Clinical Policy: Dasabuvir/Ombitasvir/Paritaprevir/Ritonavir (Viekira Pak)

Reference Number: HIM.PA.SP61
Effective Date: 08.01.20
Last Review Date: 08.20
Line of Business: HIM*

See Important Reminder at the end of this policy for important regulatory and legal information.

Description
Dasabuvir/paritaprevir/ritonavir/ombitasvir (Viekira Pak®) is a combination of ombitasvir, a hepatitis C virus (HCV) NS5A inhibitor, paritaprevir, an HCV NS3/4A protease inhibitor, ritonavir, a CYP3A inhibitor and dasabuvir, an HCV non-nucleoside NS5B palm polymerase inhibitor.

*This criteria does NOT apply to California Commercial Exchange Plans.

FDA Approved Indication(s)
Viekira Pak is indicated for the treatment of adult patients with chronic HCV:
- Genotype 1b without cirrhosis or with compensated cirrhosis
- Genotype 1a without cirrhosis or with compensated cirrhosis for use in combination with ribavirin (RBV)

Policy/Criteria
Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of health plans affiliated with Centene Corporation® that Viekira Pak is medically necessary when the following criteria are met:

I. Initial Approval Criteria
A. Chronic Hepatitis C Infection (must meet all):
   1. Diagnosis of chronic HCV infection as evidenced by detectable serum HCV RNA levels by quantitative assay in the last 6 months;
   2. Confirmed HCV genotype is 1;
      *Chart note documentation and copies of lab results are required
   3. Prescribed by or in consultation with a gastroenterologist, hepatologist or infectious disease specialist, or provider who has expertise in treating HCV based on a certified training program (see Appendix F);
   4. Age ≥ 18 years;
   5. If cirrhosis is present, confirmation of Child-Pugh A status;
   6. Member must use Epclusa® or Vosevi®, unless clinically significant adverse effects are experienced or all are contraindicated;
   7. Life expectancy ≥ 12 months with HCV treatment;
   8. Member agrees to participate in a medication adherence program including both of the following components (a and b):
a. Medication adherence monitored by pharmacy claims data or member report;
b. Member’s risk for non-adherence identified by adherence program or
   member/prescribing physician follow-up at least every 4 weeks;
9. Prescribed regimen is consistent with an FDA or AASLD-IDSA recommended
   regimen (see Section V Dosage and Administration for reference);
10. If HCV/HIV-1 co-infection, member is or will be on a suppressive antiretroviral drug
    regimen to reduce the risk of HIV-1 protease inhibitor drug resistance;
11. Dose does not exceed ombitasvir/paritaprevir/ritonavir 12.5 mg/75 mg/50 mg (2
    tablets) once daily and dasabuvir 250mg (1 tablet) twice daily.

**Approval duration: 12 weeks*  
(*Approved duration should be consistent with a regimen in Section V Dosage and Administration)**

**B. Other diagnoses/indications**
1. Refer to the off-label use policy for the relevant line of business if diagnosis is NOT
   specifically listed under section III (Diagnoses/Indications for which coverage is
   NOT authorized): HIM.PHAR.21 for health insurance marketplace.

**II. Continued Therapy**

**A. Chronic Hepatitis C Infection** (must meet all):
1. Member meets one of the following (a or b):
   a. Currently receiving medication via Centene benefit or member has previously met
      initial approval criteria;
   b. Must meet both of the following (i and ii):
      i. Documentation supports that member is currently receiving Viekira Pak for
         chronic HCV infection and has recently completed at least 60 days of
         treatment with Viekira Pak;
      ii. Confirmed HCV genotype is 1;
2. Member is responding positively to therapy;
3. Dose does not exceed ombitasvir/paritaprevir/ritonavir 12.5 mg/75 mg/50 mg (2
   tablets) once daily and dasabuvir 250mg (1 tablet) twice daily.

**Approval duration: up to a total of 12 weeks*  
(*Approved duration should be consistent with a regimen in Section V Dosage and Administration)**

**B. Other diagnoses/indications**
1. Refer to the off-label use policy for the relevant line of business if diagnosis is NOT
   specifically listed under section III (Diagnoses/Indications for which coverage is
   NOT authorized): HIM.PHAR.21 for health insurance marketplace.

**III. Diagnoses/Indications for which coverage is NOT authorized:**

**A. Non-FDA approved indications, which are not addressed in this policy, unless there is
   sufficient documentation of efficacy and safety according to the off-label use policy –
   HIM.PHAR.21 for health insurance marketplace or evidence of coverage documents.**

**IV. Appendices/General Information**

*Appendix A: Abbreviation/Acronym Key*

<table>
<thead>
<tr>
<th>Abbreviation/Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>AASLD: American</td>
<td>Association for the Study of</td>
</tr>
<tr>
<td>HBV: hepatitis B virus</td>
<td>Liver Diseases</td>
</tr>
<tr>
<td>FDA: Food and Drug Administration</td>
<td></td>
</tr>
</tbody>
</table>

Page 2 of 7
**Appendix B: Therapeutic Alternatives**

This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent for all relevant lines of business and may require prior authorization.

