COUPE HEALTH

PHARMACY UTILIZATION MANAGEMENT (UM) PROGRAM CRITERIA ACTIVITY

Provider Notification

Policies Effective: 1/6/2023 Notification Posted: 11/21/2023

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Revisions are effective the first of the month following a 45-day notification and comment period.

UM PROGRAM CRITERIA REVISED			
Cimzia (certolizumab pegol)			
Program Type:	☒ Prior Authorization	☒ Quantity Limit	☒ Step Therapy
Cimzia	1. Updated first fail criteria to at lease ONE prescription strength NSAID for indication of non-radiographic axial spondyloarthritis		

Prior Authorization Approval Criteria

Cimzia (certolizumab pegol)

Generic name: certolizumab pegol
Brand name: Cimzia
Medispan GPI: 5250502010**** MONY
Medication class: Disease modifying, Tumor Necrosis Factor (TNF) Blocking Agent
FDA-approved uses: **Ankylosing Spondylitis (AS)**
Non-radiographic axial spondyloarthritis (nr-axSpA)
Crohn's Disease (CD)
Plaque Psoriasis (PsO)
Psoriatic Arthritis (PsA)
Rheumatoid Arthritis (RA)

Usual dose range:

Ankylosing Spondylitis (AS)	Initial: 400mg at week 0, 2, and 4	Maintenance: 200 mg every 2 weeks or 400 mg every 4 weeks.
Non-radiographic axial spondyloarthritis (nr-axSpA)	Initial: 400mg at week 0, 2, and 4	Maintenance: 200 mg every 2 weeks or 400 mg every 4 weeks.
Crohn's Disease (CD)	Initial: 400mg at week 0, 2, and 4	Maintenance: 400 mg every 4 weeks who obtain a clinical response
Plaque Psoriasis (PsO)	Initial: 400mg at week 0, 2, and 4	Maintenance: 400 mg every 4 weeks *≤90 kg, 200 mg every other week may be considered
Psoriatic Arthritis (PsA)	Initial: 400mg at week 0, 2, and 4	Maintenance: 200 mg every 2 weeks or 400 mg every 4 weeks.
Rheumatoid Arthritis (RA)	Initial: 400mg at week 0, 2, and 4	Maintenance: 200 mg every 2 weeks or 400 mg every 4 weeks.

Duration of Authorization:

Initial: 4 months
Ongoing: 12 months

Estimated Cost: $73435.44/12 months (24x 200mg injections per years) AWP

Criteria for use for Ankylosing Spondylitis (AS)

- Submitted clinical documentation and prescription claims records must be consistent and non-contradictory to the treatment plan.
- Grandfather criteria allowed
    - Please see policy and procedure "*14 – Grandfather Status Authorization*" for additional information.
- Patient is clinically diagnosed with active Ankylosing Spondylitis defined as a BASDAI score of at least 4.0 or a ASDAS score equivalent to moderate, high or very high disease activity.
- Must be 18 years of age or older.
- Must be prescribed by, or in consultation with a Rheumatologist
- Documentation of required baseline screening for viral infections (TB, HepB, HepC, HIV (high risk only)) completed within the last 3 months preceding request for treatment (new starts).
- Patient has failure, contraindication, or intolerance to at least ONE prescription strength formulary NSAID.
- -AND-
- Documentation of an adequate trial and failure/intolerance of at least one conventional systemic or non-biologic DMARD is encouraged but not required.
- -AND-
- Documentation of an adequate trial and failure/intolerance of at least TWO preferred biologic DMARD (Cosentyx, Enbrel, Humira)

Criteria for use for Non-radiographic axial spondyloarthritis (nr-axSpA)

- Submitted clinical documentation and prescription claims records must be consistent and non-contradictory to the treatment plan.
- Grandfather criteria allowed
    - Please see policy and procedure "*14 – Grandfather Status Authorization*" for additional information.
- Patient is clinically diagnosed with active non-radiographic axial spondyloarthritis
- Must be 18 years of age or older.
- Must be prescribed by, or in consultation with a Rheumatologist

- Documentation of required baseline screening for viral infections (TB, HepB, HepC, HIV (high risk only)) completed within the last 3 months preceding request for treatment (new starts).
- Patient has failure, contraindication, or intolerance to at least ONE prescription strength formulary NSAID, used consecutively in an adequate dose for at least two to four weeks each.
- -AND-
- Documentation of an adequate trial and failure/intolerance of at least one preferred biologic DMARD (Cosentyx, Rinvoq)

Criteria for use for Crohn's Disease (CD)

- Submitted clinical documentation and prescription claims records must be consistent and non-contradictory to the treatment plan.
- Grandfather criteria allowed
    - Please see policy and procedure "*14 – Grandfather Status Authorization*" for additional information.
- Patient is clinically diagnosed with active moderate to severe Crohn's disease.
- Must be 18 years of age or older.
- Must be prescribed by, or in consultation with a Gastroenterologist.
- Documentation of required baseline screening for viral infections (TB, HepB, HepC, HIV (high risk only)) completed within the last 3 months preceding request for treatment (new starts).
- Patient has failure, contraindication, or intolerance to at least one of the following:
    - Systemic corticosteroids (prednisone, budesonide)
    - Aminosalicylates (sulfasalazine, mesalamine)
    - Immunomodulators (azathioprine, 6-mercaptopurine, methotrexate)
- -AND-
- Documentation of an adequate trial and failure/intolerance of at least TWO preferred biologic DMARD (Humira, Stelara, Xeljanz/Xeljanz XR).

Criteria for use for Plaque Psoriasis (PsO)

- Submitted clinical documentation and prescription claims records must be consistent and non-contradictory to the treatment plan.
- Grandfather criteria allowed
    - Please see policy and procedure "*14 – Grandfather Status Authorization*" for additional information.
- Patient is clinically diagnosed with chronic moderate to severe plaque psoriasis.
- Patient has minimum body surface area involvement of >10% OR involvement of <10% BSA with involvement in sensitive areas (hands, feet, face, genitals).
- Must be 18 years of age or older.
- Must be prescribed by, or in consultation with a Dermatologist.
- Documentation of required baseline screening for viral infections (TB, HepB, HepC, HIV (high risk only)) completed within the last 3 months preceding request for treatment (new starts).
- Documentation of an adequate trial/intolerance of phototherapy if eligible for phototherapy.
- Patient has failure, contraindication, or intolerance to at least ONE conventional systemic DMARD (acitretin, cyclosporine, methotrexate, sulfasalazine).
- -AND-
- Documentation of an adequate trial and failure/intolerance of at least TWO preferred biologic DMARD (Cosentyx, Enbrel, Humira, Skyrizi, Stelara)

Criteria for use for Psoriatic Arthritis (PsA)

- Submitted clinical documentation and prescription claims records must be consistent and non-contradictory to the treatment plan.
- Grandfather criteria allowed

    - Please see policy and procedure "*14 – Grandfather Status Authorization*" for additional information.
- Patient is clinically diagnosed with active Psoriatic Arthritis.
- Must be 18 years of age or older.
- Must be prescribed by, or in consultation with a Rheumatologist or Dermatologist.
- Documentation of required baseline screening for viral infections (TB, HepB, HepC, HIV (high risk only)) completed within the last 3 months preceding request for treatment (new starts).
- Patient has failure, contraindication, or intolerance to at least ONE conventional systemic DMARD (acitretin, cyclosporine, leflunomide, methotrexate, sulfasalazine).
- -AND-
- Documentation of an adequate trial and failure/intolerance of at least TWO preferred biologic DMARD (Cosentyx, Enbrel, Humira, Stelara, Xeljanz/Xeljanz XR)

Criteria for use for Rheumatoid Arthritis (RA)

- Submitted clinical documentation and prescription claims records must be consistent and non-contradictory to the treatment plan.
- Grandfather criteria allowed
    - Please see policy and procedure "*14 – Grandfather Status Authorization*" for additional information.
- Patient is clinically diagnosed with active moderate to severe rheumatoid arthritis.
- Must be 18 years of age or older.
- Must be prescribed by, or in consultation with a Rheumatologist
- Documentation of required baseline screening for viral infections (TB, HepB, HepC, HIV (high risk only)) completed within the last 3 months preceding request for treatment (new starts).
- Patient has failure, contraindication, or intolerance to at least ONE conventional systemic DMARD (azathioprine, hydroxychloroquine, leflunomide, methotrexate, sulfasalazine).
- -AND-
- Documentation of an adequate trial and failure/intolerance of at least TWO preferred biologic DMARD (Enbrel, Humira, Rinvoq, Xeljanz/Xeljanz XR)

Criteria continuation of therapy

- Patient is tolerating and responding to medication and there continues to be a medical need for the medication.
- Chart notes evaluating the safety and efficacy from within the prior 12 months are required for reauthorization.
- Patient demonstrates adequate compliance as defined as an MPR >80%.

Contraindications:

- History of hypersensitivity to any of the product ingredients.

Not approved if:

- Patient does not meet any of the above criteria.
- Patient has a contraindication to treatment.
- Patient has a positive screening for viral infection and is not currently receiving appropriate management.
- Patient is currently using another specialty treatment for their condition.
- Quantity is limited to FDA approved dosing for the indication.

Special Considerations:

- Certolizumab may be preferred for patients who are pregnant or planning for pregnancy due to evidence that drug does not cross placental barrier.
- Patients treated with certolizumab are at increased risk for developing serious infections, which may result in hospitalization or death; infections usually developed in patients receiving concomitant immunosuppressive agents (eg, methotrexate, corticosteroids) and may present as disseminated (rather than local) disease. Active tuberculosis (TB) (including reactivation of latent TB), invasive fungal (including aspergillosis, blastomycosis, candidiasis, coccidioidomycosis, histoplasmosis, and pneumocystosis) and bacterial, viral, or other opportunistic infections (including legionellosis and listeriosis) have been reported in patients receiving certolizumab. Monitor closely for signs/symptoms of infection. Discontinue for serious infection or sepsis. Consider risks versus benefits prior to use in patients with a history of chronic or recurrent infection. Consider empiric antifungal therapy in patients who are at risk for invasive fungal infection and develop severe systemic illness. Elderly patients, patients with co-morbid conditions, and/or patients taking concomitant immunosuppressants may be at a greater risk of infection. Consider risks versus benefits prior to initiating therapy in patients with a history of opportunistic infection; patients who have resided or traveled in areas of endemic TB or endemic mycoses, such as histoplasmosis, coccidioidomycosis, or blastomycosis; and patients with underlying conditions that may predispose them to infection. Do not initiate certolizumab therapy with active infection, including clinically important localized infection. Patients who develop a new infection while undergoing treatment should be monitored closely.
- Lymphoma and other malignancies (some fatal) have been reported in children and adolescent patients receiving tumor necrosis factor (TNF)-blocking agents. Certolizumab is not indicated for use in pediatric patients. Approximately half of the malignancies reported in children were lymphomas (Hodgkin and non-Hodgkin) while other cases varied and included malignancies not typically observed in this population. The onset of malignancy was after a median of 30 months (range: 1 to 84 months) after the initiation of the TNF-blocking agent. Use of TNF blockers may affect defenses against malignancies; impact on the development and course of malignancies is not fully defined. Chronic immunosuppressant therapy use may be a predisposing factor for malignancy development; rheumatoid arthritis alone has been previously associated with an increased rate of lymphoma. Hepatosplenic T-cell lymphoma (HSTCL), a rare T-cell lymphoma, has also been associated with TNF-blocking agents, including certolizumab, primarily reported in adolescent and young adult males with Crohn disease or ulcerative colitis, most of whom had received concurrent treatment with azathioprine and/or 6-mercaptopurine. Perform periodic skin examinations in all patients during therapy, particularly those at increased risk for skin cancer.
- TB (disseminated or extrapulmonary disease) has been reported; both reactivation of latent infection and new infections have been reported. Patients should be tested for latent TB infection before and during therapy; consider treatment of latent TB prior to certolizumab treatment. Monitor for development of TB during and after treatment, including patients with initial negative skin tests. Use with caution in patients who have resided in regions where TB is endemic. Consider anti-TB treatment prior to initiation of certolizumab in patients with a history of latent or active TB if adequate treatment course cannot be confirmed, and for patients with risk factors for TB despite a negative test. Strongly consider TB in patients who develop a new infection during treatment, especially in patients who have previously or recently traveled to countries with a high prevalence of TB, or who have had close contact with a person with active TB.
- Use with caution in heart failure patients; worsening heart failure and new-onset heart failure have been reported with TNF blockers, including certolizumab; monitor closely. In a scientific statement from the American Heart Association, TNF blockers have been determined to be agents that may either cause direct myocardial toxicity or exacerbate underlying myocardial dysfunction (magnitude: major).
- Rare reactivation of hepatitis B virus (HBV) has occurred in chronic carriers of the virus, usually in patients receiving concomitant immunosuppressants; evaluate for HBV prior to initiation in all patients. Patients who test positive for HBV surface antigen should be referred for hepatitis B evaluation/treatment prior to certolizumab initiation. Monitor for clinical and laboratory signs of active infection during and for several months following discontinuation of treatment in HBV carriers; interrupt therapy if reactivation occurs and treat appropriately with antiviral therapy; if resumption of therapy is deemed necessary, exercise caution and monitor patient closely.

- Rare cases of optic neuritis, seizure, peripheral neuropathy, and demyelinating disease (eg, multiple sclerosis, Guillain-Barré syndrome; new onset or exacerbation) have been reported. Use with caution in patients with preexisting or recent-onset central or peripheral nervous system demyelinating disorders.
- Rare cases of pancytopenia and other significant cytopenias, including aplastic anemia, have been reported with TNF-blocking agents. Leukopenia and thrombocytopenia have occurred with certolizumab. Consider discontinuing therapy with significant hematologic abnormalities. Use with caution in patients with underlying hematologic disorders.
- Use caution when switching between biological disease modifying antirheumatic drugs (DMARDs); overlapping of biological activity may increase the risk for infection.
- Autoantibody formation may develop; rarely resulting in autoimmune disorder, including lupus-like syndrome; monitor and discontinue if symptoms develop.
- Use with caution in HIV-positive patients; TNF-α inhibitors may be appropriate in patients receiving highly active antiretroviral therapy, provided they have normal CD4 counts, no viral load, and no recent opportunistic infections.

