to why Epclusa and sofosbuvir-velpatasvir cannot be used
             AND
          2. Patient has creatinine clearance (CrCL) > 30 mL/min OR not currently on hemodialysis
             OR
      iv. If Harvoni, ALL of the following:
          1. The prescriber must supply clinical rationale as to why Epclusa and sofosbuvir-velpatasvir cannot be used
             AND
          2. The prescriber must provide compelling clinical evidence of why the ledipasvir-sofosbuvir cannot be used
             AND
          3. Patient has creatinine clearance (CrCL) > 30 mL/min OR not currently on hemodialysis

Length of Approval: as determined in Appendix A Table.
Hepatitis C Genotype 5 or 6 – Treatment Experienced

Preferred Agent(s) as determined by client
Mavyret™ (glecaprevir/pibrentasvir)
Vosevi™ (sofosbuvir/velpatasvir/voxilaprevir)

Non-preferred Agent(s) as determined by client
None

Evaluation for Genotype 5 or 6 – Treatment Experienced
Mavyret (glecaprevir/pibrentasvir)
Vosevi (sofosbuvir/velpatasvir/voxilaprevir) will be approved when ALL of the following criteria are met:

1. If the patient has any ONE of the following, the regimen must be prescribed by a gastroenterologist, hepatologist, infectious disease specialist, or a nurse practitioner or physician assistant working with a gastroenterologist, hepatologist, or infectious disease specialist:
   a. Patient is treatment-experienced OR
   b. Patient has Hepatitis B and/or HIV co-infection OR
   c. Patient has undergone liver transplantation OR
   d. Patient has liver cancer OR
   e. Patient has severe liver disease defined as:
      i. APRI > 1.5 OR
      ii. FibroSURE > 0.49 OR
      iii. Fibroscan > 9.5 kPa OR
      iv. FIB-4 > 3.25 OR
      v. MR Elastography > 6 kPa OR
      vi. Fibrospect > 42 OR
      vii. Liver Biopsy > F3

   AND

2. If the patient has a substance use disorder or IV drug use, the patient must:
   a. Be enrolled in a substance use disorder treatment program and provider’s attestation of enrollment is provided at time of request; OR
   b. Be counseled about measures to reduce the risk of HCV transmission to others; and evidence of counseling is provided at time of request; AND ONE of the following:
      i. Be offered at least TWO of the following harm reduction services, as described in AASLD/IDSA HCV guidelines:
         1. Condom distribution (e.g. written prescription for condoms, clinic receipt of condom purchase for distribution within the past 12 months, etc.)
         2. Access to sterile syringes (e.g. written prescription for needles and syringes, copy of educational materials on syringe access and disposal provided to the patient, etc .)
         3. Naloxone training and distribution (e.g. written prescription for naloxone, copy of current naloxone training protocol etc.)
         4. Medication-assisted treatment options (e.g. provider’s attestation of methadone program enrollment, prescription for buprenorphine substantiated by pharmacy claims data.); OR
      ii. Not be candidate for ANY of the harm reduction services above; and provider provides the reason the patient is not a candidate for each of the harm reduction service above

   AND
3. The treating clinician must provide documentation to attest that the patient is screened for evidence of current or prior hepatitis B virus (HBV) infection before starting treatment with direct acting antivirals AND the provider has a monitoring plan for HBV flare-ups or reactivation during treatment and post-treatment follow-up

AND

4. Where indicated, the treating clinician must provide documentation that the patient has been counseled on the HBV reactivation adverse events management plan AND the risk of HBV reactivation including serious liver injury and death

AND

5. Clinical documentation of patient’s liver cirrhosis status (e.g., no cirrhosis, compensated cirrhosis, etc.) that corresponds to the requested therapy duration AND

AND

6. Clinical documentation of patient’s prior treatment including drug name and date(s) of therapy AND

7. Pretreatment detectable HCV RNA viral load value, measured within 1 year of treatment start date, is provided at time of request AND

