Reference number(s)
2145-A

SPECIALTY GUIDELINE MANAGEMENT

ZEPATIER (elbasvir and grazoprevir)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indications
Zepatier is indicated for the treatment of chronic hepatitis C virus genotype 1 or 4 infection in adults.
Zepatier is indicated for use with ribavirin in certain patient populations.

B. Compendial Uses
Chronic hepatitis C genotype 3 infection

All other indications are considered experimental/investigational and are not a covered benefit.

II. EXCLUSIONS

Decompensated cirrhosis/moderate or severe hepatic impairment (Child Turcotte Pugh Class B or C)

Note: When the requested drug is being used in a combination therapy regimen, exclusions to the other antiviral drugs also apply.

III. CRITERIA FOR APPROVAL

A. Chronic hepatitis C virus infection, in combination with ribavirin (RBV)

1. Genotype 1a infection

a. Authorization of up to 16 weeks total may be granted for members with baseline NS5A resistance-associated substitutions (RASs)/polymorphisms (see Section V) who are either of the following:
   i. Treatment-naïve
   ii. Failed prior treatment with peginterferon alfa (PEG-IFN) and RBV with or without an HCV protease inhibitor (boceprevir, simeprevir or telaprevir)

b. Authorization of up to 12 weeks total may be granted for members without baseline NS5A resistance-associated substitutions (RASs)/polymorphisms (see Section V) who have failed prior treatment with PEG-IFN and RBV with an HCV protease inhibitor (boceprevir, simeprevir or telaprevir).

2. Genotype 1b infection

Authorization of up to 12 weeks total may be granted for members who failed prior treatment with PEG-IFN and RBV with an HCV protease inhibitor (boceprevir, simeprevir or telaprevir).

3. Genotype 4 infection

Authorization of up to 16 weeks total may be granted for members who failed prior treatment with PEG-IFN and RBV.

B. Chronic hepatitis C virus infection, without RBV

1. Genotype 1a infection

a. Authorization of up to 12 weeks total may be granted for members with end-stage renal disease (ESRD) or severe renal impairment (estimated glomerular filtration rate [eGFR] of less than 30 mL/min/1.73m^2).

b. Authorization of up to 12 weeks total may be granted for members without baseline NS5A resistance-associated substitutions (RASs)/polymorphisms who are either of the following:
   i. Treatment-naïve
   ii. Failed prior treatment with PEG-IFN and RBV without an HCV protease inhibitor (boceprevir, simeprevir or telaprevir)

2. Genotype 1b infection

Authorization of up to 12 weeks total may be granted for members who are either of the following:
a. Treatment-naïve
b. Failed prior treatment with PEG-IFN and RBV without an HCV protease inhibitor (boceprevir, simeprevir or telaprevir)

3. Genotype 4 infection

Authorization of up to 12 weeks total may be granted for members who are either of the following:
a. Treatment-naïve
b. Failed prior treatment with PEG-IFN and RBV

C. Chronic hepatitis C virus infection, in combination with Sovaldi

1. Genotype 3 infection

a. Authorization of up to 12 weeks total may be granted for members with compensated cirrhosis who failed prior treatment with PEG-IFN and RBV.

D. HCV and HIV coinfection

Authorization may be granted for members with HCV and HIV coinfection when the criteria for approval of the requested regimen in Section A, B or C above are met.

IV. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

V. APPENDIX: NS5A RESISTANCE-ASSOCIATED SUBSTITUTIONS (POLYMORPHISMS)

NS5A resistance-associated substitutions (polymorphisms) at amino acid positions M28, Q30, L31 or Y93. Examples include M28A/T, Q30H/R, L31M/V, and Y93C/H/N.

VI. REFERENCES

1. Zepatier [package insert]. Whitehouse Station, NJ: Merck & Co., Inc.; February 2017.
2. AASLD/IDSA/IAS–USA. Recommendations for testing, managing, and treating hepatitis C. http://www.hcvguidelines.org. Last changes made September 21, 2017. Accessed September 22, 2017.