References:

1. Cimzia (certolizumab pegol) [prescribing information]. Smyrna, GA: UCB Inc; September 2019.
2. Menter A, Strober BE, Kaplan DH, et al. Joint AAD-NPF guidelines of care for the management and treatment of psoriasis with biologics. J Am Acad Dermatol. 2019;80(4):1029-1072. doi:10.1016/j.jaad.2018.11.057[PubMed 30772098]
3. Page RL 2nd, O'Bryant CL, Cheng D, et al; American Heart Association Clinical Pharmacology and Heart Failure and Transplantation Committees of the Council on Clinical Cardiology; Council on Cardiovascular Surgery and Anesthesia; Council on Cardiovascular and Stroke Nursing; and Council on Quality of Care and Outcomes Research. Drugs That May Cause or Exacerbate Heart Failure: A Scientific Statement From the American Heart Association [published correction appears in Circulation. 2016;134(12):e261]. Circulation. 2016;134(6):e32-e69.[PubMed 27400984]10.1161/CIR.0000000000000426

MedOne P&T Committee approval: Date: 1-1-17

Adopted: 1-1-17
Revised: 1-27-22
2-17-22

1-27-22

1. Grandfathering criteria requirements explained
2. Pricing updated based off of AWP (1-20-22)
3. Updated the initial duration of authorization from 3 to 4 months.
4. Patients must have a moderate to severe clinical diagnosis
5. Additional fail first criteria have been added for CD to include failure, contraindication, or intolerance to Systemic corticosteroids -AND- Amino salicylates or Immunomodulators.
6. Added new start criteria, for each diagnosis, requiring documentation of baseline screening for viral infections to be completed within the last 3 months preceding request for treatment.
7. Included leflunomide as an option for failure, contraindication, or intolerance to at least one conventional systemic DMARD in the indications for PsA.
8. Included sulfasalazine as an option for failure, contraindication, or intolerance to at least one conventional systemic DMARD in the indications for RA.
9. New denial indication states a patient who has a positive screening for viral infection and is not currently receiving appropriate management or is using another specialty treatment will not be approved.
10. Added indication of Non-radiographic axial spondyloarthritis.
11. Special considerations were put in place for patients who are pregnant or planning for pregnancy.

2-17-22

1. Corrected fail first criteria to at least TWO preferred biologic DMARD for indications of AS, CD, PsO, PsA, RA.
2. Specified quantity limit restriction to FDA approved dosing.

11/16/22	1. Updated first fail criteria to at lease ONE prescription strength NSAID for indication of non-radiographic axial spondyloarthritis
Effective Date (most recent revisions):	1/6/23

**Revisions are effective the first of the month following a 45 day notification and comment period.*

UM PROGRAM CRITERIA REVISED			
Cosentyx (secukinumab)			
Program Type:	☒ Prior Authorization	☒ Quantity Limit	☒ Step Therapy
Cosentyx	1. Updated indication to "non-radiographic axial spondyloarthritis 2. Updated fail first criteria to ONE prescription strength NSAID and removed 3 month trial of systemic conventional DMARD for non-radiographic axial spondyloarthritis		

Prior Authorization Approval Criteria

Cosentyx (secukinumab)

Generic name: Secukinumab
Brand name: Cosentyx
Medispan GPI: GPI 9025057500**** MONY
Medication class: Antipsoriatic Agent, Interleukin 17 Receptor Antagonist, Monoclonal Antibody
FDA-approved uses: **Plaque psoriasis**, **Psoriatic arthritis**, **Ankylosing spondylitis**, **Axial spondyloarthritis**

Usual dose range:

Plaque psoriasis	Initial: 300mg weekly x5 (required)	Maintenance: 300mg every 4 weeks
Psoriatic arthritis	Initial: 150mg weekly x5 (optional)	Maintenance: 150-300mg every 4 weeks
Ankylosing spondylitis	Initial: 150mg weekly x5 (optional)	Maintenance: 150-300mg every 4 weeks
Axial spondyloarthritis	Initial: 150mg weekly x5 (optional)	Maintenance: 150mg every 4 weeks

Duration of Authorization:
Initial: 4 months
Ongoing: 12 months

Estimated Cost: $7,613.26/dose (either strength), $99,244.28-127,794.01 (first year higher)

Criteria for use for moderate to severe Plaque psoriasis

- Submitted clinical documentation and prescription claims records must be consistent and non-contradictory to the treatment plan.
- Grandfather criteria allowed
  - Please see policy and procedure "*14 – Grandfather Status Authorization*" for additional information.
- Patient is clinically diagnosed with an approved indication.

- Must be 18 years of age or older.
- Documentation of required baseline screening for viral infections (TB, HepB, HepC, HIV (high risk only)) completed within the last 3 months preceding request for treatment (new starts).
    - or complete treatment for tuberculosis within the last 3 months (e.g. rifampin, isoniazid, pyrazinamide, ethambutol) if positive TB test
- Patient is up to date on all ACIP recommended vaccinations for which they qualify. Live vaccines cannot be used during treatment.
- Must be prescribed by, or in consultation with a Dermatologist. Consult note must be provided if recommendation was in consultation with specialist.
- Patient has failure, contraindication, or intolerance to at least one conventional systemic DMARD (acitretin, cyclosporine, methotrexate, sulfasalazine).
- Patient must be a candidate for phototherapy or systemic therapy
- Patient must have 10% or more BSA involvement OR involvement of a sensitive area (hands, feet, face, scalp, or genital area)

Criteria for use for Psoriatic arthritis

- Submitted clinical documentation and prescription claims records must be consistent and non-contradictory to the treatment plan.
- Must be 18 years of age or older.
- Grandfather criteria allowed
    - Please see policy and procedure "*14 – Grandfather Status Authorization*" for additional information.
- Patient is clinically diagnosed with an approved indication.
- Documentation of required baseline screening for viral infections (TB, HepB, HepC, HIV (high risk only)) completed within the last 3 months preceding request for treatment (new starts).
    - or complete treatment for tuberculosis within the last 3 months (e.g. rifampin, isoniazid, pyrazinamide, ethambutol) if positive TB test
- Patient is up to date on all ACIP recommended vaccinations for which they qualify. Live vaccines cannot be used during treatment.
- Must be prescribed by, or in consultation with a Rheumatologist or Dermatologist. Consult note (documentation of recommendation) must be provided if recommendation was in consultation with specialist.
- Patient has failure, contraindication, or intolerance to at least one conventional systemic DMARD (azathioprine, hydroxychloroquine, leflunomide, methotrexate)

Criteria for use for Ankylosing spondylitis

- Submitted clinical documentation and prescription claims records must be consistent and non-contradictory to the treatment plan.
- Must be 18 years of age or older.
- Grandfather criteria allowed
    - Please see policy and procedure "*14 – Grandfather Status Authorization*" for additional information.
- Patient is clinically diagnosed with an approved indication.
- Documentation of required baseline screening for viral infections (TB, HepB, HepC, HIV (high risk only)) completed within the last 3 months preceding request for treatment (new starts).
    - or complete treatment for tuberculosis within the last 3 months (e.g. rifampin, isoniazid, pyrazinamide, ethambutol) if positive TB test
- Patient is up to date on all ACIP recommended vaccinations for which they qualify. Live vaccines cannot be used during treatment.
- Must be prescribed by, or in consultation with a Rheumatologist. Consult note must be provided if recommendation was in consultation with specialist.
- Patient has failure, contraindication, or intolerance to at least one prescription strength formulary NSAID.

- Documentation of an adequate trial and failure/intolerance of at least one conventional systemic or non-biologic DMARD is encouraged but not required.

Criteria for use for non-radiographic axial spondyloarthritis

- Submitted clinical documentation and prescription claims records must be consistent and non-contradictory to the treatment plan.
- Must be 18 years of age or older.
- Grandfather criteria allowed
    - Please see policy and procedure "*14 – Grandfather Status Authorization*" for additional information.
- Patient is clinically diagnosed with an approved indication.
- Documentation of required baseline screening for viral infections (TB, HepB, HepC, HIV (high risk only)) completed within the last 3 months preceding request for treatment (new starts).
    - or complete treatment for tuberculosis within the last 3 months (e.g. rifampin, isoniazid, pyrazinamide, ethambutol) if positive TB test
- Patient is up to date on all ACIP recommended vaccinations for which they qualify. Live vaccines cannot be used during treatment.
- Must be prescribed by, or in consultation with a Rheumatologist. Consult note must be provided if recommendation was in consultation with specialist.
- Patient has failure, contraindication, or intolerance to at least ONE prescription strength formulary NSAID, used consecutively in an adequate dose for at least two to four weeks each.
- Documentation of an adequate trial and failure/intolerance of at least one conventional systemic or non-biologic DMARD is encouraged but not required.

Criteria continuation of therapy

- Patient is tolerating and responding to medication and there continues to be a medical need for the medication.
- Chart notes evaluating the safety and efficacy from within the prior 12 months are required for reauthorization.
- Patient demonstrates adequate compliance as defined as an MPR >80%. Each dose is considered a 28 day supply, or a 7 day supply for the first 5 doses.

Contraindications:

- History of hypersensitivity to any of the product ingredients.

Not approved if:

- Patient does not meet any of the above criteria.
- Patient has a contraindication to treatment.
- Patient must not have active tuberculosis infection. Confirm by TB skin test, IGRA, or chest X-ray.

Special Considerations:

- Hypersensitivity reactions: Urticaria and anaphylaxis have been reported; discontinue immediately if signs/symptoms of a serious hypersensitivity reaction develop and initiate appropriate treatment.
- Infections: Secukinumab may increase the risk of infections. Serious and sometimes fatal infections have been reported. A higher rate of infections was observed with secukinumab treatment in clinical trials, including nasopharyngitis, upper respiratory tract infection, and mucocutaneous candida infection; the incidence of some types of infection appeared to be dose-dependent. Use with caution in patients with a chronic infection or a history of recurrent infection. In patients who develop a serious infection, monitor closely and discontinue use until the infection resolves.

- Tuberculosis: Patients should be evaluated for tuberculosis infection prior to initiating therapy; avoid therapy in patients with an active tuberculosis infection. Consider antituberculosis therapy if an adequate course of treatment cannot be confirmed in patients with a history of latent or active tuberculosis. Monitor all patients for signs and symptoms of active tuberculosis during and after treatment.
- Inflammatory bowel disease: Treatment with secukinumab may cause exacerbations (some serious) and new onset of inflammatory bowel of inflammatory bowel disease; monitor patients for signs and symptoms of inflammatory bowel disease.
- Latex: Some dosage forms may contain dry natural rubber (latex).
- Polysorbate 80: Some dosage forms may contain polysorbate 80 (also known as Tweens). Hypersensitivity reactions, usually a delayed reaction, have been reported following exposure to pharmaceutical products containing polysorbate 80 in certain individuals (Isaksson 2002; Lucente 2000; Shelley 1995). Thrombocytopenia, ascites, pulmonary deterioration, and renal and hepatic failure have been reported in premature neonates after receiving parenteral products containing polysorbate 80 (Alade 1986; CDC 1984). See manufacturer's labeling.
- Immunizations: Patients should be brought up to date with all immunizations before initiating therapy. Live vaccines should not be given concurrently during therapy; non-live vaccines administered during secukinumab therapy may not elicit an immune response sufficient to prevent disease.

References:

4. Menter A, Strober BE, Kaplan DH, et al. Joint AAD-NPF guidelines of care for the management and treatment of psoriasis with biologics. Journal of the American Academy of Dermatology. 2019;80(4):1029-1072.
5. Blauvelt A, Reich K, Tsai TF, et al. Secukinumab is superior to ustekinumab in clearing skin of subjects with moderate-to-severe plaque psoriasis up to 1 year: Results from the CLEAR study. J Am Acad Dermatol. 2017;76(1):60-69.e9.
6. Singh JA, Guyatt G, Ogdie A, et al. 2018 american college of rheumatology/national psoriasis foundation guideline for the treatment of psoriatic arthritis. Arthritis & Rheumatology. 2019;71(1):5-32.
7. Ward MM, Deodhar A, Gensler LS, et al. 2019 update of the american college of rheumatology/spondylitis association of america/spondyloarthritis research and treatment network recommendations for the treatment of ankylosing spondylitis and nonradiographic axial spondyloarthritis. Arthritis Care & Research. 2019;71(10):1285-1299.

MedOne P&T Committee approval: Date: 1-1-17

Adopted: 1-1-17
Revised: 1-27-21

1-27-21
1. Grandfathering criteria requirements explained.
2. Pricing updated based off of AWP (1/13/2022).
3. Updated the initial duration of authorization from 3 to 4 months.
4. Noted interactions with vaccinations, tuberculosis, and Crohn's disease/ulcerative colitis.
5. Added scalp to sensitive areas for plaque psoriasis.
6. Added new start criteria for each diagnosis requiring documentation of baseline screening for viral infections to be completed within the last 3 months preceding request for treatment.

11/16/22
1. Updated indication to "non-radiographic axial spondyloarthritis
2. Updated fail first criteria to ONE prescription strength NSAID and removed 3 month trial of systemic conventional DMARD for non-radiographic axial spondyloarthritis

Effective Date (most recent revisions): 1/6/23

**Revisions are effective the first of the month following a 45 day notification and comment period.*

UM PROGRAM CRITERIA REVISED		
Epclusa (sofosbuvir-velpatasvir)		
Program Type:	☒ Prior Authorization	☒ Quantity Limit ☒ Step Therapy
Epclusa	1. Expanded dosing information. 2. Updated AWP – 9/21/22. 3. Indications updated to reflect current FDA guidelines. 4. Updated Metavir requirement to F2-F4. 5. Added the substance abuse qualification in criteria. 6. Further defined therapy adherence requirement.	