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Dosing Regimen</th>
<th>Dose Limit/Maximum Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>sofosbuvir/velpatasvir (Epclusa®)</td>
<td>Treatment-naïve or treatment-experienced with pegIFN/RBV without cirrhosis or with compensated cirrhosis: <strong>Genotype 1</strong> One tablet PO QD for 12 weeks</td>
<td>sofosbuvir 400 mg/velpatasvir 100 mg (1 tablet) per day</td>
</tr>
<tr>
<td>Vosevi® (sofosbuvir/velpatasvir/voxilaprevir)</td>
<td>Genotype 1-6 treatment-experienced with NS5A inhibitor* with or without compensated cirrhosis: One tablet PO QD for 12 weeks</td>
<td>One tablet (sofosbuvir 400 mg/velpatasvir 100 mg/voxilaprevir 100 mg) per day</td>
</tr>
<tr>
<td>Vosevi® (sofosbuvir/velpatasvir/voxilaprevir)</td>
<td>Genotype 1a or 3 treatment-experienced with a sofosbuvir-containing regimen without NS5A inhibitor* with or without compensated cirrhosis: One tablet PO QD for 12 weeks</td>
<td>One tablet (sofosbuvir 400 mg/velpatasvir 100 mg/voxilaprevir 100 mg) per day</td>
</tr>
<tr>
<td>Vosevi® (sofosbuvir/velpatasvir/voxilaprevir)</td>
<td>Genotype 1-6 treatment-experienced with Vosevi with or without compensated cirrhosis: Vosevi one tablet PO QD with weight-based RBV for 24 weeks</td>
<td>One tablet (sofosbuvir 400 mg/velpatasvir 100 mg/voxilaprevir 100 mg) per day</td>
</tr>
</tbody>
</table>

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic. Treatment-experienced refers to previous treatment with NS3 protease inhibitor (telaprevir, boceprevir, or simeprevir) and/or peginterferon/RBV unless otherwise stated.

Appendix C: Contraindications/Boxed Warnings

- **Contraindication(s):** Viekira Pak is contraindicated in:
  - Patients with moderate to severe hepatic impairment (Child-Pugh B and C) due to risk of potential toxicity
  - If Viekira is administered with RBV, the contraindications to RBV also apply to this combination regimen. Refer to the RBV prescribing information for a list of contraindications for RBV.
  - Co-administration with:
- Drugs that are highly dependent on CYP3A for clearance and for which elevated plasma concentrations are associated with serious and/or life-threatening events
- Drugs that are moderate or strong inducers of CYP3A and strong inducers of CYP2C8 and may lead to reduced efficacy of Viekira Pak
- Drugs that are strong inhibitors of CYP2C8 and may increase dasabuvir plasma concentrations and the risk of QT prolongation
  - Patients with known hypersensitivity to ritonavir (e.g., toxic epidermal necrolysis (TEN) or Stevens-Johnson syndrome).

- Boxed warning(s): risk of hepatitis B virus reactivation in patients coinfected with HCV and HBV

**Appendix D: Direct-Acting Antivirals for Treatment of HCV Infection**

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Drug Class</th>
<th>NS5A Inhibitor</th>
<th>Nucleotide Analog NS5B Polymerase Inhibitor</th>
<th>Non-Nucleoside NS5B Palm Polymerase Inhibitor</th>
<th>NS3/4A Protease Inhibitor (PI)</th>
<th>CYP3A Inhibitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daklinza</td>
<td>Daclatasvir</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epclusa*</td>
<td>Velpatasvir</td>
<td>Sofosbuvir</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Harvoni*</td>
<td>Ledipasvir</td>
<td>Sofosbuvir</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mavyret*</td>
<td>Pibrentasvir</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Glecaprevir</td>
</tr>
<tr>
<td>Sovaldi</td>
<td></td>
<td>Sofosbuvir</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Viekira PAK*</td>
<td>Ombitasvir</td>
<td>Dasabuvir</td>
<td>Paritaprevir</td>
<td>Ritonavir</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vosevi*</td>
<td>Velpatasvir</td>
<td>Sofosbuvir</td>
<td>Voxyilaprevir</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zepatier*</td>
<td>Elbasvir</td>
<td></td>
<td></td>
<td>Grazoprevir</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Combination drugs

**Appendix E: General Information**

- Hepatitis B Virus Reactivation (HBV) is a Black Box Warning for all direct-acting antiviral drugs for the treatment of HCV. HBV reactivation has been reported when treating HCV for patients co-infected with HBV, leading to fulminant hepatitis, hepatic failure, and death, in some cases. Patients should be monitored for HBV reactivation and hepatitis flare during HCV treatment and post-treatment follow-up, with treatment of HBV infection as clinically indicated.

