

Hepatitis C Medications
Effective 05/01/2024

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
Exceptions	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029

Overview:

For Commercial and Exchange members:

Brand Name Harvoni™ (all dosage forms including pellets) is the preferred combination agent HCV medication for Genotypes 1, 4, 5, and 6

Brand Name Eplusa® (all dosage forms including oral pellets) is the preferred combination agent HCV medication for Genotypes 2 and 3

Vosevi™ is a non-preferred agent for Genotypes 1-6 previously treated with an NS5A inhibitor OR regimen of Sovaldi (sofosbuvir) without an NS5A inhibitor.

Current prior authorizations will be grandfathered for the life of the prior authorization

Sovaldi is a single agent formulary product for genotypes 1,4,5 & 6

NOTE: Requests for Sovaldi (all dosage forms including pellets) will be reviewed on a case-by-case basis taking into consideration medical necessity for use over a standard of care regimen. Sovaldi (sofosbuvir) plus peginterferon alfa and ribavirin and/or Sovaldi (sofosbuvir) plus ribavirin are not currently recommended by AASLD-IDSA treatment guidelines for routine use in the treatment of hepatitis C.

Mass General Brigham Health Plan will continue to review non-preferred products on a case by case basis and cover when medically necessary.

All Hepatitis C medications are specialty products; dispensing is available only when obtained from any contracted specialty pharmacy.

NOTE: FDA has received reports that the use of Mavyret, Zepatier, or Vosevi to treat chronic Hepatitis C in patients with moderate to severe liver impairment has resulted in rare cases of worsening liver function or liver failure. Mavyret and Zepatier should not be prescribed in patients with any history of prior hepatic decompensation. Vosevi is indicated for patients who have previously failed certain other Hepatitis C Virus treatments and is not recommended in patients with any history of hepatic decompensation unless the benefits outweigh the risk of liver injury, liver failure or death.

Mass General Brigham Health Plan will continue to review non-preferred products on a case by case basis and cover when medically necessary.

Coverage Guidelines

Approval will be granted if the member meets all following criteria and documentation has been submitted:

Approvable Diagnosis

- Chronic hepatitis C (CHC) infection
- Provider has documented genotype and cirrhosis status **AND**
- Member is new to the plan and has already been started and stabilized on a regimen of hepatitis C medication(s) as part of an appropriate treatment regimen (e.g. genotype, combination therapy, dose, treatment duration, etc.) for chronic hepatitis C infection

OR

- Member has a diagnosis of chronic hepatitis C (CHC) infection **AND**
- Provider has documented genotype and cirrhosis status **AND**
- Member has a detectable HCV RNA viral load drawn from within the last 6 months **AND**
- Member has documented liver disease **AND**
- Member has documentation of stage of hepatic fibrosis through one of the following:
 - Liver biopsy confirming a Metavir stage
 - Transient elastography (FibroScan®) score
 - Fibrotest (such as FibroSure™) score
 - AST to Platelet Ratio Index (APRI) score
 - Severe extra hepatic manifestations/symptoms

OR

- Member has failed previous treatment with an NS5A inhibitor OR regimen of sofosbuvir without an NS5A inhibitor **AND**
- Member has a diagnosis of chronic hepatitis C (CHC) infection **AND**
- Provider has documented genotype and cirrhosis status **AND**
- Member has a detectable HCV RNA viral load drawn from within the last 6 months **AND**
- Member has documented liver disease **AND**
- Member has documentation of stage of hepatic fibrosis through one of the following:
 - Liver biopsy confirming a Metavir stage
 - Transient elastography (FibroScan®) score
 - Fibrotest (such as FibroSure™) score
 - AST to Platelet Ratio Index (APRI) score
 - Severe extra hepatic manifestations/symptoms

AND all of the following:

- Member has demonstrated understanding of the proposed treatment plan and has displayed the ability to adhere to medications and clinical appointments **AND**
- The requested dose and duration of therapy are consistent with published label indications for each medication and the AASLD published treatment guidelines, management in Tables 1 through 3.
- Provider will submit HCV RNA viral load 12 weeks (SVR12) after completion of therapy to assess virologic cure.
- For therapies exceeding 12 weeks, provider will submit HCV RNA viral load at week 4 of treatment. Repeat HCV RNA should be drawn at 6 week if viral load is detectable at week 4.