Prior Authorization Approval Criteria

Epclusa (sofosbuvir-velpatasvir)

Generic name:	sofosbuvir-velpatasvir
Brand name:	Epclusa
Medispan GPI:	123599026503** MON
Medication class:	Antiviral
FDA-approved uses:	**Adult and pediatric patients 3 years of age and older with chronic HCV genotype 1, 2, 3, 4, 5, or 6 infection.**

Usual dose range:	
Treatment-naïve and treatment experienced, without cirrhosis and with compensated cirrhosis (Child-Pugh A) - Adults	Dosing: 1 tablet (400mg-100mg) daily for 12 weeks
Treatment-naïve and treatment experienced, without cirrhosis and with compensated cirrhosis (Child-Pugh A) – Pediatric – less than 17kg	Dosing: 150 mg/37.5 mg per day for 12 weeks
Treatment-naïve and treatment experienced, without cirrhosis and with compensated cirrhosis (Child-Pugh A) – Pediatric – 17 to less than 30kg	Dosing: 200 mg/50 mg per day for 12 weeks
Treatment-naïve and treatment experienced, without cirrhosis and with compensated cirrhosis (Child-Pugh A) – Pediatric - at least 30kg	Dosing: 400 mg/100 mg per day for 12 weeks

Treatment-naïve and treatment experienced, with decompensated cirrhosis (Child-Pugh B and C) - Adult	Dosing: 1 tablet (400mg-100mg) daily for 12 weeks with ribavirin
Treatment-naïve and treatment experienced, with decompensated cirrhosis (Child-Pugh B and C – Pediatric – less than 17kg	Dosing: 150 mg/37.5 mg per day for 12 weeks with ribavirin
Treatment-naïve and treatment experienced, with decompensated cirrhosis (Child-Pugh B and C) – Pediatric – 17 to less than 30kg	Dosing: 200 mg/50 mg per day for 12 weeks with ribavirin
Treatment-naïve and treatment experienced, with decompensated cirrhosis (Child-Pugh B and C) – Pediatric - at least 30kg	Dosing: 400 mg/100 mg per day for 12 weeks with ribavirin

Duration of Authorization:

Initial:	**12-16 weeks depending on diagnosis**
Ongoing:	**n/a**

Estimated Cost: $89,712 for 84x 400-100mg tablets (12 weeks of treatment) AWP

Criteria for use for the treatment of chronic hepatitis C Treatment-naïve and treatment experienced, without cirrhosis and with compensated cirrhosis (Child-Pugh A) genotype 1, 2, 3, 4, 5 or 6 infection

- Plan excludes the use of brand Epclusa for the treatment of hepatitis C.
    - Plan will allow for grandfathering of patients on treatment with generic product.
    - Please see policy and procedure "*14 – Grandfather Status Authorization*" for additional information.
- Submitted clinical documentation and prescription claims records must be consistent and non-contradictory to the treatment plan.
- Must be 3 years of age or older.
- Patient is clinically diagnosed with chronic hepatitis C genotype 1, 2, 3, 4, 5 or 6 infection.
- Must be prescribed by, or in consultation with a Board Certified gastroenterologist, hepatologist, infectious disease, or transplant specialist.
- Documentation includes stage of liver disease, and indicates either significant fibrosis (Metavir F2), advanced fibrosis (Metavir F3), or compensated cirrhosis (Metavir F4).
- Patient does not have decompensated liver disease.
- Will not be used in combination with another HCV direct acting antiviral agent [e.g., Harvoni (ledipasvir/sofosbuvir), Sovaldi (sofosbuvir), Mavyret (glecaprevir-pibrentasvir), Zepatier (elbasvir-grazoprevir)]
- Patient fill history documents the ability to adhere to the treatment regimen.

    - -OR- Physician/provider asserts patient demonstrates treatment readiness, including the ability to adhere to the treatment regimen.
- No evidence of abuse of other controlled substance, alcohol, or illicit drugs. Patients with a history of substance abuse must meet the following additional criteria:
    - Substance abuse must be in remission by demonstrating abstinence for the prior 3 months AND a recent negative drug urine screen
    - Must be enrolled and participating in a substance abuse treatment program
- Authorization will be for a maximum of 12 weeks.

Criteria for use for the treatment of chronic hepatitis C Treatment-naïve and treatment experienced, with decompensated cirrhosis (Child-Pugh B and C) genotype 1, 2, 3, 4, 5 or 6 infection

- Plan excludes the use of brand Epclusa for the treatment of hepatitis C.
    - Plan will allow for grandfathering of patients on treatment with generic product.
    - Please see policy and procedure "*14 – Grandfather Status Authorization*" for additional information.
- Submitted clinical documentation and prescription claims records must be consistent and non-contradictory to the treatment plan.
- Must be 3 years of age or older.
- Patient is clinically diagnosed with chronic hepatitis C genotype 1, 2, 3, 4, 5 or 6 infection.
- Must be prescribed by, or in consultation with a Board Certified gastroenterologist, hepatologist, infectious disease, or transplant specialist.
- *Documentation includes stage of liver disease, and indicates either significant fibrosis (Metavir F2), advanced fibrosis (Metavir F3), or compensated cirrhosis (Metavir F4).*
- Patient has decompensated liver disease (Child-Pugh B or C).
- Used in combination with ribavirin.
    - Adults less than 75kg - ribavirin 1000 mg/day
    - Adults more than 75kg - ribavirin 1200 mg/day
- Will not be used in combination with another HCV direct acting antiviral agent [e.g., Harvoni (ledipasvir/sofosbuvir), Sovaldi (sofosbuvir), Mavyret (glecaprevir-pibrentasvir), Zepatier (elbasvir-grazoprevir)]
- Patient fill history documents the ability to adhere to the treatment regimen.
    - -OR- Physician/provider asserts patient demonstrates treatment readiness, including the ability to adhere to the treatment regimen.
- No evidence of abuse of other controlled substance, alcohol, or illicit drugs. Patients with a history of substance abuse must meet the following additional criteria:
    - Substance abuse must be in remission by demonstrating abstinence for the prior 3 months AND a recent negative drug urine screen
    - Must be enrolled and participating in a substance abuse treatment program
- Authorization will be for a maximum of 12 weeks.

Criteria continuation of therapy

- n/a

Contraindications:

- History of hypersensitivity to any of the product ingredients.
- Moderate or severe hepatic impairment (Child-Pugh B or C) or those with any history of prior hepatic decompensation.
- Use with inhibitors of organic anion transporting polypeptides 1B1/3(OATP1B1/3) that are known or expected to significantly increase grazoprevir plasma concentrations
- Use with strong CYP3A inducers

- Concomitant use with efavirenz
- If administered with ribavirin, the contraindications to ribavirin also apply to this combination regimen.

Not approved if:

- Patient does not meet any of the above criteria.
- Patient has a contraindication to treatment.

Special Considerations:

- ALT elevations (>5 times ULN) have been observed generally at week 8 or beyond; changes have been mostly asymptomatic and resolved with ongoing or completed therapy. Females, Asian patients, and patients ≥65 years of age may be at greater risk for ALT changes. Patients should report fatigue, weakness, decreased appetite, nausea/vomiting, jaundice, or discolored feces. Monitor liver function tests prior to therapy, at treatment week 8, and as clinically indicated. Consider discontinuing therapy if ALT levels remain persistently >10 times ULN. Discontinue therapy if accompanied by signs/symptoms of hepatic inflammation or increasing conjugated bilirubin, alkaline phosphatase, or INR.
- Rapid reduction in hepatitis C viral load during direct-acting antiviral (DAA) therapy for hepatitis C may lead to improvement in glucose metabolism in patients with diabetes, potentially resulting in symptomatic hypoglycemia if antidiabetic agents are continued at the same dose. Monitor for changes in glucose tolerance and inform patients of the risk of hypoglycemia during DAA therapy, particularly within the first 3 months. Modification of antidiabetic therapy may be necessary.
- Cases of hepatic decompensation and failure, some fatal, have been reported in patients without cirrhosis and in patients with baseline cirrhosis with and without moderate or severe liver impairment (Child-Pugh class B or C). Use is contraindicated in moderate or severe impairment (Child-Pugh class B or C) and with a history of prior hepatic decompensation. Monitor hepatic function tests and for signs and symptoms of hepatic decompensation more frequently in patients with compensated cirrhosis (Child-Pugh class A) or evidence of advanced liver disease (eg, portal hypertension); discontinue if hepatic decompensation or failure develops.
- HBV reactivation has been reported in HBsAg positive patients and in patients with serologic evidence of resolved HBV infection (ie, HBsAg negative and anti-HBc positive) and is characterized by an abrupt increase in HBV replication manifested as a rapid increase in serum HBV DNA level; reappearance of HBsAg may occur in patients with resolved HBV infection. Risk of HBV reactivation may be increased in patients receiving certain immunosuppressants or chemotherapeutic agents.

References:

7. Zepatier (elbasvir and grazoprevir) [prescribing information]. Whitehouse Station, NJ: Merck Sharp & Dohme Corp; January 2022.
8. American Association for the Study of Liver Diseases (AASLD), Infectious Diseases Society of America (IDSA). HCV guidance: recommendations for testing, managing, and treating hepatitis C. https://www.hcvguidelines.org/. Updated October 5, 2021.
9. Ciancio A, Bosio R, Bo S, et al. Significant improvement of glycemic control in diabetic patients with HCV infection responding to direct-acting antiviral agents. J Med Virol. 2018;90(2):320-327. doi:10.1002/jmv.24954[PubMed 28960353]
10. Hum J, Jou JH, Green PK, et al. Improvement in Glycemic Control of Type 2 Diabetes After Successful Treatment of Hepatitis C Virus. Diabetes Care. 2017;40(9):1173-1180. doi:10.2337/dc17-0485[PubMed 28659309]

MedOne Clinical Review Subcommittee Approval: Date: 1-1-17

Initial adoption: 1-1-17
Revised: 9-21-22

9-21-22

1. Expanded dosing information.
2. Updated AWP – 9/21/22.
3. Indications updated to reflect current FDA guidelines.
4. Updated Metavir requirement to F2-F4.
5. Added the substance abuse qualification in criteria.
6. Further defined therapy adherence requirement.

Effective Date (most recent revisions): 1-6-23

**Revisions are effective the first of the month following a 45 day notification and comment period.*

NEW UM PROGRAM CRITERIA			
Harvoni (ledipasvir-sofobuvir)			
Program Type:	☒ Prior Authorization	☒ Quantity Limit	☒ Step Therapy

Prior Authorization Approval Criteria

Harvoni (ledipasvir-sofobuvir)

Generic name:	ledipasvir-sofobuvir
Brand name:	Harvoni
Medispan GPI:	123599024003** MON
Medication class:	Antiviral
FDA-approved uses:	Chronic hepatitis C virus (HCV) Genotype 1, 4, 5, or 6 infection without cirrhosis or with compensated cirrhosis HCV Genotype 1 infection with decompensated cirrhosis, in combination with ribavirin HCV Genotype 1 or 4 infection who are liver transplant recipients without cirrhosis or with compensated cirrhosis, in combination with ribavirin.

Usual dose range:

Genotype 1 - Treatment-naïve without cirrhosis or with compensated cirrhosis (Child Pugh A)	Dosing: 1 tablet (90mg-400mg) daily for 12 weeks
Genotype 1 – Treatment-experienced without cirrhosis	Dosing: 1 tablet (90mg-400mg) daily for 12 weeks
Genotype 1 - Treatment-experienced with compensated cirrhosis (Child Pugh A)	Dosing: 1 tablet (90mg-400mg) daily for 24 weeks
Genotype 1 - Treatment-naïve and treatment experienced with decompensated cirrhosis (Child-Pugh B or C)	Dosing: 1 tablet (90mg-400mg) daily for 12 weeks + ribavirin
Genotype 1 or 4 - Treatment-naïve and treatment experienced liver transplant recipients without cirrhosis, or with compensated cirrhosis (Child-Pugh A)	Dosing: 1 tablet (90mg-400mg) daily for 12 weeks + ribavirin
Genotype 4, 5, or 6 - Treatment-naïve and treatment experienced without cirrhosis or with compensated cirrhosis (Child-Pugh A)	Dosing: 1 tablet (90mg-400mg) daily for 12 weeks

Duration of Authorization:

Initial:	12-24 weeks depending on diagnosis
Ongoing:	n/a

Estimated Cost: $113,400 for 84x 90-400mg tablets (12 weeks of treatment) AWP

Criteria for use for Genotype 1 - Treatment-naïve without cirrhosis

- Plan excludes the use of brand Harvoni for the treatment of hepatitis C.
    - Plan will allow for grandfathering of patients on treatment with generic product.
    - Please see policy and procedure "*14 – Grandfather Status Authorization*" for additional information.
- Submitted clinical documentation and prescription claims records must be consistent and non-contradictory to the treatment plan.
- Must be 3 years of age or older.
- Patient is clinically diagnosed with chronic hepatitis C genotype 1 infection.
- Must be prescribed by, or in consultation with a board-certified gastroenterologist, hepatologist, infectious disease, or transplant specialist.
- Documentation includes stage of liver disease, and indicates either significant fibrosis (Metavir F2), advanced fibrosis (Metavir F3), or compensated cirrhosis (Metavir F4).
- Must be treatment naïve
- Patient does not have cirrhosis
- Will not be used in combination with another HCV direct acting antiviral agent [e.g., Epclusa (velpatasvir/sofosbuvir), Sovaldi (sofosbuvir), Mavyret (glecaprevir-pibrentasvir), Zepatier (elbasvir-grazoprevir)]
- Patient fill history documents the ability to adhere to the treatment regimen.
    - -OR- Physician/provider asserts patient demonstrates treatment readiness, including the ability to adhere to the treatment regimen.
- No evidence of abuse of other controlled substance, alcohol, or illicit drugs. Patients with a history of substance abuse must meet the following additional criteria:
    - Substance abuse must be in remission by demonstrating abstinence for the prior 3 months AND a recent negative drug urine screen
    - Must be enrolled and participating in a substance abuse treatment program
- Authorization will be for a maximum of 12 weeks.
    - An 8-week duration may be considered in treatment-naive patients with favorable baseline characteristics (eg, no cirrhosis, hepatitis C virus [HCV] RNA <6 million units/mL, no HIV coinfection).

Criteria for use for Genotype 1, 4, 5, 6 treatment-naive with no decompensated cirrhosis

- Plan excludes the use of brand Harvoni for the treatment of hepatitis C.
    - Plan will allow for grandfathering of patients on treatment with generic product.
    - Please see policy and procedure "*14 – Grandfather Status Authorization*" for additional information.
- Submitted clinical documentation and prescription claims records must be consistent and non-contradictory to the treatment plan.
- Must be 3 years of age or older.
- Patient is clinically diagnosed with chronic hepatitis C genotype 1, 4, 5, 6 infection.
- Must be prescribed by, or in consultation with a board-certified gastroenterologist, hepatologist, infectious disease, or transplant specialist.

- Documentation includes stage of liver disease, and indicates either significant fibrosis (Metavir F2), advanced fibrosis (Metavir F3), or compensated cirrhosis (Metavir F4).
- Must be treatment naïve
- Patient does not have decompensated cirrhosis (i.e., Child-Pugh Class B or C)
- Will not be used in combination with another HCV direct acting antiviral agent [e.g., Epclusa (velpatasvir/sofosbuvir), Sovaldi (sofosbuvir), Mavyret (glecaprevir-pibrentasvir), Zepatier (elbasvir-grazoprevir)]
- Patient fill history documents the ability to adhere to the treatment regimen.
    - -OR- Physician/provider asserts patient demonstrates treatment readiness, including the ability to adhere to the treatment regimen.
- No evidence of abuse of other controlled substance, alcohol, or illicit drugs. Patients with a history of substance abuse must meet the following additional criteria:
    - Substance abuse must be in remission by demonstrating abstinence for the prior 3 months AND a recent negative drug urine screen
    - Must be enrolled and participating in a substance abuse treatment program
- Authorization will be for a maximum of 12 weeks.