8. Provider attests to submit SVR12 results to the Department via fax at 651-431-7424 or upon request AND

9. Patient is 12 years of age or older OR weighs at least 45 kg with a diagnosis of hepatitis C, genotype 5 or 6 if requesting Mavyret; OR patient is 18 years of age or older with a diagnosis of Hepatitis C, genotype 5 or 6 if requesting Vosevi AND

10. Patient does NOT have ANY of the following exclusion criteria:
   a. Clinically significant drug interactions with patient’s existing medications that cannot be mitigated
   b. Pregnancy
   c. Severe end organ disease and not eligible for transplant (e.g. liver, heart, lung, kidney)
   d. Clinically-significant illness or any other major medical disorder that may interfere with patients’ ability to complete a course of treatment
   e. Patients who, in the professional judgment of the primary treating clinician, would not achieve a long term clinical benefit from HCV treatment (e.g. patients with multisystem organ failure; receiving palliative care or in hospice; significant pulmonary or cardiac disease; and malignancy outside of the liver not meeting oncologic criteria for cure)
   f. Decompensated liver disease with CPT > 12 or MELD > 20
   g. MELD ≤ 20 and ONE of the following:
      i. Cardiopulmonary disease that cannot be corrected and is a prohibitive risk for surgery
      ii. Malignancy outside the liver not meeting oncologic criteria for cure
      iii. Hepatocellular carcinoma
      iv. Intrahepatic cholangiocarcinoma
      v. Hemangiosarcoma
   h. Contraindication to requested drug or drug combination
   i. Requested duration of therapy is longer or shorter than the therapy duration listed in FDA-approved label of requested drug
   j. Indeterminate HCV genotype

AND

11. At the time of treatment initiation, patient must have evidence of Minnesota Health Care Programs (MHCP) insurance coverage for the duration of treatment

Length of Approval: as determined in Appendix A Table.
New to Market Hepatitis C Target Agents (This section will be populated when there are new recently FDA approved hepatitis C agents)

| Requested agent/regimen | Genotype | Preferred Agents
e – HCV/HIV-1 co-infection, follow recommendations in table above
f – Offer only those preferred agents that are indicated for the patient’s specific factors (e.g., age and/or weight, genotype, cirrhosis status, treatment naïve vs treatment experienced, previous treatment) |

| Brand (generic) | GPI | Multisource Code |

PRIOR AUTHORIZATION CRITERIA FOR APPROVAL

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

1. The patient has an FDA approved diagnosis for the requested agent **AND**
2. The requested agent is FDA approved for treatment of the patient’s genotype **AND**
3. If FDA labeling for the requested agent requires patients are tested for hepatitis B viral (HBV) infection prior to starting treatment with the requested agent, 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**
4. The patient does NOT have any FDA labeled contraindications to the requested agent **AND**
5. The prescriber is a specialist in the area of the patient’s diagnosis (e.g. gastroenterologist, hepatologist, or infectious disease) or has consulted with a specialist in the area of the patient’s diagnosis **AND**
6. ONE of the following:
   a. The requested agent is a preferred agent **OR**
   b. Information has been provided indicating that the patient has been treated with the non-preferred agent in the past 30 days **OR**
   c. The patient is currently being treated with the requested agent as indicated by ALL of the following:
      i. A statement by the prescriber that the patient is currently taking the requested agent **AND**
      ii. A statement by the prescriber that the patient is currently receiving a positive therapeutic outcome on requested agent **AND**
      iii. The prescriber states that a change in therapy is expected to be ineffective or cause harm **OR**
   d. The patient has an intolerance or hypersensitivity to ALL preferred agent(s) for the patient’s specific factors (e.g., age and/or weight, genotype, cirrhosis status, treatment naïve vs treatment experienced, previous treatment) **OR**
   e. The patient has an FDA labeled contraindication to ALL preferred agent(s) for the patient’s specific factors (e.g., age and/or weight, genotype, cirrhosis status, treatment naïve vs treatment experienced, previous treatment)
f. The prescriber has provided information supporting the use of the non-preferred agent over the preferred agent(s) (e.g., patient is currently taking the requested agent)

