

ALASKA MEDICAID
Prior Authorization Criteria

Direct Acting Agents for Hepatitis C (HCV)
Sovaldi[®] (Sofosbuvir), Olysio[®] (Simeprevir)
Harvoni[®] (Sofosbuvir + Ledipasvir)

Criteria for Approval^{1,2,3,4,5,6,7,8,9,10,11,12,13,14}

1. Adult patient age \geq 18 years old; **AND**
2. Patient has abstained from the use of illicit drugs and alcohol for a minimum of three (3) months as evidenced by negative urine confirmation tests in each of the two months immediately prior to therapy (results must be submitted with request); **AND**
3. Meets the diagnosis and disease severity (cirrhosis or bridging fibrosis) criteria outlined in Table 1; **AND**
4. Agrees to complete regimen (i.e. dual or triple therapy as outlined in Table 1); **AND**
5. Not post-liver transplant.
6. For HIV-1 co-infected patients, patients must have the following:
 - Documented HIV-1 diagnosis, **AND**
 - CD4 count greater than 500 cells/mm³, if patient is not taking antiretroviral therapy; **OR**
 - CD4 count greater than 200 cells/mm³, if patient is virologically suppressed (e.g., HIV RNA < 200 copies/mL).
7. For simeprevir containing regimens
 - Must confirm HCV does not contain the NS3 Q80K polymorphism if genotype 1a;
 - Must be simeprevir naïve;
 - May not be HIV-co-infected.
8. For renewal authorizations
 - HCV-RNA < 25 IU/mL at treatment week 4.

Duration of Approval

1. Based on HCV genotype
 - Refer to Table 1
2. Limits
 - As defined in Table 1
 - Retreatment not authorized within two (2) years
3. Lost or stolen medication
 - Lost or stolen medication replacement requests will not be authorized.

ALASKA MEDICAID
Prior Authorization Criteria

Quantity Limit

Harvoni – One 400 mg/90 mg tablet per day (28 tablets/28 days)

Olysio – One 150 mg tablet per day (28 tablets/28 days)

Sovaldi – One 400 mg tablet per day (28 tablets/28 days)

Criteria for Denial

1. Patient is not abstaining from the use of illicit drugs and alcohol for at least three (3) months as evidenced by submitted urine confirmation test results.
2. For regimens containing ribavirin, patient is pregnant or lactating.
3. For regimens containing simeprevir, patient is not simeprevir naïve. Patients who have had an interruption in simeprevir therapy or who have failed simeprevir therapy previously are not candidates.
4. For regimens containing sofosbuvir, patient has severe renal impairment (eGFR < 30 mL/min/1.73m²) or end stage renal disease (ESRD) requiring hemodialysis.
5. Patient has decompensated cirrhosis (defined as a Child-Pugh score greater than 6 [class B or C]).
6. Patient is post-liver transplant (safety and efficacy have not been established).
7. Patient is taking a concomitant medication that has a significant clinical interaction with any of the agents.
8. HCV genotype is 5 or 6.

Diagnostic/Disease Severity Evidence (must be attached to request)

1. Cirrhosis may be substantiated either through biopsy or the presence of **at least two** of the following clinical features:
 - Cirrhotic features on imaging
 - Ascites
 - Esophageal varices
 - Lab abnormalities including all of the following – reversed AST:ALT ratio (> 1), thrombocytopenia (< 130,000 platelets/μL), and coagulopathy (INR > 2)
2. Bridging fibrosis must be substantiated via biopsy.
3. Individuals with a Metavir Fibrosis score of 2 with severe extrahepatic complications may be considered if documentation is included which demonstrates Type 2 or 3 essential mixed cryoglobulinemia with end-organ manifestations:
 - Systemic vasculitis
 - Pleural effusions
 - Nephrotic syndrome
 - Membranoproliferative glomerulonephritis
4. HCV RNA results must be submitted [baseline, treatment week (TW) 4, and TW 12 (when applicable)].

