Hepatitis C

EOCCO POLICY

Policy Type: PA/SP Pharmacy Coverage Policy: EOCCO036

Description

The listed treatments for Hepatitis C are for orally administered Direct-Acting Antiviral (DAA) therapies.

Length of Authorization

- Initial: 8-16 weeks based on liver status*
- Renewal: none

Quantity limits

Product Name	Dosage Form	Indication	Quantity Limit*	DDID
glecaprevir/pibrentasvir (Mavyret)	100 mg/40 mg tablet	HCV Genotype 1, 2, 3, 4, 5, 6 Treatment naïve or experienced	84 tablets/28 days	199152
sofosbuvir (Sovaldi)	200 mg oral tablet	HCV Genotype 2 or 3 Treatment naïve or experienced	28 tablets/28 days	182059
	400 mg oral tablet	HCV Genotype 1, 2, 3, 4 Treatment naïve or experienced		
ledipasvir/sofosbuvir (Harvoni)	45 mg /200 mg tablet	HCV Genotype 1, 4, 5, 6 Treatment naïve or experienced	28 tablets/28 days	186031
	90 mg /400 mg tablet	HCV Genotype 1, 2, 3, 4, 5, 6 Treatment naïve or experienced		
ledipasvir/sofosbuvir (authorized generic)	45 mg /200 mg tablet	HCV Genotype 1, 4, 5, 6 Treatment naïve or experienced	28 tablets/28 days	186027
	90 mg /400 mg tablet	HCV Genotype 1, 2, 3, 4, 5, 6 Treatment naïve or experienced		
velpatasvir/sofosbuvir (Epclusa)	100 mg/400 mg tablet	HCV Genotype 1, 2, 3, 4, 5, 6 Treatment naïve or experienced	28 tablets/28 days	193387

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velpatasvir/sofosbuvir (authorized generic)	100 mg/400 mg tablet	HCV Genotype 1, 2, 3, 4, 5, 6 Treatment naïve or experienced	28 tablets/28 days	193380
daclatasvir (Daklinza)	30 mg, 60 mg, 90 mg tablet	HCV Genotype 1, 3	28 tablets/28 days	189269 189270 192933
elbasvir/grazoprevir (Zepatier)	50 mg /100 mg tablet	HCV Genotype 4	28 tablets/28 days	191756
velpatasvir/sofosbuvir/ voxilaprevir (Vosevi)	100 mg/400 mg/ 100 mg tablet	HCV Genotype 1, 2, 3, 4, 5, 6 Treatment experienced	28 tablets/28 days	198875
simeprevir (Olysio)	150 mg capsule	HCV Genotype 1 Treatment naïve or experienced	28 capsules/28 days	181950
ombitasvir/paritaprevir/ ritonavir/dasabuvir (Viekira Pak)	12.5/75/50 mg oral tablet and dasabuvir 250 mg tablet	HCV Genotype 1a, 1b Treatment naïve or experienced	1 box/ 28 days	186852
ombitasvir/paritaprevir/ ritonavir/dasabuvir (Viekira XR)	12.5/75/50 mg oral tablet and dasabuvir 250 mg tablet	HCV Genotype 1a, 1b Treatment naïve or experienced	1 box/28 days	193829
ombitasvir/paritaprevir/ ritonavir (Technivie)	12.5/75/50 mg tablet	HCV Genotype 4	1 box/28 days	189292

*See Oregon Health Authority's Hepatitis C Direct-Acting Antivirals criteria for specific treatment durations

Initial Evaluation

I. For criteria, please reference Oregon Health Authority's Hepatitis C Direct-Acting Antivirals at: http://www.oregon.gov/oha/HSD/OHP/Pages/Policy-Pharmacy.aspx (The criteria is stored about halfway down the webpage).

References

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3. Harvoni [Prescribing Information]. Foster City, CA: Gilead Sciences; October 2014.
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5. Technivie [Prescribing Information}. North Chicago, IL: Abbvie Inv.; July 2015
6. Daklinza [Prescribing Information]. Princeton, NJ: Bristol Myers Squibb; July 2015.
7. Zepatier [Prescribing Information]. Whitehouse Station, NJ; March 2016.
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9. Mavyret [Prescribing Information]. North Chicago, IL: AbbVie. August 2017.
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12. Guidance from the American Association for the Study of Liver Diseases (AASLD) and the Infectious Disease Society of America (IDSA) Recommendations for Testing, Managing, and Treating hepatitis C. Available online at http://www.hcvguidelines.org/full-report-view.
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15. Guidance from the American Association for the Study of Liver Diseases (AASLD) and the Infectious Disease Society of America (IDSA) Recommendations for Testing, Managing, and Treating hepatitis C. Available online at http://www.hcvguidelines.org/full-report-view Accessed July 28, 2016.

Policy Implementation/Update:

Date Created	May 2015
Date Effective	August 2016
Last Updated	October 2019
Last Reviewed	05/2015, 11/2015, 04/2016, 06/2016, 07/2016, 08/2016, 11/2016, 01/2017, 05/2017, 01/2018

Action and Summary of Changes	**Date**
Criteria converted to policy format	**10/2019**
Updated to add New FDA approved agents, Mavyret and Vosevi	**01/2018**
Updated to reflect MOU executed mandate	**05/2017**
Updated with new OHA criteria	**01/2017**
Updated with new CCO requirements	**11/2016**
Updated statements to indication SVR12 will be requested	**08/2016**
Align with OHA criteria	07/2016