Criteria for use for Genotype 1, 4, 5, 6 treatment-naive with decompensated cirrhosis

- Plan excludes the use of brand Harvoni for the treatment of hepatitis C.
    - Plan will allow for grandfathering of patients on treatment with generic product.
    - Please see policy and procedure "*14 – Grandfather Status Authorization*" for additional information.
- Submitted clinical documentation and prescription claims records must be consistent and non-contradictory to the treatment plan.
- Must be 3 years of age or older.
- Patient is clinically diagnosed with chronic hepatitis C genotype 1, 4, 5, 6 infection.
- Must be prescribed by, or in consultation with a board-certified gastroenterologist, hepatologist, infectious disease, or transplant specialist.
- Documentation includes stage of liver disease, and indicates either significant fibrosis (Metavir F2), advanced fibrosis (Metavir F3), or compensated cirrhosis (Metavir F4).
- Patient has decompensated cirrhosis (i.e., Child-Pugh Class B or C)
- Will be used in combination with ribavirin
    - Less than 75 kg - ribavirin 1000 mg/day orally with food in 2 divided doses
    - 75 kg or greater - ribavirin 1200 mg/day orally with food in 2 divided doses
- Will not be used in combination with another HCV direct acting antiviral agent [e.g., Epclusa (velpatasvir/sofosbuvir), Sovaldi (sofosbuvir), Mavyret (glecaprevir-pibrentasvir), Zepatier (elbasvir-grazoprevir)]
- Patient fill history documents the ability to adhere to the treatment regimen.
    - -OR- Physician/provider asserts patient demonstrates treatment readiness, including the ability to adhere to the treatment regimen.
- No evidence of abuse of other controlled substance, alcohol, or illicit drugs. Patients with a history of substance abuse must meet the following additional criteria:
    - Substance abuse must be in remission by demonstrating abstinence for the prior 3 months AND a recent negative drug urine screen
    - Must be enrolled and participating in a substance abuse treatment program
- Authorization will be for a maximum of 12 weeks.

Criteria for use for Genotype 1, 4, 5, 6 treatment-naive post liver transplant

- Plan excludes the use of brand Harvoni for the treatment of hepatitis C.
    - Plan will allow for grandfathering of patients on treatment with generic product.
    - Please see policy and procedure "*14 – Grandfather Status Authorization*" for additional information.
- Submitted clinical documentation and prescription claims records must be consistent and non-contradictory to the treatment plan.
- Must be 3 years of age or older.
- Patient is clinically diagnosed with chronic hepatitis C genotype 1, 4, 5, 6 infection.
- Must be prescribed by, or in consultation with a board-certified gastroenterologist, hepatologist, infectious disease, or transplant specialist.
- Documentation includes stage of liver disease, and indicates either significant fibrosis (Metavir F2), advanced fibrosis (Metavir F3), or compensated cirrhosis (Metavir F4).
- If patient has decompensated cirrhosis will be used in combination with ribavirin
    - Less than 75 kg - ribavirin 1000 mg/day orally with food in 2 divided doses
    - 75 kg or greater - ribavirin 1200 mg/day orally with food in 2 divided doses
- Will not be used in combination with another HCV direct acting antiviral agent [e.g., Epclusa (velpatasvir/sofosbuvir), Sovaldi (sofosbuvir), Mavyret (glecaprevir-pibrentasvir), Zepatier (elbasvir-grazoprevir)]
- Patient fill history documents the ability to adhere to the treatment regimen.
    - -OR- Physician/provider asserts patient demonstrates treatment readiness, including the ability to adhere to the treatment regimen.
- No evidence of abuse of other controlled substance, alcohol, or illicit drugs. Patients with a history of substance abuse must meet the following additional criteria:
    - Substance abuse must be in remission by demonstrating abstinence for the prior 3 months AND a recent negative drug urine screen
    - Must be enrolled and participating in a substance abuse treatment program
- Authorization will be for a maximum of 12 weeks.

Criteria for use for Genotype 1, 4, 5, 6 decompensated cirrhosis, ribavirin ineligible OR prior Sovaldi or NS5A-based treatment failure

- Plan excludes the use of brand Harvoni for the treatment of hepatitis C.
    - Plan will allow for grandfathering of patients on treatment with generic product.
    - Please see policy and procedure "*14 – Grandfather Status Authorization*" for additional information.
- Submitted clinical documentation and prescription claims records must be consistent and non-contradictory to the treatment plan.
- Must be 3 years of age or older.
- Patient is clinically diagnosed with chronic hepatitis C genotype 1, 4, 5, 6 infection.
- Must be prescribed by, or in consultation with a board-certified gastroenterologist, hepatologist, infectious disease, or transplant specialist.
- Documentation includes stage of liver disease, and indicates either significant fibrosis (Metavir F2), advanced fibrosis (Metavir F3), or compensated cirrhosis (Metavir F4).
- Has decompensated cirrhosis
- Patient is either ribavirin ineligible -OR- has prior failure (defined as viral relapse, breakthrough while on therapy, or non-responder to therapy) to Sovaldi or NS5A-based therapy and will be used in combination with ribavirin
    - Less than 75 kg - ribavirin 1000 mg/day orally with food in 2 divided doses

    - 75 kg or greater - ribavirin 1200 mg/day orally with food in 2 divided doses
- Will not be used in combination with another HCV direct acting antiviral agent [e.g., Epculsa (velpatasvir/sofosbuvir), Sovaldi (sofosbuvir), Mavyret (glecaprevir-pibrentasvir), Zepatier (elbasvir-grazoprevir)]
- Patient fill history documents the ability to adhere to the treatment regimen.
    - -OR- Physician/provider asserts patient demonstrates treatment readiness, including the ability to adhere to the treatment regimen.
- No evidence of abuse of other controlled substance, alcohol, or illicit drugs. Patients with a history of substance abuse must meet the following additional criteria:
    - Substance abuse must be in remission by demonstrating abstinence for the prior 3 months AND a recent negative drug urine screen
    - Must be enrolled and participating in a substance abuse treatment program
- Authorization will be for a maximum of 24 weeks.

Criteria continuation of therapy

- n/a

Contraindications:

- History of hypersensitivity to any of the product ingredients.
- If administered with ribavirin, the contraindications to ribavirin also apply to this combination regimen.

Not approved if:

- Patient does not meet any of the above criteria.
- Patient has a contraindication to treatment.

Special Considerations:

- The requirement to limit authorization to patients with a Metavir F2-F4 is reflective of initial IDSA guidance which allowed for prioritization based on patient need due to the high cost of care associated with direct-acting antivirals. This requirement is to ensure members with the highest likelihood of developing clinically significant liver dysfunction are prioritized to receive authorization of direct acting antivirals.
- Rapid reduction in hepatitis C viral load during direct-acting antiviral (DAA) therapy for hepatitis C may lead to improvement in glucose metabolism in patients with diabetes, potentially resulting in symptomatic hypoglycemia if antidiabetic agents are continued at the same dose. Monitor for changes in glucose tolerance and inform patients of the risk of hypoglycemia during DAA therapy, particularly within the first 3 months. Modification of antidiabetic therapy may be necessary.
- Hepatitis B virus (HBV) reactivation has been reported in hepatitis C virus (HCV)/HBV coinfected patients who were receiving or had completed treatment with HCV direct-acting antivirals and were not receiving HBV antiviral therapy; some cases have resulted in fulminant hepatitis, hepatic failure, and death. Test all patients for evidence of current or prior HBV infection prior to initiation of ledipasvir/sofosbuvir; monitor HCV/HBV co-infected patients for hepatitis flare or HBV reactivation during treatment and post-treatment follow-up. Initiate treatment for HBV infection as clinically indicated.
- HBV reactivation has been reported in HBsAg positive patients and in patients with serologic evidence of resolved HBV infection (ie, HBsAg negative and anti-HBc positive) and is characterized by an abrupt increase in HBV replication manifested as a rapid increase in serum HBV DNA level; reappearance of HBsAg may occur in patients with resolved HBV infection. Risk of HBV reactivation may be increased in patients receiving certain immunosuppressants or chemotherapeutic agents.
- Symptomatic bradycardia (some requiring pacemaker intervention) and fatal cardiac arrest has occurred in patients receiving amiodarone and ledipasvir/sofosbuvir. Bradycardia generally occurred within hours to days following coadministration, however some cases have occurred 2 weeks following the initiation of HCV

treatment. The risk of bradycardia may be increased in patients taking beta blockers or patients with underlying cardiac comorbidities and/or advanced liver disease. Bradycardia generally resolves following discontinuation of ledipasvir/sofosbuvir. Coadministration of amiodarone and ledipasvir/sofosbuvir is not recommended. However, if patients have no treatment alternatives, patients should have inpatient cardiac monitoring for the first 48 hours, followed by daily outpatient or self-monitoring of heart rate for at least the first 2 weeks of treatment. Due to the long half-life of amiodarone, cardiac monitoring (as described) is also recommended if amiodarone was discontinued just prior to beginning treatment with ledipasvir/sofosbuvir. Patients should seek medical attention immediately if they experience fainting or near-fainting, dizziness, lightheadedness, malaise, weakness, excessive tiredness, shortness of breath, chest pains, confusion or memory problems.

References:

1. Harvoni (ledipasvir/sofosbuvir) [prescribing information]. Foster City, CA: Gilead Sciences Inc; March 2020.
2. Ciancio A, Bosio R, Bo S, et al. Significant improvement of glycemic control in diabetic patients with HCV infection responding to direct-acting antiviral agents. J Med Virol. 2018;90(2):320-327.[PubMed 28960353]10.1002/jmv.24954
3. Dawood AA, Nooh MZ, Elgamal AA. Factors associated with improved glycemic control by direct-acting antiviral agent treatment in Egyptian type 2 diabetes mellitus patients with chronic hepatitis C genotype 4. Diabetes Metab J. 2017;41(4):316-321.[PubMed 28868829]10.4093/dmj.2017.41.4.316
4. Hum J, Jou JH, Green PK, et al. Improvement in glycemic control of type 2 diabetes after successful treatment of hepatitis C virus. Diabetes Care. 2017;40(9):1173-1180.[PubMed 28659309]10.2337/dc17-0485

MedOne Clinical Review Subcommittee approval: Date: 11-16-22

Initial adoption: 11-16-22
Revised: 11-16-22
11-16-22 1. Pricing updated based off of AWP (9-27-22)
Effective Date (most recent revisions): 1-6-23

**Revisions are effective the first of the month following a 45 day notification and comment period.*

UM PROGRAM CRITERIA REVISED			
Rinvoq (upadacitinib)			
Program Type:	☒ Prior Authorization	☒ Quantity Limit	☒ Step Therapy
Rinvoq	1. Updated to include diagnosis of non-radiographical axial spondyloarthritis to include dosing and approval criteria for disease state.		

Prior Authorization Approval Criteria

Rinvoq (upadacitinib)

Generic name: Upadacitinib
Brand name: Rinvoq
Medispan GPI: 6660307200**** MON
Medication class: Disease modifying, Janus Kinase Inhibitor
FDA-approved uses:
Ankylosing Spondylitis
Atopic Dermatitis
Non-radiographic axial spondyloarthritis (nr-axSpA)
Psoriatic Arthritis (PsA)
Rheumatoid Arthritis (RA)
Ulcerative Colitis

Usual dose range:
Ankylosing Spondylitis 15mg once daily
Atopic Dermatitis 15 to 30mg once daily

nr-axSpA	15mg once daily
PsA	15mg once daily
RA	15mg once daily
Ulcerative Colitis	45mg once daily for 8 weeks, 15 to 30mg once daily for maintenance dosing

Duration of Authorization:

Initial:	4 months
Ongoing:	12 months

Estimated Cost: $81,666/12 months (Rinvoq 15mg daily dosing) (AWP)
$12,703 per 28 day supply (Rinvoq 45mg daily dosing) (AWP)
$93,461 est cost 1 year UC including 45 mg loading dose

Criteria for use for Ankylosing Spondylitis (AS)

- Submitted clinical documentation and prescription claims records must be consistent and non-contradictory to the treatment plan.
- Grandfather criteria allowed
  - Please see policy and procedure "*14 – Grandfather Status Authorization*" for additional information.
- Patient is clinically diagnosed with active Ankylosing Spondylitis defined as a BASDAI score of at least 4.0 or a ASDAS score equivalent to moderate, high or very high disease activity.
- Must be 18 years of age or older.
- Must be prescribed by, or in consultation with a Rheumatologist
- Documentation of required baseline screening for viral infections (TB, HepB, HepC, HIV (high risk only)) completed within the last 3 months preceding request for treatment (new starts).
- Patient has failure, contraindication, or intolerance to at least one prescription strength formulary NSAID.
- -AND-
- Documentation of an adequate trial and failure/intolerance of at least one conventional systemic or non-biologic DMARD is encouraged but not required.