OR

g. The prescriber has provided documentation that ALL preferred agent(s) for the patient’s specific factors (e.g., age and/or weight, genotype, cirrhosis status, treatment naive vs treatment experienced, previous treatment) cannot be used due to a documented medical condition or comorbid condition that is likely to cause an adverse reaction, decrease ability of the patient to achieve or maintain reasonable functional ability in performing daily activities or cause physical or mental harm

AND

7. The dose is within the FDA labeled dose

AND

8. The requested agent will be used in a treatment regimen noted in Table 1 (FDA approved labeling)

AND

9. The length of therapy requested is recommended for the patient’s diagnosis and genotype noted in Table 1 (FDA approved labeling)

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

Table 1: New to Market Hep C Treatment Recommendations based on FDA approved 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>
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</tbody>
</table>

Appendix A
Hepatitis C Treatment Durations Updated June 2019

Genotype 1a

<table>
<thead>
<tr>
<th>Treatment Naïve</th>
<th>Peg-IFN + RBV experienced</th>
<th>NS3 PI + Peg-IFN + RBV Experienced</th>
<th>Non-NSSA, SOF-experienced</th>
<th>NSSA DAA-experienced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zepatier x 12 weeks (if no baseline NS5A polymorphism)</td>
<td>Zepatier x 12 weeks (if no baseline NS5A polymorphism)</td>
<td>Harvoni x 12 weeks</td>
<td>Vosevi x 12 weeks</td>
<td>Vosevi x 12 weeks</td>
</tr>
<tr>
<td>Mavyret x 8 weeks</td>
<td>Mavyret x 8 weeks</td>
<td>Epclusa x 12 weeks</td>
<td>Mavyret x 12 weeks</td>
<td>Mavyret x 16 weeks (except NS3/4 PI experience)</td>
</tr>
<tr>
<td>Harvoni x 12 weeks if ≥6 million units/mL RNA</td>
<td>Harvoni x 12 weeks</td>
<td>Mavyret x 12 weeks</td>
<td>Mavyret x 8 weeks</td>
<td></td>
</tr>
<tr>
<td>GT1a no cirrhosis</td>
<td>Harvoni x 8 weeks if &lt;6 million units/mL RNA, non-HIV-coinfected</td>
<td>Epclusa x 12 weeks</td>
<td>Zepatier + weight-based RBV x 12 weeks (if no baseline NS5A polymorphism)</td>
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</tr>
<tr>
<td>Epclusa x 12 weeks</td>
<td>Zepatier + weight-based RBV x 16 weeks (if baseline NS5A polymorphism)</td>
<td>Sofosbuvir-velpatasvir x 12 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zepatier + weight-based RBV x 16 weeks (if baseline NS5A polymorphism)</td>
<td>Sofosbuvir-velpatasvir x 12 weeks</td>
<td>Lepidasvir-sofosbuvir x 12 weeks</td>
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<tr>
<td>Sovaldi + Peg-IFN + RBV x 12 weeks</td>
<td>Lepidasvir-sofosbuvir x 12 weeks</td>
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<tr>
<td>Sofosbuvir-velpatasvir x 12 weeks</td>
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<tr>
<td>Lepidasvir-sofosbuvir x 8 weeks if ≥6 million units/mL RNA</td>
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</tr>
<tr>
<td>Lepidasvir-sofosbuvir x 12 weeks if ≥6 million units/mL RNA</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Treatment Naive</th>
<th>Peg-IFN + RBV experienced</th>
<th>NS3 PI + Peg-IFN + RBV Experienced</th>
<th>Non-NS5A, SOF-experienced</th>
<th>NS5A DAA-experienced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zepatier x 12 weeks (if no baseline NS5A polymorphism)</td>
<td>Zepatier x 12 weeks (if no baseline NS5A polymorphism)</td>
<td>Epclusa x 12 weeks</td>
<td>Vosevi x 12 weeks</td>
<td>Vosevi x 12 weeks</td>
</tr>
<tr>
<td>Mavyret x 12 weeks</td>
<td>Epclusa x 12 weeks</td>
<td>Mavyret x 12 weeks</td>
<td>Mavyret x 12 weeks</td>
<td>Mavyret x 16 weeks (except NS3/4 PI experience)</td>
</tr>
<tr>
<td>Harvoni x 12 weeks</td>
<td>Mavyret x 12 weeks</td>
<td>Harvoni + weight-based RBV x 12 weeks</td>
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</tr>
</tbody>
</table>
### Genotype 1a compensated cirrhosis