ALASKA MEDICAID
Prior Authorization Criteria

Table 1^{1,2,3,4,5,6,7,8,9}

Documented HCV Genotype / Fibrosis Stage			
	Diagnosis	Approved Treatment Regimen	Regimen Duration Authorization
<i>HCV genotype 1 / Stage F3 (bridging fibrosis) – Treatment naïve</i>			
first	<ul style="list-style-type: none"> • HCV infection • Baseline HCV RNA ≤ 6 million IU/mL 	<i>Double Therapy</i> sofosbuvir + ledipasvir	8 weeks total
	<ul style="list-style-type: none"> • HCV infection • HCV/HIV-1 co-infection • Baseline HCV RNA > 6 million IU/mL 	<i>Double Therapy</i> sofosbuvir + ledipasvir	12 weeks total 8 weeks initial authorization plus a four (4) week reauthorization if HCV RNA < 25 IU/mL at treatment week 4 [‡]
second	<ul style="list-style-type: none"> • HCV infection • HCV/HIV-1 co-infection 	<i>Triple Therapy</i> sofosbuvir + peginterferon alfa + ribavirin [†]	12 weeks total 8 weeks initial authorization plus a four (4) week reauthorization if HCV RNA < 25 IU/mL at treatment week 4 [‡]
third	<ul style="list-style-type: none"> • HCV infection • No HCV/HIV-1 co-infection 	<i>Double Therapy</i> sofosbuvir + simeprevir	12 weeks total 8 weeks initial authorization plus a four (4) week reauthorization if HCV RNA < 25 IU/mL at treatment week 4 [‡]
<i>HCV genotype 1 / Stage F4 (cirrhosis) – Treatment naïve</i>			
first	<ul style="list-style-type: none"> • HCV infection • HCV/HIV-1 co-infection 	<i>Double Therapy</i> sofosbuvir + ledipasvir	12 weeks 8 weeks initial authorization plus a four (4) week reauthorization if HCV RNA < 25 IU/mL at treatment week 4 [‡]
second	<ul style="list-style-type: none"> • HCV infection • HCV/HIV-1 co-infection 	<i>Triple Therapy</i> sofosbuvir + peginterferon alfa + ribavirin [†]	12 weeks 8 weeks initial authorization plus a four (4) week reauthorization if HCV RNA < 25 IU/mL at treatment week 4 [‡]

ALASKA MEDICAID
Prior Authorization Criteria

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Documented HCV Genotype / Fibrosis Stage			
	Diagnosis	Approved Treatment Regimen	Regimen Duration Authorization
<i>HCV genotype 1 / Stage F3 (bridging fibrosis) – Treatment-experienced</i>			
first	<ul style="list-style-type: none"> • HCV infection • HCV/HIV-1 co-infection 	<i>Double Therapy</i> sofosbuvir + ledipasvir	12 weeks 8 weeks initial authorization plus a four (4) week reauthorization if HCV RNA < 25 IU/mL at treatment week 4 [‡]
second	<ul style="list-style-type: none"> • HCV infection • No HCV/HIV-1 co-infection 	<i>Double Therapy</i> sofosbuvir + simeprevir	12 weeks total 8 weeks initial authorization plus a four (4) week reauthorization if HCV RNA < 25 IU/mL at treatment week 4 [‡]
<i>HCV genotype 1 / Stage F4 (cirrhosis) – Treatment-experienced</i>			
first	<ul style="list-style-type: none"> • HCV infection • HCV/HIV-1 co-infection 	<i>Double Therapy</i> sofosbuvir + ledipasvir	24 weeks 8 weeks initial authorization plus two eight (8) week reauthorizations if HCV RNA < 25 IU/mL at treatment weeks 4 & 12 [‡]
<i>HCV genotype 2 / ≥ Stage F3 (cirrhosis or bridging fibrosis)</i>			
first	<ul style="list-style-type: none"> • HCV with or without compensated cirrhosis (incl. HCC) • HCV/HIV-1 co-infection 	<i>Dual Therapy</i> sofosbuvir + ribavirin [†]	12 weeks 8 weeks initial authorization plus a four (4) week reauthorization if HCV RNA < 25 IU/mL at treatment week 4 [‡]
<i>HCV genotype 3 / ≥ Stage F3 (cirrhosis or bridging fibrosis)</i>			
first	<ul style="list-style-type: none"> • HCV with or without compensated cirrhosis (incl. HCC) • HCV/HIV-1 co-infection 	<i>Dual Therapy</i> sofosbuvir + ribavirin [†]	24 weeks 8 weeks initial authorization plus two eight (8) week reauthorizations if HCV RNA < 25 IU/mL at treatment weeks 4 & 12 [‡]