Criteria for use for Atopic Dermatitis

- Submitted clinical documentation and prescription claims records must be consistent and non-contradictory to the treatment plan.
- Grandfather criteria allowed
  - Please see policy and procedure "*14 – Grandfather Status Authorization*" for additional information.
- Patient is clinically diagnosed with Moderate to Severe Atopic Dermatitis consistent with any one of the following score tools: IGA, EASI, POEM, or SCORAD (results from the evaluation tool must be submitted with the clinical documentation).
  - IGA = 0 (clear), 1 (almost clear), 2 (mild), 3 (moderate), and 4 (severe)
  - EASI = 0 (clear), 0.1 – 1.0 (almost clear), 1.1 – 7.0 (mild), 7.1 – 21.0 (moderate), 21.1 – 50.0 (severe), 50.1 – 72.0 (very severe)
  - POEM = 0 – 2 (clear or almost clear), 3 – 7 (mild), 8 – 16 (moderate), 17 – 24 (severe), 25 – 28 (very severe)
  - SCORAD = <25 (mild), 25 to 50 (moderate), >50 (severe)
- Must be 12 years of age or older.
- Must be prescribed by, or in consultation with a board-certified dermatologist or an allergist/immunologist.
- Patient has atopic dermatitis involvement of ≥ 10% of BSA
- Patient has failure, contraindication, or intolerance to at least one high or super-high potency prescription topical corticosteroid for at least 30 consecutive days
- Patient has failure, contraindication, or intolerance to topical tacrolimus (generic Protopic) -OR- topical pimecrolimus (generic Elidel) for at least 30 consecutive days

- Patient has failure, contraindication, or intolerance to at least one generic traditional disease modifying therapies: oral corticosteroids, oral cyclosporine, oral azathioprine, oral methotrexate, oral mycophenolate mofetil
- Patient will not use in combination with other specialty medications for atopic dermatitis

Non-radiographic axial spondyloarthritis (nr-axSpA)

- Submitted clinical documentation and prescription claims records must be consistent and non-contradictory to the treatment plan.
- Grandfather criteria allowed
    - Please see policy and procedure "14 – Grandfather Status Authorization" for additional information.
- Patient is clinically diagnosed with active nr-axSpA
- Must be 18 years of age or older.
- Must be prescribed by, or in consultation with a Rheumatologist
- Documentation of required baseline screening for viral infections (TB, HepB, HepC, HIV (high risk only)) completed within the last 3 months preceding request for treatment (new starts).
- Patient has failure, contraindication, or intolerance to at least one prescription strength formulary NSAID.
- -AND-
- Documentation of an adequate trial and failure/intolerance of at least one conventional systemic or non-biologic DMARD is encouraged but not required.

Criteria for use for Psoriatic Arthritis (PsA)

- Submitted clinical documentation and prescription claims records must be consistent and non-contradictory to the treatment plan.
- Grandfather criteria allowed
    - Please see policy and procedure "*14 – Grandfather Status Authorization*" for additional information.
- Patient is clinically diagnosed with active Psoriatic Arthritis.
- Must be 18 years of age or older.
- Must be prescribed by, or in consultation with a Rheumatologist or Dermatologist.
- Must be used in combination with nonbiologic disease-modifying antirheumatic drugs.
- Documentation of required baseline screening for viral infections (TB, HepB, HepC, HIV (high risk only)) completed within the last 3 months preceding request for treatment (new starts).
    - HepC and HIV are not required for approval, and would be considered for high risk patients only
- Patient has failure, contraindication, or intolerance to at least one conventional systemic DMARD (acitretin, cyclosporine, leflunomide, methotrexate, sulfasalazine).

Criteria for use for Rheumatoid Arthritis (RA)

- Submitted clinical documentation and prescription claims records must be consistent and non-contradictory to the treatment plan.
- Grandfather criteria allowed
    - Please see policy and procedure "*14 – Grandfather Status Authorization*" for additional information.
- Patient is clinically diagnosed with active moderate to severe rheumatoid arthritis.
- Must be 18 years of age or older.
- Must be prescribed by, or in consultation with a Rheumatologist
- Documentation of required baseline screening for viral infections (TB, HepB, HepC, HIV (high risk only)) completed within the last 3 months preceding request for treatment (new starts).
- Patient has failure, contraindication, or intolerance to at least one conventional systemic DMARD (azathioprine, hydroxychloroquine, leflunomide, methotrexate, sulfasalazine).

Criteria for use for Ulcerative Colitis (UC)

- Submitted clinical documentation and prescription claims records must be consistent and non-contradictory to the treatment plan.

- Grandfather criteria allowed
    - Please see policy and procedure "*14 – Grandfather Status Authorization*" for additional information.
- Patient is clinically diagnosed with active moderate to severe ulcerative colitis.
- Must be 18 years of age or older.
- Must be prescribed by, or in consultation with a Gastroenterologist.
- Documentation of required baseline screening for viral infections (TB, HepB, HepC, HIV (high risk only)) completed within the last 3 months preceding request for treatment (new starts).
- Patient has failure, contraindication, or intolerance to at least one of the following:
    - Systemic corticosteroids (prednisone, budesonide)
    - Aminosalicylates (sulfasalazine, mesalamine)
    - Immunomodulators (azathioprine, 6-mercaptopurine)

Criteria continuation of therapy

- Patient is tolerating and responding to medication and there continues to be a medical need for the medication.
- Chart notes evaluating the safety and efficacy from within the prior 12 months are required for reauthorization.
- Patient demonstrates adequate compliance as defined as an MPR >80%.

Contraindications:

- History of hypersensitivity to any of the product ingredients.
- Patient has an active infection.

Not approved if:

- Patient does not meet any of the above criteria.
- Patient has a contraindication to treatment.
- Patient has a positive screening for viral infection and is not currently receiving appropriate management.
- Patient is currently using another specialty treatment for their condition.
- Quantity is limited to FDA approved dosing for the indication.

Special Considerations:

- Hematologic toxicity, including lymphopenia, anemia, and neutropenia, may occur and is generally reversible and managed by treatment interruption. Do not initiate therapy in patients with an absolute lymphocyte count <500/mm3, ANC <1,000/mm3, or hemoglobin <8 g/dL. Monitor CBC at baseline and periodically thereafter.
- Patients receiving upadacitinib are at increased risk for serious infections, which may result in hospitalization and/or fatality. The most common serious infections reported included pneumonia and cellulitis. Reactivation of viral infections (eg, herpes zoster, hepatitis B) have been observed; the incidence of chronic viral hepatitis reactivation is unknown. If herpes zoster is reported, consider interrupting therapy until herpes zoster has resolved. Consultation with a hepatologist may be necessary if hepatitis B virus DNA is detected.
- Lymphoma and other malignancies have been reported in patients receiving upadacitinib. Consider risks versus benefits prior to use in patients with a known malignancy (other than successfully treated nonmelanoma skin cancers [NMSCs]) or when continuing upadacitinib in patients who develop a new malignancy. NMSCs have been reported.
- Tuberculosis (TB) (pulmonary or extrapulmonary) has been reported in patients receiving upadacitinib. Use with caution in patients who have resided or traveled in regions where TB is endemic. Consider anti-TB therapy if an adequate course of treatment cannot be confirmed in patients with a history of latent or active TB or for patients with risk factors despite negative skin test.
- Liver enzyme elevation has been observed. Monitor LFTs at baseline and periodically thereafter; interrupt therapy if LFTs increased and drug-induced liver injury is suspected.

- Use with caution in patients at increased risk for GI perforation (eg, history of diverticulitis, concomitant nonsteroidal anti-inflammatory drugs); perforations have been reported in clinical trials. Promptly evaluate new-onset abdominal symptoms in patients taking upadacitinib.
- Increased lipid parameters (eg, total, low-density lipoprotein [LDL], and high-density lipoprotein [HDL] cholesterol) have been observed. Mean LDL and HDL increased by ~15 mg/dL and ~8 mg/dL, respectively, 2 months after starting upadacitinib. Assess lipids 12 weeks after upadacitinib initiation and manage lipid abnormalities according to current clinical guidelines.
- Immunization status should be current before initiating therapy. Live vaccines should not be given concomitantly, or immediately prior to, upadacitinib; recommended interval between receipt of live vaccines and initiation of immunosuppressive agents such as upadacitinib should follow current vaccination clinical guidelines.
- There is an increased risk of cardiovascular related events (heart attack, stroke) cancer (lymphoma, lung cancer) thrombosis and death with use of JAK inhibitors. Consider risks and benefits with patients especially considering past or current smokers, patients with other CV risk factors and patients with malignancy or history of malignancy. FDA limits approval to patients who have tried/failed or cannot tolerate a tumor necrosis factor inhibitor (TNFi)

References:

11. Rinvoq (upadacitinib) [prescribing information]. North Chicago, IL: AbbVie Inc; October 2022.
12. US Department of Health and Human Services; Centers for Disease Control and Prevention; National Institute for Occupational Safety and Health. NIOSH list of antineoplastic and other hazardous drugs in healthcare settings 2016. https://www.cdc.gov/niosh/docs/2016-161/. Updated September 2016. Accessed September 17, 2019.

MedOne P&T Committee approval: Date: 1-1-17

Adopted:	1-1-17
Revised:	11-16-22
	3-9-22
	8-11-22
	11-16-22
2-17-22	1. Grandfathering criteria requirements explained. 2. Pricing updated based off of AWP (2-2-22). 3. Updated the initial duration of authorization from 3 to 4 months. 4. Patients must have a moderate to severe clinical diagnosis 5. Added new start criteria for each diagnosis requiring documentation of baseline screening for viral infections to be completed within the last 3 months preceding request for treatment. 6. Included leflunomide as an option for failure, contraindication, or intolerance to at least one conventional systemic DMARD in the indications for PsA. 7. Included sulfasalazine as an option for failure, contraindication, or intolerance to at least one conventional systemic DMARD in the indications for RA. 8. New denial indication states a patient who has a positive screening for viral infection and is not currently receiving appropriate management or is using another specialty treatment will not be approved. 9. Added criteria for psoriatic arthritis and criteria for authorization 10. Added criteria for atopic dermatitis and criteria for authorization
3-9-22	1. Corrected minimum age to 12 years old for the indication of Atopic Dermatitis.
8-11-22	1. Added diagnosis of Ankylosing spondylitis and criteria for authorization 2. Added diagnosis of Ulcerative colitis and criteria for authorization 3. Pricing updated based off of AWP (8-11-22).
8-17-22	1. Added est UC cost for 45mg dose

11-16-22	1. Updated to include diagnosis of non-radiographical axial spondyloarthritis to include dosing and approval criteria for disease state.

Effective Date (most recent revisions): 1-6-23

**Revisions are effective the first of the month following a 45 day notification and comment period.*

NEW UM PROGRAM CRITERIA			
Siliq (brodalumab)			
Program Type:	☒ Prior Authorization	☒ Quantity Limit	☒ Step Therapy

Prior Authorization Approval Criteria

Siliq (brodalumab)

Generic name: brodalumab
Brand name: Siliq
Medispan GPI: 9025052000**** MON
Medication class: Anti-interleukin 17 receptor antibody, monoclonal antibody, anti-psoriatic agent
FDA-approved uses: **Plaque Psoriasis**

Usual dose range:

Psoriasis	Initial: 210 mg SC at weeks 0, 1, and 2	Maintenance: 210 mg every 2 weeks

Duration of Authorization:
Initial: 4 months
Ongoing: 12 months

Estimated Cost: $70,015.32 annual first year- AWP
$67,422.16 annual following years
$2,593.16 per 210 mg/1.5mL injection

Criteria for use for Plaque Psoriasis

- Submitted clinical documentation and prescription claims records must be consistent and non-contradictory to the treatment plan.
- Grandfather criteria allowed
  - Please see policy and procedure "*14 – Grandfather Status Authorization*" for additional information.
- Patient is clinically diagnosed with plaque psoriasis
- Patient has minimum body surface area involvement of >10% OR involvement of <10% BSA with involvement in sensitive areas (hands, feet, face, genitals).
- Must be 18 years of age or older.
- Must be prescribed by, or in consultation with a board-certified dermatologist
- Patient has failure, contraindication, or intolerance to at least one conventional systemic DMARD (acitretin, cyclosporine, methotrexate, sulfasalazine).

-AND-

- Patient has failure, contraindication, or intolerance to at least TWO preferred injectable biologics (Enbrel, Humira, Cosentyx, Skyrizi, Stelara)
- Patients must be candidates for phototherapy
- Documentation of required baseline screening for viral infections (TB, HepB, HepC, (HIV) high risk only) completed within the last 3 months preceding request for treatment (new starts).
- Pharmacy, Provider, and patient do their appropriate part for the REMS program

Criteria continuation of therapy

- Patient is tolerating and responding to medication and there continues to be a medical need for the medication.
- Updated chart notes or other clinical documentation confirming efficacy and tolerability of the requested treatment will be required for all renewal reviews. Submitted clinical documentation must be from an encounter after the start date of the current approval.
- Patient demonstrates adequate compliance as defined as an MPR >80%.
- If adequate response has not been achieved after 12-16 weeks of treatment, consider discontinuation. Treatment beyond 16 weeks in those without adequate response is unlikely to result in greater success

Contraindications:

- History of hypersensitivity to any of the product ingredients.
- Patients with Crohn's disease

Not approved if:

- Patient does not meet any of the above criteria.
- Patient has a contraindication to treatment.
- Patient has not reached an adequate response after 12-16 weeks of treatment.
- Patient has a positive screening for viral infection and is not currently receiving appropriate management.
- Patient is currently using another specialty treatment for their condition.
- Patient is under the age of 18, safety and effectiveness have not been established.
- Request is out FDA approved dosing for the indication.

Special Considerations:

- Black Box Warning for suicidal ideation and behavior. Risks and benefits should be weighed when starting or continuing treatment. Patients with a history of depression or suicidality have increased risk.
- Brodalumab may increase the risk of infections. In clinical trials, serious infections and fungal infections occurred at a higher rate in patients who received brodalumab, compared to those who received placebo. Cryptococcal meningitis has been reported (case report). Consider the risks versus benefits prior to treatment initiation in patients with a history of chronic or recurrent infection. Monitor for infections; patients should seek medical attention for signs/symptoms of a clinically important infection (acute or chronic). If a serious infection develops or is unresponsive to appropriate therapy for the infection, monitor closely and discontinue brodalumab until the infection resolves..
- Patients should be evaluated for tuberculosis (TB) infection prior to initiating therapy. Do not administer brodalumab to patients with an active TB infection. Treatment for latent TB should be administered prior to administering brodalumab. Consider anti-TB therapy prior to treatment

initiation in patients with a history of latent or active TB in whom an adequate course of TB treatment cannot be confirmed. Monitor closely for signs/symptoms of active TB during and after brodalumab treatment.

- Treatment with brodalumab in patients with a history of or active inflammatory bowel disease (IBD) may cause reactivation or worsening of Crohn disease and ulcerative colitis. Monitor patients for onset or exacerbation of IBD; discontinue use and initiate appropriate treatment if IBD occurs. Use is contraindicated in patients with Crohn disease.

References:

11. Siliq (brodalumab) [prescribing information]. Bridgewater, NJ: Bausch Health US, LLC; April 2020.
12. Papp KA, Leonardi C, Menter A, et al. Brodalumab, an anti-interleukin-17-receptor antibody for psoriasis. *N Engl J Med*. 2012;366(13):1181-1189.
13. Papp K, Menter, A, Strober B, et al. Efficacy and safety of brodalumab in subpopulations of patient with difficult to treat moderate to severe plaque psoriasis. J Am Acad Dermatol. 2015; 72: 436-439.e431
14. Yamasaki K, et al. Efficacy and safety of brodalumab in patients with generalized pustular psoriasis and psoriatic erythroderma: results from a 52-week, open label study. Br J Dermatol. 2017; 176: 741-751.
15. Chen Y, et al. Clinical efficacy and safety of anti-IL-17 agents for the treatment of patients with psoriasis. Immunotherapy. 2015; 7: 1023-1037.