<table>
<thead>
<tr>
<th>GT1a compensated cirrhosis</th>
<th>Epclusa x 12 weeks</th>
<th>Harvoni + weight-based RBV x 12 weeks</th>
<th>Zepatier + weight-based RBV x 12 weeks (if no baseline NS5A polymorphism)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zepatier + weight-based RBV x 16 weeks (if baseline NS5A polymorphism)</td>
<td>Zepatier + weight-based RBV x 16 weeks (if baseline NS5A polymorphism)</td>
<td>Harvoni x 24 weeks</td>
<td></td>
</tr>
<tr>
<td>Sovaldi + Peg-IFN + RBV x 12 weeks</td>
<td>Harvoni x 24 weeks</td>
<td>Sofosbuvir-velpatasvir x 12 weeks</td>
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<tr>
<td>Sofosbuvir-velpatasvir x 12 weeks</td>
<td>Sofosbuvir-velpatasvir x 12 weeks</td>
<td>Lepidasvir-sofosbuvir x 24 weeks</td>
<td></td>
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<tr>
<td>Lepidasvir-sofosbuvir x 12 weeks</td>
<td>Lepidasvir-sofosbuvir + weight-based RBV x 12 weeks</td>
<td>Lepidasvir-sofosbuvir + weight-based RBV x 12 weeks</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lepidasvir-sofosbuvir x 24 weeks</td>
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</tbody>
</table>

### Genotype 1a decompensated cirrhosis

<table>
<thead>
<tr>
<th>GT1a decompensated cirrhosis</th>
<th>Harvoni + low initial dose RBV x 12 weeks</th>
<th>Harvoni x 12 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lepidasvir-sofosbuvir + low initial dose weight-based RBV x 12 weeks</td>
<td>Lepidasvir-sofosbuvir + RBV x 12 weeks</td>
<td></td>
</tr>
<tr>
<td>Epclusa + weight-based RBV x 12 weeks</td>
<td>Epclusa + RBV x 12 weeks</td>
<td></td>
</tr>
<tr>
<td>Sofosbuvir-velpatasvir + weight-based RBV x 12 weeks</td>
<td>Sofosbuvir-velpatasvir + RBV x 12 weeks</td>
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</table>