ALASKA MEDICAID
Prior Authorization Criteria

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Documented HCV Genotype / Fibrosis Stage			
	Diagnosis	Approved Treatment Regimen	Regimen Duration Authorization
<i>HCV genotype 4 / ≥ Stage F3 (cirrhosis or bridging fibrosis)</i>			
first	<ul style="list-style-type: none"> • HCV infection • HCV/HIV-1 co-infection 	<p><i>Triple Therapy</i></p> sofosbuvir + peginterferon alfa + ribavirin [†]	12 weeks
<i>HCV genotype 1, 2, 3, or 4</i>			
first	<ul style="list-style-type: none"> • Hepatocellular carcinoma awaiting liver transplantation AND • Meets Milan criteria: <ul style="list-style-type: none"> • In single hepatocellular (HC) carcinomas, tumor < 5 cm in diameter, OR • In multiple HC carcinomas, no more than 3 tumor modules, each < 3 cm in diameter, AND • No extrahepatic manifestations of the cancer and no evidence of vascular invasion of the tumor. 	<p><i>Dual Therapy</i></p> sofosbuvir + ribavirin [†]	48 weeks <i>or until the time of liver transplantation, whichever occurs first</i>

[†]Weight based ribavirin; [‡]If HCV-RNA > 25 IU/mL, please submit documentation of clinical response

ALASKA MEDICAID
Prior Authorization Criteria

Additional Considerations

- Sofosbuvir is a nucleotide analog NS5B RNA polymerase inhibitor.
- Simeprevir is a NS3/4A protease inhibitor.
- Ledipasvir is a NS5A inhibitor.
- Combination treatment with ribavirin is contraindicated in women who are pregnant or may become pregnant and men whose female partners are pregnant because of the risks for birth defects and fetal death associated with ribavirin.

References

1. Harvoni [package insert]. Foster City, CA; Gilead, October 2014.
2. Olysio [package insert]. Janssen Therapeutics; Titusville, NJ. November 2014.
3. Sovaldi [package insert]. Foster City, CA; Gilead, December 2013.
4. FDA Antiviral Drugs Advisory Committee Meeting, October 25, 2013; Background Package for NDA 204671 sofosbuvir (GS-7977).
5. Lawitz E, Mangia A, Wyles D, et al. Sofosbuvir for previously untreated chronic hepatitis C infection. *N Engl J Med.* 2013; 368:1878-87. doi: 10.1056/NEJMoa1214853. Available at: <http://www.nejm.org/doi/pdf/10.1056/NEJMoa1214853>. Accessed January 2, 2014.
6. Jacobson IM, Gordon SC, Kowdley KV, et al. Sofosbuvir for hepatitis C genotype 2 or 3 in patients without treatment options. *N Engl J Med.* 2013;368:1867-77. doi: 10.1056/NEJMoa1214854. Available at: <http://www.nejm.org/doi/pdf/10.1056/NEJMoa1214854>. Accessed January 2, 2014.
7. American Association for the Study of Liver Diseases Infectious Diseases Society of America: Recommendations for testing, managing and treating hepatitis C; revision date 10/08/2014. Available at: <http://www.hcvguidelines.org/>. Accessed November 14, 2014.
8. Poynard T, Ratzu V, Benmanov Y, DiMartino V, Bedossa P, Opolon P. Fibrosis in patients with hepatitis c: detection and significance. *Semin Liver Dis.* 2000;20(1). Retrieved from www.medscape.com. Accessed February 26, 2014.
9. Zeuzem S, Dusheiko GM, Salupere R, et al. Sofosbuvir and ribavirin in HCV genotypes 2 and 3. *N Engl J Med.* 2014;370:1993-2001. doi: 10.1056/NEJMoa1316145.
10. Hézode C, Roudot-Thoraval F, Nguyen S. et al. Daily cannabis smoking as a risk factor for progression of fibrosis in chronic hepatitis C. *Hepatology.* 2005;42:63-71.
11. Wiley TE, McCarthy M, Breidi L, et al. Impact of alcohol on the histological and clinical progression of hepatitis C infection. *Hepatology.* 1998;28:805-809.
12. Payancé A, Scotto B, Perarnau JM, et al. Severe chronic hepatitis secondary to prolonged use of ecstasy and cocaine. *Clin Res Hepatology Gastroenterol.* 2013;37(5):e109-113.
13. Lieber CS. Alcohol and hepatitis C. Retrieved from <http://pubs.niaaa.nih.gov/publications/arh25-4/245-254.htm>. Accessed September 29, 2014.
14. Pateria P, deBoer B, MacQuillan G. Liver abnormalities in drug and substance abusers. *Best Practice & Research Clinical Gastroenterology.* 2013;27:577-596.