MedOne Clinical Review Subcommittee approval: Date: 11-16-22

Initial adoption: 11/16/22
Revised: 11/16/22
11-16-22 1. Pricing updated based off of AWP (11/15/22)
Effective Date (most recent revisions): 1/6/23

**Revisions are effective the first of the month following a 45 day notification and comment period.*

NEW UM PROGRAM CRITERIA			
Sovaldi (sofosbuvir)			
Program Type:	☒ Prior Authorization	☒ Quantity Limit	☒ Step Therapy

Prior Authorization Approval Criteria

Sovaldi (sofosbuvir)

Generic name: sofosbuvir / velpatasvir / voxilaprevir
Brand name: Sovaldi
Medispan GPI: 123599038003** MON
Medication class: Antiviral
FDA-approved uses: Adult patients with chronic HCV infection without cirrhosis or with compensated cirrhosis (Child-Pugh A); genotype 1, 2, 3, or 4 infection as a component of a combination antiviral treatment regimen.
Pediatric patients 3 years of age and older with genotype 2 or 3 chronic HCV infection without cirrhosis or with compensated cirrhosis in combination with ribavirin.

Usual dose range:
Genotype 1 or 4 Dosing: 1 tablet (400mg) daily for 12 weeks with peginterferon alfa + ribavirin
Genotype 2 Dosing: 1 tablet (400mg) daily for 12 weeks with ribavirin
Genotype 3 Dosing: 1 tablet (400mg) daily for 24 weeks with ribavirin

Duration of Authorization:

Initial:	12-24 weeks
Ongoing:	n/a

Estimated Cost: $100,800 for 84x 400mg tablets (12 weeks of treatment) AWP

Criteria for use for Chronic HCV infection without cirrhosis or with compensated cirrhosis (Child-Pugh A); genotype 1; will be used in combination with peginterferon alfa and ribavirin

- Plan excludes the use of brand Sovaldi for the treatment of hepatitis C.
    - Plan will allow for grandfathering of patients on treatment with Sovaldi.
    - Please see policy and procedure "*14 – Grandfather Status Authorization*" for additional information.
- Submitted clinical documentation and prescription claims records must be consistent and non-contradictory to the treatment plan.
- Must be 18 years of age or older.
- Patient is clinically diagnosed with chronic hepatitis C genotype 1 infection.
- Must be prescribed by, or in consultation with a board-certified gastroenterologist, hepatologist, infectious disease, or transplant specialist.
- Documentation includes stage of liver disease, and indicates either significant fibrosis (Metavir F2), advanced fibrosis (Metavir F3), or compensated cirrhosis (Metavir F4).
- Patient either is without cirrhosis or has compensated cirrhosis (Child-Pugh A).
- Will be used in combination with peginterferon alfa and ribavirin
- Will not be used in combination with another HCV direct acting antiviral agent [e.g., Epclusa (velpatasvir/sofosbuvir), Mavyret (glecaprevir-pibrentasvir), Zepatier (elbasvir-grazoprevir)]
- Patient fill history documents the ability to adhere to the treatment regimen.
    - -OR- Physician/provider asserts patient demonstrates treatment readiness, including the ability to adhere to the treatment regimen.
- No evidence of abuse of other controlled substance, alcohol, or illicit drugs. Patients with a history of substance abuse must meet the following additional criteria:
    - Substance abuse must be in remission by demonstrating abstinence for the prior 3 months AND a recent negative drug urine screen
    - Must be enrolled and participating in a substance abuse treatment program
- Authorization will be for a maximum of 12 weeks.

Criteria for use for Chronic HCV infection without cirrhosis or with compensated cirrhosis (Child-Pugh A); genotype 1; will be used in combination with ribavirin

- Plan excludes the use of brand Sovaldi for the treatment of hepatitis C.
    - Plan will allow for grandfathering of patients on treatment with Sovaldi.
    - Please see policy and procedure "*14 – Grandfather Status Authorization*" for additional information.
- Submitted clinical documentation and prescription claims records must be consistent and non-contradictory to the treatment plan.
- Must be 18 years of age or older.
- Patient is clinically diagnosed with chronic hepatitis C genotype 1 infection.
- Must be prescribed by, or in consultation with a board-certified gastroenterologist, hepatologist, infectious disease, or transplant specialist.

- Documentation includes stage of liver disease, and indicates either significant fibrosis (Metavir F2), advanced fibrosis (Metavir F3), or compensated cirrhosis (Metavir F4).
- Patient either is without cirrhosis or has compensated cirrhosis (Child-Pugh A).
- Will be used in combination with ribavirin
- Patient is ineligible for peginterferon alfa due to any ONE of the following:
    - Autoimmune hepatitis or autoimmune disorders
    - Major uncontrolled depressive illness
    - History of psychosis, schizophrenia, bipolar disorder, schizoaffective disorder, suicidal ideation
    - Uncontrolled seizures
    - Moderate or severe retinopathy
    - Poorly controlled diabetes
    - Baseline neutrophil count below 1,500/ µL
    - Baseline platelet count below 70,000/ µL
    - Baseline hemoglobin below 10 g/dL
    - Significant ischemic cardiac disease
    - Prior intolerance or hypersensitivity (urticaria, angioedema, bronchoconstriction, anaphylaxis, or Stevens-Johnson syndrome) to interferon therapy
- Will not be used in combination with another HCV direct acting antiviral agent [e.g., Epclusa (velpatasvir/sofosbuvir), Mavyret (glecaprevir-pibrentasvir), Zepatier (elbasvir-grazoprevir)]
- Patient fill history documents the ability to adhere to the treatment regimen.
    - -OR- Physician/provider asserts patient demonstrates treatment readiness, including the ability to adhere to the treatment regimen.
- No evidence of abuse of other controlled substance, alcohol, or illicit drugs. Patients with a history of substance abuse must meet the following additional criteria:
    - Substance abuse must be in remission by demonstrating abstinence for the prior 3 months AND a recent negative drug urine screen
    - Must be enrolled and participating in a substance abuse treatment program
- Authorization will be for a maximum of 24 weeks.

Criteria for use for Chronic HCV infection without cirrhosis or with compensated cirrhosis (Child-Pugh A); genotype 2; will be used in combination with ribavirin

- Plan excludes the use of brand Sovaldi for the treatment of hepatitis C.
    - Plan will allow for grandfathering of patients on treatment with Sovaldi.
    - Please see policy and procedure "*14 – Grandfather Status Authorization*" for additional information.
- Submitted clinical documentation and prescription claims records must be consistent and non-contradictory to the treatment plan.
- Must be 18 years of age or older.
- Patient is clinically diagnosed with chronic hepatitis C genotype 2 infection.
- Must be prescribed by, or in consultation with a board-certified gastroenterologist, hepatologist, infectious disease, or transplant specialist.
- Documentation includes stage of liver disease, and indicates either significant fibrosis (Metavir F2), advanced fibrosis (Metavir F3), or compensated cirrhosis (Metavir F4).
- Patient either is without cirrhosis or has compensated cirrhosis (Child-Pugh A).
- Will be used in combination with ribavirin
- Will not be used in combination with another HCV direct acting antiviral agent [e.g., Epclusa (velpatasvir/sofosbuvir), Mavyret (glecaprevir-pibrentasvir), Zepatier (elbasvir-grazoprevir)]

- Patient fill history documents the ability to adhere to the treatment regimen.
    - -OR- Physician/provider asserts patient demonstrates treatment readiness, including the ability to adhere to the treatment regimen.
- No evidence of abuse of other controlled substance, alcohol, or illicit drugs. Patients with a history of substance abuse must meet the following additional criteria:
    - Substance abuse must be in remission by demonstrating abstinence for the prior 3 months AND a recent negative drug urine screen
    - Must be enrolled and participating in a substance abuse treatment program
- Authorization will be for a maximum of 12 weeks.

Criteria for use for Chronic HCV infection without cirrhosis or with compensated cirrhosis (Child-Pugh A); genotype 3; will be used in combination with ribavirin

- Plan excludes the use of brand Sovaldi for the treatment of hepatitis C.
    - Plan will allow for grandfathering of patients on treatment with Sovaldi.
    - Please see policy and procedure "*14 – Grandfather Status Authorization*" for additional information.
- Submitted clinical documentation and prescription claims records must be consistent and non-contradictory to the treatment plan.
- Must be 18 years of age or older.
- Patient is clinically diagnosed with chronic hepatitis C genotype 3 infection.
- Must be prescribed by, or in consultation with a board-certified gastroenterologist, hepatologist, infectious disease, or transplant specialist.
- Documentation includes stage of liver disease, and indicates either significant fibrosis (Metavir F2), advanced fibrosis (Metavir F3), or compensated cirrhosis (Metavir F4).
- Patient either is without cirrhosis or has compensated cirrhosis (Child-Pugh A).
- Will be used in combination with ribavirin
- Will not be used in combination with another HCV direct acting antiviral agent [e.g., Epclusa (velpatasvir/sofosbuvir), Mavyret (glecaprevir-pibrentasvir), Zepatier (elbasvir-grazoprevir)]
- Patient fill history documents the ability to adhere to the treatment regimen.
    - -OR- Physician/provider asserts patient demonstrates treatment readiness, including the ability to adhere to the treatment regimen.
- No evidence of abuse of other controlled substance, alcohol, or illicit drugs. Patients with a history of substance abuse must meet the following additional criteria:
    - Substance abuse must be in remission by demonstrating abstinence for the prior 3 months AND a recent negative drug urine screen
    - Must be enrolled and participating in a substance abuse treatment program
- Authorization will be for a maximum of 24 weeks.

Criteria for use for Chronic HCV infection without cirrhosis or with compensated cirrhosis (Child-Pugh A); genotype 4; will be used in combination with ribavirin and peginterferon alfa

- Plan excludes the use of brand Sovaldi for the treatment of hepatitis C.
    - Plan will allow for grandfathering of patients on treatment with Sovaldi.
    - Please see policy and procedure "*14 – Grandfather Status Authorization*" for additional information.
- Submitted clinical documentation and prescription claims records must be consistent and non-contradictory to the treatment plan.
- Must be 18 years of age or older.
- Patient is clinically diagnosed with chronic hepatitis C genotype 4 infection.

- Must be prescribed by, or in consultation with a board-certified gastroenterologist, hepatologist, infectious disease, or transplant specialist.
- Documentation includes stage of liver disease, and indicates either significant fibrosis (Metavir F2), advanced fibrosis (Metavir F3), or compensated cirrhosis (Metavir F4).
- Patient either is without cirrhosis or has compensated cirrhosis (Child-Pugh A).
- Will be used in combination with peginterferon alfa and ribavirin
- Will not be used in combination with another HCV direct acting antiviral agent [e.g., Epclusa (velpatasvir/sofosbuvir), Mavyret (glecaprevir-pibrentasvir), Zepatier (elbasvir-grazoprevir)]
- Patient fill history documents the ability to adhere to the treatment regimen.
    - -OR- Physician/provider asserts patient demonstrates treatment readiness, including the ability to adhere to the treatment regimen.
- No evidence of abuse of other controlled substance, alcohol, or illicit drugs. Patients with a history of substance abuse must meet the following additional criteria:
    - Substance abuse must be in remission by demonstrating abstinence for the prior 3 months AND a recent negative drug urine screen
    - Must be enrolled and participating in a substance abuse treatment program
- Authorization will be for a maximum of 12 weeks.

Criteria for use for Chronic HCV infection with hepatocellular carcinoma awaiting liver transplantation; genotype 1, 2, 3, or 4; will be used in combination with ribavirin

- Plan excludes the use of brand Sovaldi for the treatment of hepatitis C.
    - Plan will allow for grandfathering of patients on treatment with Sovaldi.
    - Please see policy and procedure "*14 – Grandfather Status Authorization*" for additional information.
- Submitted clinical documentation and prescription claims records must be consistent and non-contradictory to the treatment plan.
- Must be 18 years of age or older.
- Patient is clinically diagnosed with chronic hepatitis C genotype 1, 2, 3, or 4 infection, and hepatocellular carcinoma.
- Must be prescribed by, or in consultation with a board-certified gastroenterologist, hepatologist, infectious disease, or transplant specialist.
- Documentation includes stage of liver disease, and indicates either significant fibrosis (Metavir F2), advanced fibrosis (Metavir F3), or compensated cirrhosis (Metavir F4).
- Will be used in combination with ribavirin.
- Patient is an active candidate on the waiting list for a liver transplant, and is being managed in a liver transplant center.
- Will not be used in combination with another HCV direct acting antiviral agent [e.g., Epclusa (velpatasvir/sofosbuvir), Mavyret (glecaprevir-pibrentasvir), Zepatier (elbasvir-grazoprevir)]
- Patient fill history documents the ability to adhere to the treatment regimen.
    - -OR- Physician/provider asserts patient demonstrates treatment readiness, including the ability to adhere to the treatment regimen.
- No evidence of abuse of other controlled substance, alcohol, or illicit drugs. Patients with a history of substance abuse must meet the following additional criteria:
    - Substance abuse must be in remission by demonstrating abstinence for the prior 3 months AND a recent negative drug urine screen
    - Must be enrolled and participating in a substance abuse treatment program
- Authorization will be for a maximum of 48 weeks.

Criteria continuation of therapy

- n/a

Contraindications:

- History of hypersensitivity to any of the product ingredients.
- When administered with ribavirin and peginterferon alfa, the contraindications to ribavirin and peginterferon alfa also apply.

Not approved if:

- Patient does not meet any of the above criteria.
- Patient has a contraindication to treatment.