### Genotype 1b

<table>
<thead>
<tr>
<th>Treatment Naive</th>
<th>Peg-IFN + RBV experienced</th>
<th>NS3 PI + Peg-IFN + RBV Experienced</th>
<th>Non-NS5A, SOF-experienced</th>
<th>NS5A DAA-experienced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zepatier x 12 weeks</td>
<td>Zepatier x 12 weeks</td>
<td>Harvoni x 12 weeks</td>
<td>Mavyret x 12 weeks</td>
<td>Vosevi x 12 weeks</td>
</tr>
<tr>
<td>Mavyret x 8 weeks</td>
<td>Mavyret x 8 weeks</td>
<td>Epclusa x 12 weeks</td>
<td>Mavyret x 16 weeks</td>
<td></td>
</tr>
<tr>
<td>GT1b no cirrhosis</td>
<td>Harvoni x 12 weeks if ≥6 million units/mL RNA</td>
<td>Harvoni x 12 weeks</td>
<td>Mavyret x 12 weeks</td>
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<tr>
<td>Harvoni x 8 weeks if &lt;6 million units/mL RNA, non-HIV-coinfected</td>
<td>Epclusa x 12 weeks</td>
<td>Zepatier + weight-based RBV x 12 weeks</td>
<td></td>
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<tr>
<td>Epclusa x 12 weeks</td>
<td>Sofosbuvir-velpatasvir x 12 weeks</td>
<td>Sofosbuvir-velpatasvir x 12 weeks</td>
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<tr>
<td>Sovaldi + Peg-IFN + RBV x 12 weeks</td>
<td>Lepidasvir-sofosbuvir x 12 weeks</td>
<td>Lepidasvir-sofosbuvir x 12 weeks</td>
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<tr>
<td>Sofosbuvir-velpatasvir x 12 weeks</td>
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<td>Lepidasvir-sofosbuvir x 12 weeks if ≥6 million units/mL RNA</td>
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<tr>
<td>Lepidasvir-sofosbuvir x 8 weeks if &lt;6 million units/mL RNA, non-HIV-coinfected</td>
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<tr>
<td>Harvoni x 12 weeks</td>
<td>Mavyret x 12 weeks</td>
<td>Harvoni + weight-based RBV x 12 weeks</td>
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<tr>
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<td>Harvoni + weight-based RBV x 12 weeks</td>
<td>Zepatier + weight-based RBV x 12 weeks</td>
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</tr>
<tr>
<td>Sovaldi + Peg-IFN + RBV x 12 weeks</td>
<td>Harvoni x 24 weeks</td>
<td>Harvoni x 24 weeks</td>
<td></td>
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</tr>
<tr>
<td>Sofosbuvir-velpatasvir x 12 weeks</td>
<td>Sofosbuvir-velpatasvir x 12 weeks</td>
<td>Lepidasvir-sofosbuvir + weight-based RBV x 12 weeks</td>
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</tr>
<tr>
<td></td>
<td>Treatment Naive</td>
<td>Peg-IFN + RBV experienced</td>
<td>NS3 PI + Peg-IFN + RBV Experienced</td>
<td>Non-NS5A, SOF-experienced</td>
</tr>
<tr>
<td>----------------------</td>
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<tr>
<td>Lepidasvir-</td>
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</tr>
<tr>
<td>sofosbuvir x 12 weeks</td>
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<tr>
<td>Lepidasvir-sofosbuvir + weight-based RBV x 12 weeks</td>
<td></td>
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<tr>
<td>Lepidasvir-sofosbuvir x 24 weeks</td>
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<tr>
<td>Lepidasvir-sofosbuvir x 24 weeks</td>
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<tr>
<td>Sofosbuvir-velpatasvir + weight-based RBV x 12 weeks</td>
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<tr>
<td>Sofosbuvir-velpatasvir x 12 weeks</td>
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<tr>
<td>GT1b compensated</td>
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<tr>
<td>cirrhosis</td>
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<tr>
<td>Harvoni + low initial dose RBV x 12 weeks</td>
<td>Harvoni + RBV x 12 weeks</td>
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<td>Harvoni + low initial dose RBV x 24 weeks</td>
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<td>Lepidasvir-sofosbuvir + low initial dose RBV x 12 weeks</td>
<td>Lepidasvir-sofosbuvir + RBV x 12 weeks</td>
<td></td>
<td>Lepidasvir - sofosbuvir + low initial dose x 24 weeks</td>
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<tr>
<td>Epclusa + weight-based RBV x 12 weeks</td>
<td>Epclusa + RBV x 12 weeks</td>
<td></td>
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<tr>
<td>Sofosbuvir-velpatasvir + weight-based RBV x 12 weeks</td>
<td>Sofosbuvir-velpatasvir + RBV x 12 weeks</td>
<td></td>
<td></td>
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<tr>
<td>GT2 no cirrhosis</td>
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</tr>
<tr>
<td>Mavyret x 8 weeks</td>
<td>Mavyret x 8 weeks</td>
<td>Mavyret x 8 weeks</td>
<td>Vosevi x 12 weeks</td>
<td></td>
</tr>
<tr>
<td>Epclusa x 12 weeks</td>
<td>Epclusa x 12 weeks</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Sovaldi + RBV x 12 weeks</td>
<td>Sofosbuvir-velpatasvir x 12 weeks</td>
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<td>Sofosbuvir-velpatasvir x 12 weeks</td>
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<tr>
<td>GT2 compensated</td>
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<tr>
<td>Epclusa x 12 weeks</td>
<td>Mavyret x 12 weeks</td>
<td></td>
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<td>Vosevi x 12 weeks</td>
</tr>
<tr>
<td>Mavyret x 12 weeks</td>
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<tr>
<td>Cirrhosis</td>
<td>Sofosbuvir-velpatasvir x 12 weeks</td>
<td>Sovaldi + RBV x 12 weeks</td>
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<tr>
<td><strong>Treatment</strong></td>
<td><strong>Peg-IFN + RBV experienced</strong></td>
<td><strong>SOF or NS5A-Experienced</strong></td>
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<tr>
<td><strong>GT2 decompensated cirrhosis</strong></td>
<td>Epclusa + weight-based RBV x 12 weeks</td>
<td>Epclusa + RBV x 12 weeks</td>
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<tr>
<td>Sofosbuvir-velpatasvir + weight-based RBV x 12 weeks</td>
<td>Sofosbuvir-velpatasvir + RBV x 12 weeks</td>
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**Genotype 3**