- All other requests will be reviewed on a case-by-case basis consistent with approved FDA labeling and/or recognized treatment guidelines.

Limitations:

Table 1: Hepatitis C Regimens for Treatment-Naïve Patients and Treatment Experienced Patients by Genotype

Genotype	Treatment History			Regimen	Duration		
Genotype 1A	Treatment Naïve		Without cirrhosis	Daily Zepatier (without baseline NS5A polymorphisms) Class I, Level A	12 weeks		
				Daily Harvoni Class I, Level A *HCV RNA <6,000,000 IU/mL (8 weeks) *HCV RNA >6,000,000 IU/mL (12 weeks)	8-12 weeks*		
				Daily Epclusa Class I, Level A	12 weeks		
				Daily Mavyret Class I, Level A	8 weeks		
			With compensated cirrhosis	Daily Zepatier (without baseline NS5A polymorphisms) Class I, Level A	12 weeks		
				Daily Harvoni Class I, Level A	12 weeks		
				Daily Epclusa Class I, Level A	12 weeks		
				Daily Mavyret Class I, Level A	12 weeks		
	Treatment Experienced		Prior PEG-IFN + RBV failed	Without cirrhosis	Daily Zepatier (without baseline NS5A polymorphisms) Class I, Level A	12 weeks	
					Daily Harvoni Class I, Level A	12 weeks	
					Daily Epclusa Class I, Level A	12 weeks	
					Daily Mavyret Class I, Level A	8 weeks	
			With compensated cirrhosis	Daily Zepatier (without baseline NS5A polymorphisms) Class I, Level A	12 weeks		
				Daily Harvoni + weight-based ribavirin Class I, Level A	12 weeks		
				Daily Epclusa Class I, Level A	12 weeks		
				Daily Mavyret Class I, Level B	12 weeks		
			Prior sofosbuvir plus RBV +/- PEG-INF regimen failed	Without cirrhosis	Daily Vosevi Class I, Level A	12 weeks	
					Daily Harvoni + weight-based ribavirin Class IIa, Level B	12 weeks	
					Daily Mavyret Class IIa, Level B	12 weeks	
				With compensated cirrhosis	Daily Vosevi Class I, Level A	12 weeks	
					Daily Harvoni + weight-based ribavirin Class IIa, Level B	24 weeks	
					Daily Mavyret Class IIa, Level B	12 weeks	
				Prior NS3 PI (telaprevir, boceprevir, or simeprevir) + PEG-INF/RBV regimen failed	Without cirrhosis	Daily Harvoni Class I, Level A	12 weeks
						Daily Epclusa Class I, Level B	12 weeks
Daily Mavyret Class IIa, Level B	12 weeks						
With compensated cirrhosis	Daily Harvoni + weight-based ribavirin Class I, Level A	12 weeks					
	Daily Epclusa Class I, Level A	12 weeks					
	Daily Mavyret Class IIa, Level B	12 weeks					
With compensated cirrhosis		Without cirrhosis		Daily Zepatier (without baseline NS5A polymorphisms) Class I, Level A	12 weeks		
				Daily Harvoni Class I, Level A	12 weeks		
				Daily Epclusa Class I, Level A	12 weeks		
				Daily Mavyret Class I, Level A	8 weeks		
				With compensated cirrhosis		Daily Zepatier (without baseline NS5A polymorphisms) Class I, Level A	12 weeks
						Daily Harvoni + weight-based ribavirin Class I, Level A	12 weeks
						Daily Epclusa Class I, Level A	12 weeks
						Daily Mavyret Class I, Level B	12 weeks
		Prior NS3 PI (telaprevir, boceprevir, or simeprevir) + PEG-INF/RBV regimen failed		Without cirrhosis	Daily Vosevi Class I, Level A	12 weeks	
					Daily Harvoni + weight-based ribavirin Class IIa, Level B	12 weeks	
					Daily Mavyret Class IIa, Level B	12 weeks	
				With compensated cirrhosis	Daily Vosevi Class I, Level A	12 weeks	
					Daily Harvoni + weight-based ribavirin Class IIa, Level B	24 weeks	
					Daily Mavyret Class IIa, Level B	12 weeks	