Special Considerations:

- The requirement to limit authorization to patients with a Metavir F2-F4 is reflective of initial IDSA guidance which allowed for prioritization based on patient need due to the high cost of care associated with direct-acting antivirals. This requirement is to ensure members with the highest likelihood of developing clinically significant liver dysfunction are prioritized to receive authorization of direct acting antivirals.
- Hepatitis B virus (HBV) reactivation has been reported in hepatitis C virus (HCV)/HBV co-infected patients who were receiving or had completed treatment with HCV direct-acting antivirals and were not receiving HBV antiviral therapy; some cases have resulted in fulminant hepatitis, hepatic failure, and death. Test all patients for evidence of current or prior HBV infection prior to initiation of sofosbuvir/velpatasvir/voxilaprevir; monitor HCV/HBV co-infected patients for hepatitis flare or HBV reactivation during treatment and post-treatment follow-up. Initiate treatment for HBV infection as clinically indicated. HBV reactivation has been reported in HBsAg-positive patients and in patients with serologic evidence of resolved HBV infection (ie, HBsAg negative and anti-HBc positive) and is characterized by an abrupt increase in HBV replication manifested as a rapid increase in serum HBV DNA level; reappearance of HBsAg may occur in patients with resolved HBV infection. Risk of HBV reactivation may be increased in patients receiving certain immunosuppressants or chemotherapeutic agents.
- Rapid reduction in hepatitis C viral load during direct-acting antiviral (DAA) therapy for hepatitis C may lead to improvement in glucose metabolism in patients with diabetes, potentially resulting in symptomatic hypoglycemia if antidiabetic agents are continued at the same dose. Monitor for changes in glucose tolerance and inform patients of the risk of hypoglycemia during DAA therapy, particularly within the first 3 months. Modification of antidiabetic therapy may be necessary.

References:

16. Sovaldi (sofosbuvir) [prescribing information]. Foster City, CA: Gilead Sciences Inc; March 2020.
17. Ciancio A, Bosio R, Bo S, et al. Significant improvement of glycemic control in diabetic patients with HCV infection responding to direct-acting antiviral agents. J Med Virol. 2018;90(2):320-327. doi:10.1002/jmv.24954.[PubMed 28960353]
18. Llaneras J, Riveiro-Barciela M, Lens S, et al. Effectiveness and safety of sofosbuvir/velpatasvir/voxilaprevir in patients with chronic hepatitis C previously treated with DAAs. J Hepatol. 2019;71(4):666-672. doi:10.1016/j.jhep.2019.06.002[PubMed 31203153]

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11-17-22 1. Pricing updated based off of AWP (11-17-22)
Effective Date (most recent revisions): 1-6-2023

**Revisions are effective the first of the month following a 45 day notification and comment period.*

NEW UM PROGRAM CRITERIA			
Vosevi (sofosbuvir / velpatasvir / voxilaprevir)			
Program Type:	☒ Prior Authorization	☒ Quantity Limit	☒ Step Therapy

Prior Authorization Approval Criteria

Vosevi (sofosbuvir / velpatasvir / voxilaprevir)

Generic name: sofosbuvir / velpatasvir / voxilaprevir
Brand name: Vosevi
Medispan GPI: 123599038003** MON
Medication class: Antiviral
FDA-approved uses: Chronic HCV infection without cirrhosis or with compensated cirrhosis (Child-Pugh A); genotype 1, 2, 3, 4, 5, or 6 infection and have previously been treated with an HCV regimen containing an NS5A inhibitor
Chronic HCV infection without cirrhosis or with compensated cirrhosis (Child-Pugh A); genotype 1a or 3 infection and have previously been treated with an HCV regimen containing sofosbuvir without an NS5A inhibitor

Usual dose range:

Genotype 1, 2, 3, 4, 5, or 6 infection - previous NS5A inhibitor use	Dosing: 1 tablet (400mg-100mg-100mg) daily for 12 weeks
Genotype 1a, 3 – without previous NS5A inhibitor use	Dosing: 1 tablet (400mg-100mg-100mg) daily for 12 weeks

Duration of Authorization:

Initial:	12 weeks
Ongoing:	n/a

Estimated Cost: $98,712 for 84x 400-100-100mg tablets (12 weeks of treatment) AWP

Criteria for use for Chronic HCV infection without cirrhosis or with compensated cirrhosis (Child-Pugh A); genotype 1, 2, 3, 4, 5, or 6 infection with prior NS5A inhibitor treatment

- Plan excludes the use of brand Vosevi for the treatment of hepatitis C.
  - Plan will allow for grandfathering of patients on treatment with Vosevi.
  - Please see policy and procedure "*14 – Grandfather Status Authorization*" for additional information.
- Submitted clinical documentation and prescription claims records must be consistent and non-contradictory to the treatment plan.
- Must be 18 years of age or older.
- Patient is clinically diagnosed with chronic hepatitis C genotype 1, 2, 3, 4, 5, 6 infection.
- Must be prescribed by, or in consultation with a board-certified gastroenterologist, hepatologist, infectious disease, or transplant specialist.
- Documentation includes stage of liver disease, and indicates either significant fibrosis (Metavir F2), advanced fibrosis (Metavir F3), or compensated cirrhosis (Metavir F4).

- Patient has prior treatment experience with an HCV NS5A inhibitor [e.g., Daklinza (daclatasvir), Epclusa (sofosbuvir/velpatasvir), Harvoni (ledipasvir/sofosbuvir), Viekira (dasabuvir/ombitasvir/paritaprevir/ritonavir), Zepatier (elbasvir/grazoprevir)]
- Patient either is without cirrhosis or has compensated cirrhosis (Child-Pugh A).
- Will not be used in combination with another HCV direct acting antiviral agent [e.g., Epculsa (velpatasvir/sofosbuvir), Sovaldi (sofosbuvir), Mavyret (glecaprevir-pibrentasvir), Zepatier (elbasvir-grazoprevir)]
- Patient fill history documents the ability to adhere to the treatment regimen.
    - -OR- Physician/provider asserts patient demonstrates treatment readiness, including the ability to adhere to the treatment regimen.
- No evidence of abuse of other controlled substance, alcohol, or illicit drugs. Patients with a history of substance abuse must meet the following additional criteria:
    - Substance abuse must be in remission by demonstrating abstinence for the prior 3 months AND a recent negative drug urine screen
    - Must be enrolled and participating in a substance abuse treatment program
- Authorization will be for a maximum of 12 weeks.

Criteria for use for Chronic HCV infection without cirrhosis or with compensated cirrhosis (Child-Pugh A); genotype 1a or 3 infection with prior Sovaldi treatment, without a NS5A inhibitor

- Plan excludes the use of brand Vosevi for the treatment of hepatitis C.
    - Plan will allow for grandfathering of patients on treatment with Vosevi.
    - Please see policy and procedure "*14 – Grandfather Status Authorization*" for additional information.
- Submitted clinical documentation and prescription claims records must be consistent and non-contradictory to the treatment plan.
- Must be 18 years of age or older.
- Patient is clinically diagnosed with chronic hepatitis C genotype 1a or 3 infection.
- Must be prescribed by, or in consultation with a board-certified gastroenterologist, hepatologist, infectious disease, or transplant specialist.
- Documentation includes stage of liver disease, and indicates either significant fibrosis (Metavir F2), advanced fibrosis (Metavir F3), or compensated cirrhosis (Metavir F4).
- Patient has prior treatment experience with Sovaldi (sofosbuvir) combined with one of the following:
    - Pegylated interferon (e.g., Pegasys, PegIntron)
    - Ribavirin (e.g., Copegus, Rebetol)
    - Incivek (teleprevir)
    - Olysio (simeprevir)
    - Victrelis (boceprevir)
- Patient either is without cirrhosis or has compensated cirrhosis (Child-Pugh A).
- Will not be used in combination with another HCV direct acting antiviral agent [e.g., Epclusa (velpatasvir/sofosbuvir), Sovaldi (sofosbuvir), Mavyret (glecaprevir-pibrentasvir), Zepatier (elbasvir-grazoprevir)]
- Patient fill history documents the ability to adhere to the treatment regimen.
    - -OR- Physician/provider asserts patient demonstrates treatment readiness, including the ability to adhere to the treatment regimen.
- No evidence of abuse of other controlled substance, alcohol, or illicit drugs. Patients with a history of substance abuse must meet the following additional criteria:

- Substance abuse must be in remission by demonstrating abstinence for the prior 3 months AND a recent negative drug urine screen
- Must be enrolled and participating in a substance abuse treatment program

- Authorization will be for a maximum of 12 weeks.

Criteria continuation of therapy

- n/a

Contraindications:

- History of hypersensitivity to any of the product ingredients.
- Concomitant use with rifampin.

Not approved if:

- Patient does not meet any of the above criteria.
- Patient has a contraindication to treatment.

Special Considerations:

- The requirement to limit authorization to patients with a Metavir F2-F4 is reflective of initial IDSA guidance which allowed for prioritization based on patient need due to the high cost of care associated with direct-acting antivirals. This requirement is to ensure members with the highest likelihood of developing clinically significant liver dysfunction are prioritized to receive authorization of direct acting antivirals
- Hepatitis B virus (HBV) reactivation has been reported in hepatitis C virus (HCV)/HBV co-infected patients who were receiving or had completed treatment with HCV direct-acting antivirals and were not receiving HBV antiviral therapy; some cases have resulted in fulminant hepatitis, hepatic failure, and death. Test all patients for evidence of current or prior HBV infection prior to initiation of sofosbuvir/velpatasvir/voxilaprevir; monitor HCV/HBV co-infected patients for hepatitis flare or HBV reactivation during treatment and post-treatment follow-up. Initiate treatment for HBV infection as clinically indicated. HBV reactivation has been reported in HBsAg-positive patients and in patients with serologic evidence of resolved HBV infection (ie, HBsAg negative and anti-HBc positive) and is characterized by an abrupt increase in HBV replication manifested as a rapid increase in serum HBV DNA level; reappearance of HBsAg may occur in patients with resolved HBV infection. Risk of HBV reactivation may be increased in patients receiving certain immunosuppressants or chemotherapeutic agents.
- Rapid reduction in hepatitis C viral load during direct-acting antiviral (DAA) therapy for hepatitis C may lead to improvement in glucose metabolism in patients with diabetes, potentially resulting in symptomatic hypoglycemia if antidiabetic agents are continued at the same dose. Monitor for changes in glucose tolerance and inform patients of the risk of hypoglycemia during DAA therapy, particularly within the first 3 months. Modification of antidiabetic therapy may be necessary.
- Hepatic decompensation and hepatic failure (including fatal cases) have been reported; cases occurred in patients with baseline cirrhosis with and without moderate or severe liver impairment (Child-Pugh class B or C). Assess hepatic function as clinically indicated; monitor patients with compensated cirrhosis or with evidence of advanced liver disease (eg, portal hypertension) for signs/symptoms of hepatic decompensation (eg, ascites, hepatic encephalopathy, variceal hemorrhage). Discontinue treatment in patients who develop signs/symptoms of hepatic decompensation/failure.
- Use is not recommended in patients with moderate or severe hepatic impairment (Child-Pugh class B or C) or patients with history of prior hepatic decompensation.

References:

2. Vosevi (sofosbuvir, velpatasvir, voxilaprevir) [prescribing information]. Foster City, CA: Gilead Sciences Inc; November 2019.
3. Ciancio A, Bosio R, Bo S, et al. Significant improvement of glycemic control in diabetic patients with HCV infection responding to direct-acting antiviral agents. J Med Virol. 2018;90(2):320-327. doi:10.1002/jmv.24954.[PubMed 28960353]
4. Llaneras J, Riveiro-Barciela M, Lens S, et al. Effectiveness and safety of sofosbuvir/velpatasvir/voxilaprevir in patients with chronic hepatitis C previously treated with DAAs. J Hepatol. 2019;71(4):666-672. doi:10.1016/j.jhep.2019.06.002[PubMed 31203153]

MedOne Clinical Review Subcommittee approval: Date: 9-28-22

Initial adoption: 11-17-2022
Revised: 11-17-2022
11-17-2022 5. Pricing updated based off of AWP (11-17-2022)
Effective Date (most recent revisions): 1-6-2023

**Revisions are effective the first of the month following a 45 day notification and comment period.*

UM PROGRAM CRITERIA REVISED			
Zepatier (elbasvir-grazoprevir)			
Program Type:	☒ Prior Authorization	☒ Quantity Limit	☒ Step Therapy
Zepatier	1. Expanded dosing information. 2. Updated AWP – 9/21/22. 3. Indications updated to reflect current FDA guidelines. 4. Updated Metavir requirement to F2-F4. 5. Added the substance abuse qualification in criteria. 6. Further defined therapy adherence requirement.		

Prior Authorization Approval Criteria

Zepatier (elbasvir-grazoprevir)

Generic name: elbasvir-grazoprevir
Brand name: Zepatier
Medispan GPI: 12359902300320 MON
Medication class: Antiviral
FDA-approved uses: **Adult and pediatric patients 12 years and older with HCV genotype 1 or 4 infection, weighing at least 30kg.**

Usual dose range:

Treatment Naïve or Peginterferon alfa + ribavirin-experienced Patients – without baseline NS5A polymorphisms - Genotype 1a	Dosing: 1 tablet (50mg-100mg) daily for 12 weeks
Treatment Naïve or Peginterferon alfa + ribavirin-experienced Patients – with baseline NS5A polymorphisms - Genotype 1a	Dosing: 1 tablet (50mg-100mg) daily for 16 weeks with ribavirin
Treatment Naïve or Peginterferon alfa + ribavirin-experienced Patients – Genotype 1b	Dosing: 1 tablet (50mg-100mg) daily for 12 weeks

Peginterferon alfa + ribavirin + HCV NS3/4A protease inhibitor-experienced Patients – Genotype 1a or 1b	Dosing: 1 tablet (50mg-100mg) daily for 12 weeks with ribavirin
Treatment Naïve – Genotype 4	Dosing: 1 tablet (50mg-100mg) daily for 12 weeks
Peginterferon alfa + ribavirin-experienced Patients – Genotype 4	Dosing: 1 tablet (50mg-100mg) daily for 12 weeks with ribavirin

Duration of Authorization:

Initial:	**12-16 weeks depending on diagnosis**
Ongoing:	**n/a**

Estimated Cost: $26,208 for 84 tablets (12 weeks of treatment) AWP

Criteria for use for the treatment of chronic hepatitis C Treatment-Naïve or Peginterferon alfa + ribavirin - experienced without baseline NS5A polymorphisms – Genotype 1a:

- Submitted clinical documentation and prescription claims records must be consistent and non-contradictory to the treatment plan.
- Must be 12 years of age or older.
- Grandfather criteria allowed
    - Please see policy and procedure "*14 – Grandfather Status Authorization*" for additional information.
- Patient is clinically diagnosed with chronic hepatitis C genotype 1a infection without baseline NS5A resistance-associated polymorphisms (i.e., polymorphisms at amino acid positions 28, 30, 31, or 93).
- Must be prescribed by, or in consultation with a Board Certified gastroenterologist, hepatologist, infectious disease, or transplant specialist.
- Documentation includes stage of liver disease, and indicates either significant fibrosis (Metavir F2), advanced fibrosis (Metavir F3), or compensated cirrhosis (Metavir F4).
- Patient must be treatment naïve or prior failure to peginterferon alfa plus ribavirin treatment.
- Will not be used in combination with another HCV direct acting antiviral agent [e.g., Epclusa (sofosbuvir/velpatasvir), Harvoni (ledipasvir/sofosbuvir), Sovaldi (sofosbuvir), Mavyret (glecaprevir-pibrentasvir)]
- Patient fill history documents the ability to adhere to the treatment regimen.
    - -OR- Physician/provider asserts patient demonstrates treatment readiness, including the ability to adhere to the treatment regimen.
- No evidence of abuse of other controlled substance, alcohol, or illicit drugs. Patients with a history of substance abuse must meet the following additional criteria:
    - Substance abuse must be in remission by demonstrating abstinence for the prior 3 months AND a recent negative drug urine screen
    - Must be enrolled and participating in a substance abuse treatment program
- Authorization will be for 12 weeks.