<table>
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<tr>
<th>Treatment</th>
<th>Peg-IFN + RBV experienced</th>
<th>SOF or NS5A-Experienced</th>
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<td><strong>GT3 no cirrhosis</strong></td>
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<tr>
<td>Mavyret x 8 weeks</td>
<td>Vosevi x 12 weeks</td>
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</tr>
<tr>
<td>Epclusa x 12 weeks</td>
<td>Mavyret x 16 weeks (SOF only)</td>
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</tr>
<tr>
<td>Sovaldi + RBV x 12 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sofosbuvir-velpatasvir x 12 weeks</td>
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<table>
<thead>
<tr>
<th>Treatment</th>
<th>Peg-IFN + RBV experienced</th>
<th>Non-NS5A DAA-Experienced</th>
<th>NS5A-Experienced</th>
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<tbody>
<tr>
<td><strong>GT3 compensated cirrhosis</strong></td>
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<td>Mavyret x 12 weeks</td>
<td>Vosevi + weight-based RBV x 12 weeks</td>
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</tr>
<tr>
<td>Epclusa x 12 weeks</td>
<td></td>
<td>Mavyret x 16 weeks (SOF only)</td>
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<tr>
<td>Sofosbuvir-velpatasvir x 12 weeks</td>
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</tr>
<tr>
<td>Sovaldi + RBV x 12 weeks</td>
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<tr>
<td>Sofosbuvir-velpatasvir x 12 weeks</td>
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<table>
<thead>
<tr>
<th>Treatment</th>
<th>Peg-IFN + RBV experienced</th>
<th>SOF or NS5A-Experienced</th>
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<tbody>
<tr>
<td><strong>GT3 decompensated</strong></td>
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<tr>
<td>Epclusa + weight-based RBV x 12 weeks</td>
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<tr>
<td>Cirrhosis</td>
<td>Sofosbuvir-velpatasvir + weight-based RBV x 12 weeks</td>
<td>Sofosbuvir-velpatasvir + RBV x 12 weeks</td>
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### Genotype 4

