Protocol for Direct Acting Antiviral Hepatitis C Drugs (Adults)

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

Sovaldi® (sofosbuvir)
Harvoni® (sofosbuvir/ledipasvir)
Olysio® (simeprevir)
Viekira® (paritaprevir/ritonavir/ombitasvir/dasabuvir)
Daklinza® (daclatasvir)
Technivie® (paritaprevir/ombitasvir/ritonavir)
Zepatier® (elbasvir/grazoprevir)
Epclusa® (sofosbuvir/velpatasvir)
Vosevi® (sofosbuvir/velpatasvir/voxilaprevir)
Mavyret® (glecaprevir/pibrentasvir)

Please refer to individual drug PI for specific genotypes and other guidelines

Criteria for Approval

1. Patient is at least 18 years of age **AND**
2. Diagnosis of **chronic hepatitis C,** labs showing genotype and detectable HCV RNA levels from within the **past 90 days** must be received, **AND**
3. Patient must have ONE of the following to be considered at highest risk for Hepatitis C-related complications (must receive documentation):
   - 3.1 Patient has a Metavir score of F0 through F4
   - 3.2 Patient has type 2 or 3 essential mixed cryoglobulinemia with end-organ manifestations (egg. vasculitis) (AASLD/IDSA 2015) **OR**
   - 3.3 Patient has nephrotic syndrome or membranoproliferative glomerulonephritis (AASLD/IDSA 2015) **OR**
   - 3.4 Patient has proteinuria (AASLD/IDSA 2014) as defined by one of the following:
     - 3.4.1 One lab result of albumin-to-creatinine ratio (ACR) of greater than 300 mg/g taken within the past 30 days must be received
     - 3.4.2 One lab result of ACR of greater than or equal to 30 mg/g taken within the past 30 days must be received AND a second lab result of ACR greater than or equal to 30mg/g taken within 60 days prior to the most recent test must also be received
   - 3.5 Patient has HIV-1 or HBV co-infection (AASLD/IDSA 2015) confirmed by antiretroviral use, on-file diagnosis, or by lab results **AND**
   - 3.6 Prior to treatment, and after treatment, patient is assessed for HBV coinfection (e.g., HBsAg, anti-HBc). [AASLD/IDSA 2016]. (Copy of lab must be received)
4. Prescribed by one of the following: **Hepatologist, Gastroenterologist, Infectious disease specialist,** or **Liver transplant specialist AND**
5. For treatment-experienced patients, must receive medication names and length of therapy, whether patient is a relapser, null responder, partial responder, or treatment naïve to previous Hepatitis C therapy

   (Provide medication names, dates of fill, length of treatment, AND HCV RNA levels from the previous therapy).
6. Patient has evidence of compliance (adherent to therapy) as demonstrated by refill records **AND**
7. Initial quantity dispensed will be limited to 14 days dosage units (14-14-28-28 format) **AND**
8. For patients with severe renal impairment (including CrCl <30ml/min or End-Stage Renal Disease), the

urgency to treat must be high and renal transplant must not be an immediate option.

9. Patient must not have any of the following:
   - 9.1 Contraindications to requested Hepatitis C therapy (See PI for complete list)
   - 9.2 Patient must not be on any therapies identified by the prescribing information or AASLD/IDSA guidelines as therapies not recommended for co-administration, (see PI and guidelines for complete list)
   - 9.3 Limited life expectancy (<12 months due to non-liver related comorbidities). Per AASLD guidelines [2015], HCV therapy would not improve symptoms or prognosis in this patient population and do not require treatment.
10. If combined with ribavirin patient will meet ALL of the following:
    - 10.1 Patient has no contraindication (See PI for complete list) to ribavirin
    - 10.2 Neither the patient nor the partner of the patient is pregnant
    - 10.3 If patient or their partner is of child bearing age, the patient has been or will be instructed to practice effective contraception during therapy and for 6 months after stopping ribavirin therapy.
11. For patients with decompensated cirrhosis, the requested drug(s) must be prescribed by a liver transplant specialist
12. Prior to treatment, and after treatment, patient is assessed for HBV coinfection (e.g., HBsAg, anti-HBc). [AASLD/IDSA 2016]. Copy of lab must be received.
13. For regimens that depend on testing [e.g., baseline high fold-change NS5A RASs (includes G1a polymorphisms at amino acid positions 28, 30, 31, or 93), Baseline Q80K polymorphism, Y93H], a copy of the lab work must be received.

Please refer to tables for alternative scoring equivalents

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

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

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

Comparison of Scoring Systems for Histological Stage (Fibrosis)

METAVIR	Batts-Ludwig	Knodell	Ishak
0	0	0	0
1	1	1	1
1	1	1	2
2	2	--	3
3	3	3	4
4	4	4	5
4	4	4	6

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

*IASL = The International Association for the Study of Liver

References:

1. American Association for the Study of Liver Diseases (AASLD)/Infectious Disease Society of America (IDSA). Recommendations for Testing, Managing, and Treating Hepatitis C. Available at http://www.hcvguidelines.org/ Published January 29, 2014. Updated on: April 12, 2017. Accessed on: August 15, 2017.
2. Daklinza® [Prescribing Information]. Bristol-Myers Squibb Company; Princeton, NJ; July 2015.
3. Harvoni® [Prescribing Information]. Gilead Sciences, Foster City, CA 94404; October 2014.
4. Sovaldi® [Prescribing Information]. Gilead Sciences, Foster City, CA 94404; December 2013.
5. Technivie® [Prescribing Information]. AbbVie Inc., North Chicago, Il 60064: July 2015.
6. Viekira Pak® [Prescribing Information]. AbbVie Inc., North Chicago, Il 60064: December 2014.
7. Zepatier® [Prescribing Information]. Merck & Co. Inc., Whitehouse Station, NJ; January 2016.
8. Epclusa® [Prescribing Information]. Gilead Sciences, Foster City, CA 94404; June 2016.
9. Vosevi® [Prescribing Information]. Gilead Sciences, Foster City, CA 94404; July 2017.
10. Mavyret® [Prescribing Information]. AbbVie Inc., North Chicago, Il 60064: August 2017.