					Prior NS5A inhibitor regimen failed [‡]	+/- cirrhosis	Daily Vosevi Class I, Level A	12 weeks
							Daily Vosevi Class I, Level A	12 weeks
Genotype 1b	Treatment Naïve		Without cirrhosis	Daily Zepatier Class I, Level A	12 weeks			
				Daily Harvoni Class I, Level A *HCV RNA <6,000,000 IU/mL (8 weeks) *HCV RNA >6,000,000 IU/mL (12 weeks)	8-12 weeks			
				Daily Epclusa Class I, Level A	12 weeks			
				Daily Mavyret Class I, Level A	8 weeks			
			With compensated cirrhosis	Daily Zepatier Class I, Level A	12 weeks			
				Daily Harvoni Class I, Level A	12 weeks			
				Daily Epclusa Class I, Level A	12 weeks			
				Daily Mavyret Class I, Level A	12 weeks			
	Treatment Experienced	Prior PEG-IFN + RBV failed	Without cirrhosis	Daily Zepatier Class I, Level A	12 weeks			
				Daily Harvoni Class I, Level A	12 weeks			
				Daily Epclusa Class I, Level A	12 weeks			
				Daily Mavyret Class I, Level A	8 weeks			
			With compensated cirrhosis	Daily Zepatier Class I, Level A	12 weeks			
				Daily Harvoni + weight based ribavirin Class I, Level A	12 weeks			
				Daily Epclusa Class I, Level A	12 weeks			
				Daily Mavyret Class I, Level B	12 weeks			
		Prior sofosbuvir plus RBV +/- PEG-INF regimen failed	Without cirrhosis	Daily Harvoni + weight-based ribavirin Class IIa, Level B	12 weeks			
				Daily Mavyret Class IIa, Level B	12 weeks			
			With compensated cirrhosis	Daily Harvoni + weight-based ribavirin Class IIa, Level B	24 weeks			
				Daily Mavyret Class IIa, Level B	12 weeks			
		Prior NS3 PI (telaprevir, boceprevir, or simeprevir) + PEG-INF/RBV regimen failed	Without cirrhosis	Daily Harvoni Class I, Level A	12 weeks			
				Daily Class I, Level A	12 weeks			
				Daily Mavyret Class IIa, Level B	12 weeks			
			With compensated cirrhosis	Daily Harvoni + weight-based ribavirin Class I, Level A	12 weeks			
Daily Epclusa Class I, Level A	12 weeks							
Daily Mavyret Class IIa, Level B	12 weeks							
Prior NS5A inhibitor regimen failed[‡]	Without cirrhosis		Daily Vosevi Class I, Level A	12 weeks				
	With compensated cirrhosis		Daily Vosevi Class I, Level A	12 weeks				



*Shortening treatment of Harvoni to 8 weeks is not recommended for HIV co-infected patients, African-American patients, or those with known IL28B polymorphism CT or TT.

‡ N5SA inhibitors single agents: 1) Daklinza, 2) ombitasvir in Viekira-Pak, 3) ledipasvir in Harvoni, and 4) elbasvir in Zepatier.

^The concomitant use of Daklinza (daclatasvir) with cytochrome P450 3A/4 inducers and inhibitors may require a dose adjustment.

Genotype 2	Treatment naïve		Without cirrhosis	Daily Epclusa Class I, Level A Daily Mavyret Class I, Level A	12 weeks 8 weeks		
			With compensated cirrhosis	Daily Epclusa Class I, Level A Daily Mavyret Class I, Level A	12 weeks 12 weeks		
	Treatment Experienced	Prior PEG-IFN + RBV failed	Without cirrhosis	Daily Epclusa Class I, Level A Daily Mavyret Class I, Level A	12 weeks 8 weeks		
			With compensated cirrhosis	Daily Epclusa Class I, Level A Daily Mavyret Class I, Level B	12 weeks 12 weeks		
		Prior sofosbuvir + RBV failed	+/- compensated cirrhosis	Daily Epclusa + weight based ribavirin Class IIa, Level C Daily Mavyret Class IIb, Level B	12 weeks 12 weeks		
Genotype 3	Treatment naïve		Without cirrhosis	Daily Sovaldi + Daklinza Class I, Level A ^Δ	12 weeks		
				Daily Epclusa Class I, Level A	12 weeks		
				Daily Mavyret Class I, Level A	8 weeks		
			With compensated cirrhosis	Daily Epclusa Class I, Level A [¶] Daily Mavyret Class I, Level A	12 weeks 12 weeks		
	Treatment Experienced	Prior PEG-IFN + RBV failed	Without cirrhosis [¶]	Daily Sovaldi + Daklinza Class I, Level A ^{Δ¶}	12 weeks		
				Daily Epclusa Class I, Level A [¶]	12 weeks		
				Daily Vosevi Class IIa, Level B if Y93M mutation is present	12 weeks		
				Daily Mavyret Class IIa, Level B	16 weeks		
		Prior sofosbuvir + RBV failed	With compensated cirrhosis	Daily Epclusa + weight based ribavirin Class I, Level B Daily Mavyret Class IIa, Level B	12 weeks 16 weeks		
				Prior sofosbuvir + RBV failed	+/- compensated cirrhosis	Daily Epclusa + weight based ribavirin Class IIa, Level C	12 weeks
				Prior N5SA inhibitor Regimen failed	+/- compensated cirrhosis	Daily Vosevi Class I, Level A	12 weeks
						Daily Vosevi +RBV Class IIa, Level C	12 weeks