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<th>Treatment</th>
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<th>SOF or NS5A-Experienced</th>
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<tbody>
<tr>
<td>Naïve</td>
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<tr>
<td>GT4 no cirrhosis</td>
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<tr>
<td>Mavyret x 8 weeks</td>
<td>Epclusa x 12 weeks</td>
<td>Vosevi x 12 weeks</td>
</tr>
<tr>
<td>Epclusa x 12 weeks</td>
<td>Mavyret x 8 weeks</td>
<td>Mavyret x 8 weeks (SOF only)</td>
</tr>
<tr>
<td>Zepatier x 12 weeks</td>
<td>Harvoni x 12 weeks (also with NS3 PI experience)</td>
<td></td>
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<tr>
<td>Harvoni x 12 weeks</td>
<td>Zepatier + weight-based RBV x 16 weeks (if virologic failure on Peg-IFN + RBV)</td>
<td></td>
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<tr>
<td>Sovaldi + Peg-IFN + RBV x 12 weeks</td>
<td>Sofosbuvir-velpatasvir x 12 weeks</td>
<td></td>
</tr>
<tr>
<td>Sofosbuvir-velpatasvir x 12 weeks</td>
<td>Lepidasvir-sofosbuvir x 12 weeks (also with NS3 PI experience)</td>
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</tr>
<tr>
<td>Lepidasvir-sofosbuvir x 12 weeks</td>
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</tr>
<tr>
<td>GT4 compensated cirrhosis</td>
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<tr>
<td>Epclusa x 12 weeks</td>
<td>Epclusa x 12 weeks</td>
<td>Vosevi x 12 weeks</td>
</tr>
<tr>
<td>Mavyret x 12 weeks</td>
<td>Mavyret x 12 weeks</td>
<td>Mavyret x 12 weeks (SOF only)</td>
</tr>
<tr>
<td>Sofosbuvir-velpatasvir x 12 weeks</td>
<td>Sofosbuvir-velpatasvir x 12 weeks</td>
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<tr>
<td>Zepatier x 12 weeks</td>
<td>Zepatier + weight-based RBV x 16 weeks (if virologic failure on Peg-IFN + RBV)</td>
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</tr>
<tr>
<td>Treatment</td>
<td>Peg-IFN + RBV experienced</td>
<td>Non-NS5A, SOF-experienced</td>
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<tr>
<td><strong>GT4</strong> decompensated cirrhosis</td>
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<tr>
<td>Epclusa + weight-based RBV x 12 weeks</td>
<td>Epclusa + RBV x 12 weeks</td>
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<tr>
<td>Sofosbuvir-velpatasvir + weight-based RBV x 12 weeks</td>
<td>Sofosbuvir-velpatasvir + RBV x 12 weeks</td>
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### Genotype 5,6

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Peg-IFN + RBV experienced</th>
<th>SOF or NS5A-Experienced</th>
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</thead>
<tbody>
<tr>
<td><strong>GT5/GT6</strong> no cirrhosis</td>
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<tr>
<td>Mavyret x 8 weeks</td>
<td>Mavyret x 8 weeks</td>
<td>Vosevi x 12 weeks</td>
</tr>
<tr>
<td>Epclusa x 12 weeks</td>
<td>Harvoni x 12 weeks (also with NS3 PI experience)</td>
<td>Mavyret x 8 weeks (SOF only)</td>
</tr>
<tr>
<td>Sofosbuvir-velpatasvir x 12 weeks</td>
<td>Sofosbuvir-velpatasvir x 12 weeks</td>
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</tr>
<tr>
<td>Treatment Naïve</td>
<td>Peg-IFN + RBV experienced</td>
<td>Non-NS5A, SOF-experienced</td>
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<tr>
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<td>-----------------------------</td>
</tr>
<tr>
<td><strong>GT5/GT6 decompensated cirrhosis</strong></td>
<td>Epclusa + weight-based RBV x 12 weeks</td>
<td>Epclusa + RBV x 12 weeks</td>
</tr>
<tr>
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<td>Sofosbuvir-velpatasvir + weight-based RBV x 12 weeks</td>
<td>Sofosbuvir-velpatasvir + RBV x 12 weeks</td>
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<table>
<thead>
<tr>
<th>GT5/GT6 compensated cirrhosis</th>
<th>Mavyret x 12 weeks</th>
<th>Mavyret x 12 weeks</th>
<th>Vosevi x 12 weeks</th>
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</thead>
<tbody>
<tr>
<td>Epclusa x 12 weeks</td>
<td>Harvoni x 12 weeks (also with NS3 PI experience)</td>
<td>Mavyret x 12 weeks (SOF only)</td>
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<tr>
<td>Sofosbuvir-velpatasvir x 12 weeks</td>
<td>Sofosbuvir-velpatasvir x 12 weeks</td>
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</tr>
<tr>
<td>Lepidasvir-sofosbuvir x 12 weeks</td>
<td>Lepidasvir-sofosbuvir x 12 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Harvoni x 12 weeks</td>
<td>Epclusa x 12 weeks</td>
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</tr>
</tbody>
</table>