- For patients with HCV/HIV-1 (human immunodeficiency virus type-1) co-infection, the patient should be on a suppressive antiretroviral drug regimen to reduce the risk of HIV-1 protease inhibitor drug resistance.

- Child-Pugh Score:

<table>
<thead>
<tr>
<th></th>
<th>1 Point</th>
<th>2 Points</th>
<th>3 Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bilirubin</td>
<td>Less than 2 mg/dL</td>
<td>2-3 mg/dL</td>
<td>Over 3 mg/dL</td>
</tr>
<tr>
<td></td>
<td>Less than 34 umol/L</td>
<td>34-50 umol/L</td>
<td>Over 50 umol/L</td>
</tr>
<tr>
<td>Albumin</td>
<td>Over 3.5 g/dL</td>
<td>2.8-3.5 g/dL</td>
<td>Less than 2.8 g/dL</td>
</tr>
<tr>
<td></td>
<td>Over 35 g/L</td>
<td>28-35 g/L</td>
<td>Less than 28 g/L</td>
</tr>
</tbody>
</table>
Appendix F: Healthcare Provider HCV Training
Acceptable HCV training programs and/or online courses include, but are not limited to the following:

- Hepatitis C online course (https://www.hepatitisc.uw.edu/): University of Washington is funded by the Division of Viral Hepatitis to develop a comprehensive, online self-study course for medical providers on diagnosis, monitoring, and management of hepatitis C virus infection. Free CME and CNE credit available.
- Fundamentals of Liver Disease (https://liverlearning.aasld.org/fundamentals-of-liver-disease): The AASLD, in collaboration with ECHO, the American College of Physicians (ACP), CDC, and the Department of Veterans Affairs, has developed Fundamentals of Liver Disease, a free, online CME course to improve providers’ knowledge and clinical skills in hepatology.
- Clinical Care Options: http://www.clinicaloptions.com/hepatitis.aspx
- CDC training resources: https://www.cdc.gov/hepatitis/resources/professionals/trainingresources.htm

V. Dosage and Administration

<table>
<thead>
<tr>
<th>Indication</th>
<th>Dosing Regimen</th>
<th>Maximum Dose</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genotype 1a: Treatment-naive or treatment-experienced with pegIFN/RBV without cirrhosis</td>
<td>Viekira Pak plus weight-based RBV for 12 weeks</td>
<td>Viekira Pak: paritaprevir 150 mg /ritonavir 100mg/ om bitasvir 25 mg per day; dasabuvir 500 mg per day</td>
<td>FDA-approved labeling</td>
</tr>
<tr>
<td>Genotype 1b: Treatment-naive or treatment-experienced with pegIFN/RBV with or without compensated cirrhosis</td>
<td>Viekira Pak for 12 weeks</td>
<td></td>
<td>FDA-approved labeling</td>
</tr>
</tbody>
</table>

AASLD/IDSA treatment guidelines for chronic hepatitis C infection are updated at irregular intervals; refer to the most updated AASLD/IDSA guideline for most accurate treatment regimen.
The AASLD/IDSA HCV guidance updated September 2017 no longer recommends use of Viekira Pak for the treatment of genotype 1a with compensated cirrhosis.
VI. Product Availability

- Tablets: paritaprevir 75 mg, ritonavir 50 mg, ombitasvir 12.5 mg
- Tablets: dasabuvir 250 mg

*Viekira Pak is dispensed in a monthly carton for a total of 28 days of therapy. Each monthly carton contains four weekly cartons. Each weekly carton contains seven daily dose packs.*

VII. References


<table>
<thead>
<tr>
<th>Reviews, Revisions, and Approvals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy created (adapted from CP.CPA.288) per June SDC and prior clinical guidance to redirect to Epclusa or Vosevi.</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan
retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

©2020 Centene Corporation. All rights reserved. All materials are exclusively owned by Centene Corporation and are protected by United States copyright law and international copyright law. No part of this publication may be reproduced, copied, modified, distributed, displayed, stored in a retrieval system, transmitted in any form or by any means, or otherwise published without the prior written permission of Centene Corporation. You may not alter or remove any trademark, copyright or other notice contained herein. Centene® and Centene Corporation® are registered trademarks exclusively owned by Centene Corporation.