^ΔThe concomitant use of Daklinza (daclatasvir) with cytochrome P450 3A/4 inducers and inhibitors may require a dose adjustment.

[¶]RAV testing for Y93H is recommended and ribavirin should be included if present.

Genotype 4	Treatment naïve		+/- compensated cirrhosis	Daily Epclusa Class I, Level A	12 weeks
				Daily Zepatier Class IIa, Level B	12 weeks
				Daily Harvoni Class IIa, Level B	12 weeks
				Daily Mavyret Class I, Level A	8 weeks*
				Without Cirrhosis*	
				Daily Mavyret Class I, Level B	12 weeks*
	Prior PEG-	Without cirrhosis	Daily Epclusa Class I, Level A	12 weeks	
Daily Harvoni Class IIa, Level B			8 weeks		



	Treatment Experienced	IFN + RBV failed		Daily Mavyret Class I, Level B	8 weeks	
			With compensated cirrhosis	Daily Epclusa Class I, Level A	12 weeks	
		Daily Harvoni + weight based ribavirin (if ribavirin eligible) Class IIa, Level B		12 weeks		
		Daily Mavyret Class IIa, Level B		12 weeks		
		Prior NS5A inhibitor regimen failed	+/- compensated cirrhosis	Daily Vosevi Class I, Level A	12 weeks	
Genotype 5	Treatment Naïve		+/- compensated cirrhosis	Daily Epclusa Class I, Level A	12 weeks	
				Daily Harvoni Class IIa, Level B	12 weeks	
				Daily Mavyret Class I, Level A * Without Cirrhosis (8 weeks) * With Compensated Cirrhosis (12 weeks)	8 - 12 weeks*	
	Treatment Experienced	Prior PEG-IFN + RBV failed	Daily Epclusa Class IIa, Level B	12 weeks		
			Daily Harvoni Class IIa, Level C	12 weeks		
			Daily Mavyret Class IIa, Level B* *Without Cirrhosis	8 weeks		
			Daily Mavyret Class IIa, Level B* *With Compensated Cirrhosis	12 weeks		
			Prior NS5A inhibitor regimen failed	Daily Vosevi Class IIa, Level B	12 weeks	
	Genotype 6	Treatment naïve		+/- compensated cirrhosis	Daily Epclusa Class I, Level A	12 weeks
					Daily Harvoni Class IIa, Level B	12 weeks
Daily Mavyret Class I, Level A* *Without Cirrhosis (8 weeks) *With Compensated Cirrhosis (12 weeks)					8 - 12 weeks*	
Treatment Experienced		Prior PEG-IFN + RBV failed	Daily Epclusa Class IIa, Level B	12 weeks		
			Daily Harvoni Class IIa, Level C	12 weeks		
			Daily Mavyret Class IIa, Level B* *Without Cirrhosis	8 weeks		
			Daily Mavyret Class IIa, Level B *With Compensated Cirrhosis	12 weeks		
			Prior NS5A inhibitor regimen failed	Daily Vosevi Class IIa, Level B	12 weeks	

Table 2: Hepatitis C Regimens for HIV/HCV Co-Infected Patients

Antiretroviral drug switches, when needed, should be done in collaboration with the HIV practitioner. For HIV antiretroviral and HCV direct-acting antiviral combinations not addressed below, expert consultation is recommended. Class I, Level A
Daklinza requires dose adjustment with ritonavir-boosted atazanavir (a decrease to 30mg daily) and efavirenz or etravirine (an increase to 90mg daily). Class IIa, Level B
Zepatier should be used with antiretroviral drugs which it does not have clinically significant interactions: abacavir, emtricitabine, enfuvirtide, lamivudine, raltegravir, dolutegravir, rilpivirine, and tenofovir. Class IIa, Level B