| Lepidasvir-sofosbuvir x 12 weeks | Lepidasvir-sofosbuvir x 12 weeks (also with NS3 PI experience) | | |
| Harvoni x 12 weeks | Epclusa x 12 weeks | | |
## Contraindications:

<table>
<thead>
<tr>
<th>Agent(s)</th>
<th>Contraindication(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Daklinza™ (daclatasvir)</strong></td>
<td>• Use in combination with drugs that strongly induce CPY3A, including phenytoin, carbamazepine, rifampin, and St. John’s wort, due to decreased or loss of efficacy with Daklinza. When used in combination with other agents, the contraindications applicable to those agents are applicable to the combination regimen.</td>
</tr>
<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-Turcotte-Pugh B or C) or those with any history of prior hepatic decompensation.</td>
</tr>
<tr>
<td></td>
<td>• Coadministration with atazanavir or rifampin.</td>
</tr>
<tr>
<td><strong>Olysio® (simeprevir)</strong></td>
<td>• Because Olysio is used only in combination with other antiviral drugs (including peg-interferon and ribavirin) for the treatment of chronic HCV infection, the contraindications to other drugs also apply to the combination regimen</td>
</tr>
<tr>
<td><strong>Sovaldi® (sofosbuvir)</strong></td>
<td>• When used in combination with peg-interferon and/or ribavirin, all contraindications to the concomitant medication(s) also apply to Sovaldi.</td>
</tr>
<tr>
<td><strong>Technivie™ (paritaprevir/ritonavir/ombitasvir)</strong></td>
<td>• Patients with moderate to severe hepatic impairment [decompensated cirrhosis (Child-Turcotte-Pugh B or C)].</td>
</tr>
<tr>
<td></td>
<td>• Co-administration with drugs that are: highly dependent on CYP3A for clearance; moderate and strong inducers of CYP3A.</td>
</tr>
<tr>
<td></td>
<td>• Known hypersensitivity to ritonavir (e.g. toxic epidermal necrolysis, Steven-Johnson syndrome).</td>
</tr>
<tr>
<td></td>
<td>• The contraindications to ribavirin also apply to this combination regimen (Technivie + ribavirin).</td>
</tr>
<tr>
<td><strong>Viekira Pak™ (paritaprevir/ritonavir/ombitasvir + dasabuvir) OR Viekira XR™ (dasabuvir/ombitasvir/paritaprevir/ritonavir)</strong></td>
<td>• Patients with moderate to severe hepatic impairment [decompensated cirrhosis (Child-Turcotte-Pugh B or C)].</td>
</tr>
<tr>
<td></td>
<td>• Known hypersensitivity to ritonavir (e.g. toxic epidermal necrolysis, Steven-Johnson syndrome).</td>
</tr>
<tr>
<td></td>
<td>• Co-administration with drugs that are: highly dependent on CYP3A for clearance; moderate or strong inducers of CYP3A and strong inhibitors of CYP2C8; and strong inhibitors of CYP2C8.</td>
</tr>
<tr>
<td>Drug</td>
<td>Contraindications</td>
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<tr>
<td>----------------------</td>
<td>----------------------------------------------------------------------------------</td>
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<tr>
<td>Vosevi™ (sofosbuvir/velpatasvir/voxilaprevir)</td>
<td>- If Viekira pak or Viekira XR is administered with ribavirin, the contraindications to ribavirin also apply to this combination regimen.</td>
</tr>
</tbody>
</table>
| Zepatier™ (elbasvir/grazoprevir)       | - Coadministration with rifampin.  
- Patients with moderate or severe hepatic impairment [decompensated cirrhosis (Child-Turcotte-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. |