Criteria for use for the treatment of chronic hepatitis C Treatment-Naïve or Peginterferon alfa + ribavirin - experienced with baseline NS5A polymorphisms – Genotype 1a:

- Submitted clinical documentation and prescription claims records must be consistent and non-contradictory to the treatment plan.
- Must be 12 years of age or older.
- Grandfather criteria allowed

    - Please see policy and procedure "*14 – Grandfather Status Authorization*" for additional information.
- Patient is clinically diagnosed with chronic hepatitis C genotype 1a infection with baseline NS5A resistance-associated polymorphisms (i.e., polymorphisms at amino acid positions 28, 30, 31, or 93).
- Must be prescribed by, or in consultation with a Board Certified gastroenterologist, hepatologist, infectious disease, or transplant specialist.
- Documentation includes stage of liver disease, and indicates either significant fibrosis (Metavir F2), advanced fibrosis (Metavir F3), or compensated cirrhosis (Metavir F4).
- Patient must be treatment naïve or prior failure to peginterferon alfa plus ribavirin treatment.
- Will be used in combination with ribavirin
    - Ribavirin dosing (CrCl greater than 50 mL/min), 800 mg/day (less than 66 kg); 1000 mg/day (66 to 80 kg); 1200 mg/day (81 to 105 kg); 1400 mg/day (greater than 105 kg).
- Will not be used in combination with another HCV direct acting antiviral agent [e.g., Epclusa (sofosbuvir/velpatasvir), Harvoni (ledipasvir/sofosbuvir), Sovaldi (sofosbuvir), Mavyret (glecaprevir-pibrentasvir)]
- Patient fill history documents the ability to adhere to the treatment regimen.
    - -OR- Physician/provider asserts patient demonstrates treatment readiness, including the ability to adhere to the treatment regimen.
- No evidence of abuse of other controlled substance, alcohol, or illicit drugs. Patients with a history of substance abuse must meet the following additional criteria:
    - Substance abuse must be in remission by demonstrating abstinence for the prior 3 months AND a recent negative drug urine screen
    - Must be enrolled and participating in a substance abuse treatment program
- Authorization will be for 16 weeks.

Criteria for use for the treatment of chronic hepatitis C Treatment Naïve or Peginterferon alfa + ribavirin-experienced Patients – Genotype 1b

- Submitted clinical documentation and prescription claims records must be consistent and non-contradictory to the treatment plan.
- Must be 12 years of age or older.
- Grandfather criteria allowed
    - Please see policy and procedure "*14 – Grandfather Status Authorization*" for additional information.
- Patient is clinically diagnosed with chronic hepatitis C genotype 1b infection
- Must be prescribed by, or in consultation with a Board Certified gastroenterologist, hepatologist, infectious disease, or transplant specialist.
- Documentation includes stage of liver disease, and indicates either significant fibrosis (Metavir F2), advanced fibrosis (Metavir F3), or compensated cirrhosis (Metavir F4).
- Patient must be treatment naïve or prior failure to peginterferon alfa plus ribavirin treatment.
- Will not be used in combination with another HCV direct acting antiviral agent [e.g., Epclusa (sofosbuvir/velpatasvir), Harvoni (ledipasvir/sofosbuvir), Sovaldi (sofosbuvir), Mavyret (glecaprevir-pibrentasvir)]
- Patient fill history documents the ability to adhere to the treatment regimen.
    - -OR- Physician/provider asserts patient demonstrates treatment readiness, including the ability to adhere to the treatment regimen.
- No evidence of abuse of other controlled substance, alcohol, or illicit drugs. Patients with a history of substance abuse must meet the following additional criteria:
    - Substance abuse must be in remission by demonstrating abstinence for the prior 3 months AND a recent negative drug urine screen
    - Must be enrolled and participating in a substance abuse treatment program
- Authorization will be for 12 weeks.

Criteria for use for the treatment of chronic hepatitis C Peginterferon alfa + ribavirin + HCV NS3/4A protease inhibitor-experienced Patients – Genotype 1a or 1b

- Submitted clinical documentation and prescription claims records must be consistent and non-contradictory to the treatment plan.
- Must be 12 years of age or older.
- Grandfather criteria allowed
    - Please see policy and procedure "*14 – Grandfather Status Authorization*" for additional information.
- Patient is clinically diagnosed with chronic hepatitis C genotype 1a or 1b infection
- Must be prescribed by, or in consultation with a Board Certified gastroenterologist, hepatologist, infectious disease, or transplant specialist.
- Documentation includes stage of liver disease, and indicates either significant fibrosis (Metavir F2), advanced fibrosis (Metavir F3), or compensated cirrhosis (Metavir F4).
- Patient must have prior failure of treatment with peginterferon alfa plus ribavirin plus a HCV NS3/4A protease inhibitor (e.g., boceprevir, simeprevir, or telaprevir)
- Will be used in combination with ribavirin
    - Ribavirin dosing (CrCl greater than 50 mL/min), 800 mg/day (less than 66 kg); 1000 mg/day (66 to 80 kg); 1200 mg/day (81 to 105 kg); 1400 mg/day (greater than 105 kg).
- Will not be used in combination with another HCV direct acting antiviral agent [e.g., Epclusa (sofosbuvir/velpatasvir), Harvoni (ledipasvir/sofosbuvir), Sovaldi (sofosbuvir), Mavyret (glecaprevir-pibrentasvir)]
- Patient fill history documents the ability to adhere to the treatment regimen.
    - -OR- Physician/provider asserts patient demonstrates treatment readiness, including the ability to adhere to the treatment regimen.
- No evidence of abuse of other controlled substance, alcohol, or illicit drugs. Patients with a history of substance abuse must meet the following additional criteria:
    - Substance abuse must be in remission by demonstrating abstinence for the prior 3 months AND a recent negative drug urine screen
    - Must be enrolled and participating in a substance abuse treatment program
- Authorization will be for 12 weeks.

Criteria for use for the treatment of chronic hepatitis C Treatment Naïve – Genotype 4

- Submitted clinical documentation and prescription claims records must be consistent and non-contradictory to the treatment plan.
- Must be 12 years of age or older.
- Grandfather criteria allowed
    - Please see policy and procedure "*14 – Grandfather Status Authorization*" for additional information.
- Patient is clinically diagnosed with chronic hepatitis C genotype 4 infection
- Must be prescribed by, or in consultation with a Board Certified gastroenterologist, hepatologist, infectious disease, or transplant specialist.
- Documentation includes stage of liver disease, and indicates either significant fibrosis (Metavir F2), advanced fibrosis (Metavir F3), or compensated cirrhosis (Metavir F4).
- Patient must be treatment naïve
- Will not be used in combination with another HCV direct acting antiviral agent [e.g., Epclusa (sofosbuvir/velpatasvir), Harvoni (ledipasvir/sofosbuvir), Sovaldi (sofosbuvir), Mavyret (glecaprevir-pibrentasvir)]
- Patient fill history documents the ability to adhere to the treatment regimen.
    - -OR- Physician/provider asserts patient demonstrates treatment readiness, including the ability to adhere to the treatment regimen.
- No evidence of abuse of other controlled substance, alcohol, or illicit drugs. Patients with a history of substance abuse must meet the following additional criteria:

    - Substance abuse must be in remission by demonstrating abstinence for the prior 3 months AND a recent negative drug urine screen
    - Must be enrolled and participating in a substance abuse treatment program
- Authorization will be for 12 weeks.

Criteria for use for the treatment of chronic hepatitis C Peginterferon alfa + ribavirin-experienced Patients – Genotype 4

- Submitted clinical documentation and prescription claims records must be consistent and non-contradictory to the treatment plan.
- Must be 12 years of age or older.
- Grandfather criteria allowed
    - Please see policy and procedure "*14 – Grandfather Status Authorization*" for additional information.
- Patient is clinically diagnosed with chronic hepatitis C genotype 4 infection
- Must be prescribed by, or in consultation with a Board Certified gastroenterologist, hepatologist, infectious disease, or transplant specialist.
- Documentation includes stage of liver disease, and indicates either significant fibrosis (Metavir F2), advanced fibrosis (Metavir F3), or compensated cirrhosis (Metavir F4).
- Patient must have prior failure of treatment with peginterferon alfa plus ribavirin plus a HCV NS3/4A protease inhibitor (e.g., boceprevir, simeprevir, or telaprevir)
- Will not be used in combination with another HCV direct acting antiviral agent [e.g., Epclusa (sofosbuvir/velpatasvir), Harvoni (ledipasvir/sofosbuvir), Sovaldi (sofosbuvir), Mavyret (glecaprevir-pibrentasvir)]
- Patient fill history documents the ability to adhere to the treatment regimen.
    - -OR- Physician/provider asserts patient demonstrates treatment readiness, including the ability to adhere to the treatment regimen.
- No evidence of abuse of other controlled substance, alcohol, or illicit drugs. Patients with a history of substance abuse must meet the following additional criteria:
    - Substance abuse must be in remission by demonstrating abstinence for the prior 3 months AND a recent negative drug urine screen
    - Must be enrolled and participating in a substance abuse treatment program
- Authorization will be for 12 weeks.

Criteria continuation of therapy

- n/a

Contraindications:

- History of hypersensitivity to any of the product ingredients.
- Moderate or severe hepatic impairment (Child-Pugh B or C) or those with any history of prior hepatic decompensation.
- Use with inhibitors of organic anion transporting polypeptides 1B1/3(OATP1B1/3) that are known or expected to significantly increase grazoprevir plasma concentrations
- Use with strong CYP3A inducers
- Concomitant use with efavirenz
- If administered with ribavirin, the contraindications to ribavirin also apply to this combination regimen.

Not approved if:

- Patient does not meet any of the above criteria.
- Patient has a contraindication to treatment.

Special Considerations:

- The requirement to limit authorization to patients with a Metavir F2-F4 is reflective of initial IDSA guidance which allowed for prioritization based on patient need due to the high cost of care associated with direct-acting antivirals. This requirement is to ensure members with the highest likelihood of developing clinically significant liver dysfunction are prioritized to receive authorization of direct acting antivirals
- ALT elevations (>5 times ULN) have been observed generally at week 8 or beyond; changes have been mostly asymptomatic and resolved with ongoing or completed therapy. Females, Asian patients, and patients ≥65 years of age may be at greater risk for ALT changes. Patients should report fatigue, weakness, decreased appetite, nausea/vomiting, jaundice, or discolored feces. Monitor liver function tests prior to therapy, at treatment week 8, and as clinically indicated. Consider discontinuing therapy if ALT levels remain persistently >10 times ULN. Discontinue therapy if accompanied by signs/symptoms of hepatic inflammation or increasing conjugated bilirubin, alkaline phosphatase, or INR.
- Rapid reduction in hepatitis C viral load during direct-acting antiviral (DAA) therapy for hepatitis C may lead to improvement in glucose metabolism in patients with diabetes, potentially resulting in symptomatic hypoglycemia if antidiabetic agents are continued at the same dose. Monitor for changes in glucose tolerance and inform patients of the risk of hypoglycemia during DAA therapy, particularly within the first 3 months. Modification of antidiabetic therapy may be necessary.
- Cases of hepatic decompensation and failure, some fatal, have been reported in patients without cirrhosis and in patients with baseline cirrhosis with and without moderate or severe liver impairment (Child-Pugh class B or C). Use is contraindicated in moderate or severe impairment (Child-Pugh class B or C) and with a history of prior hepatic decompensation. Monitor hepatic function tests and for signs and symptoms of hepatic decompensation more frequently in patients with compensated cirrhosis (Child-Pugh class A) or evidence of advanced liver disease (eg, portal hypertension); discontinue if hepatic decompensation or failure develops.
- HBV reactivation has been reported in HBsAg positive patients and in patients with serologic evidence of resolved HBV infection (ie, HBsAg negative and anti-HBc positive) and is characterized by an abrupt increase in HBV replication manifested as a rapid increase in serum HBV DNA level; reappearance of HBsAg may occur in patients with resolved HBV infection. Risk of HBV reactivation may be increased in patients receiving certain immunosuppressants or chemotherapeutic agents.

References:

6. Zepatier (elbasvir and grazoprevir) [prescribing information]. Whitehouse Station, NJ: Merck Sharp & Dohme Corp; January 2022.
7. American Association for the Study of Liver Diseases (AASLD), Infectious Diseases Society of America (IDSA). HCV guidance: recommendations for testing, managing, and treating hepatitis C. https://www.hcvguidelines.org/. Updated October 5, 2021.
8. Ciancio A, Bosio R, Bo S, et al. Significant improvement of glycemic control in diabetic patients with HCV infection responding to direct-acting antiviral agents. J Med Virol. 2018;90(2):320-327. doi:10.1002/jmv.24954[PubMed 28960353]
9. Hum J, Jou JH, Green PK, et al. Improvement in Glycemic Control of Type 2 Diabetes After Successful Treatment of Hepatitis C Virus. Diabetes Care. 2017;40(9):1173-1180. doi:10.2337/dc17-0485[PubMed 28659309]

MedOne P&T Committee approval: Date: 1-1-17

Initial adoption: 1-1-17
Revised: 11-16-22

11-16-22
1. Expanded dosing information.
2. Updated AWP – 9/21/22.
3. Indications updated to reflect current FDA guidelines.
4. Updated Metavir requirement to F2-F4.
5. Added the substance abuse qualification in criteria.
6. Further defined therapy adherence requirement.

Effective Date (most recent revisions): 1-6-23

**Revisions are effective the first of the month following a 45 day notification and comment period.*