<p>Olysio should be used with antiretroviral drugs with which it does not have clinically significant interactions: abacavir, emtricitabine, enfuvirtide, lamivudine, maraviroc, raltegravir, (and probably dolutegravir), rilpivirine, and tenofovir. Class IIa, Level B</p>
<p>Velpatasvir increases tenofovir levels; therefore, concomitant use with sofosbuvir/velpatasvir (Epclusa) mandates consideration of renal function and should be avoided in those with CrCl below 60 mL/min. In patients with CrCl > 60 mL/min concomitant dosing of velpatasvir and TDF with ritonavir-boosted or cobicistat-boosted regimens did not result in renal toxicity in 56 subjects. Renal monitoring is recommended during the dosing period. Tenofovir alafenamide (TAF) may be an alternative to TDF during sofosbuvir/velpatasvir treatment for patients who take cobicistat or ritonavir as part of their antiretroviral therapy. Class IIa, Level B</p>
<p>Fixed-dose combination of Harvoni (ledipasvir/sofosbuvir) increases tenofovir levels; therefore, concomitant use mandates consideration of creatinine clearance (CrCl) rate and should be avoided in those with CrCl <60 mL/min. Because potentiation of this effect is expected when tenofovir is used with ritonavir-boosted or cobicistat-boosted regimens, ledipasvir should be avoided with this combination (pending further data) unless antiretroviral regimen cannot be changed and the urgency of treatment is high. For combinations expected to increase tenofovir levels, baseline and ongoing assessment for tenofovir nephrotoxicity is recommended. Tenofovir alafenamide (TAF) may be an alternative to TDF during ledipasvir/sofosbuvir treatment for patients who take cobicistat or ritonavir as part of their antiretroviral therapy. Class IIa, Level C</p>
<p>For combinations expected to increase tenofovir levels, baseline and ongoing assessment for tenofovir nephrotoxicity is recommended. Class IIa, Level C</p>
<p>Viekira Pak should be used with antiretroviral drugs with which they do not have substantial interactions: atazanavir, dolutegravir, emtricitabine, enfuvirtide, lamivudine, raltegravir, and tenofovir. The dose of ritonavir used for boosting of HIV protease inhibitors may need to be adjusted (or held) when administered with Viekira Pak and then restored when HCV treatment is completed. The HIV protease inhibitor should be administered at the same time as the fixed-dose HCV combination. Class IIa, Level C</p>

Notes

- Non-responders (or null responders) are defined as those who experienced less than a 2 log decline in viral load during a previous 12 week treatment course (viral load was never undetectable). Partial responders experienced greater viral load suppression than non-responders, but viral load was never undetectable during treatment. These individuals have lower re-treatment success.
- Relapsers are defined as those who achieved undetectable HCV RNA blood levels during previous treatment who relapsed after treatment cessation. Relapsers should be treated as if they are naïve to therapy. These individuals tend to do well with re-treatment.
- For patients who are currently taking an antacid, H2 antagonist, or proton pump inhibitor and require a sofosbuvir/velpatasvir - or ledipasvir/sofosbuvir -containing regimen, Mass General Brigham Health Plan requires documentation of how this drug interaction will be managed.

References

1. American Association for the Study of Liver Diseases and the Infectious Diseases Society of America.
2. Recommendations for testing, managing and treating Hepatitis C. (AASLD) (IDSA) Revised September 21, 2017. Guideline available at: <http://www.hcvguidelines.org/>.

Review History

Reviewed 11/20/19 (updates to MH PD)

11/18/2020 – Reviewed and Updated; separated out MH vs. Comm/Exch

01/19/2022 – Reviewed and Updated; added Epclusa oral pellet to criteria as preferred for Genotype 2 and 3.

Effective 04/01/2022.



3/13/2024 – Reviewed and Updated for March P&T; Added “Provider has documented genotype and cirrhosis status”. Effective 4/1/24

4/10/2024- Reviewed for April P&T; Removed CVS Caremark Specialty pharmacy from examples of Specialty pharmacy. No clinical changes. Effective 5/1/2024

