

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	NA	X	NA	NA	NA	NA	X	NA	X	X	X	NA	NA	NA

\*FHK- Florida Healthy Kids

## Mavyret (glecaprevir/pibrentasvir)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	Based on Genotype, Treatment status, Cirrhosis status, or Transplant status.

Medication	Quantity Limit
Mavyret (glecaprevir/pibrentasvir)	3 tablets per day

### APPROVAL DURATION

Genotype and Status (HCV mono-infected)	Associated Treatment Regimens	Total Approval Duration for Mavyret (glecaprevir/pibrentasvir)
Genotypes 1, 2, 3, 4, 5, or 6 (treatment-naïve, without cirrhosis)	Mavyret	8 weeks
Genotypes 1, 2, 3, 4, 5, or 6 (treatment-naïve, with compensated cirrhosis)	Mavyret	12 weeks
Genotype 1 (treatment-experienced with an NS5A <sup>2a</sup> inhibitor and without prior treatment with an NS3/4A <sup>2c</sup> protease inhibitor, with compensated cirrhosis or without cirrhosis)	Mavyret	16 weeks
Genotype 1 (treatment-experienced with an NS3/4A <sup>2c</sup> protease inhibitor or sofosbuvir and without prior treatment with an NS5A <sup>2a</sup> inhibitor, with compensated cirrhosis or without cirrhosis)	Mavyret	12 weeks
Genotype 2 (treatment-experienced with sofosbuvir + ribavirin, with compensated cirrhosis or without cirrhosis)	Mavyret	12 weeks
Genotype 3 (dual P/R <sup>2b</sup> treatment-experienced with compensated cirrhosis or without cirrhosis)	Mavyret	16 weeks

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	NA	X	NA	NA	NA	NA	X	NA	X	X	X	NA	NA	NA

\*FHK- Florida Healthy Kids

Genotypes 1, 2, 4, 5, or 6 (dual P/R <sup>2b</sup> treatment-experienced without cirrhosis)	Mavyret	8 weeks
Genotypes 1, 2, 4, 5, and 6 (dual P/R <sup>2b</sup> treatment-experienced, with compensated cirrhosis)	Mavyret	12 weeks
Genotypes 1, 2, 3, 4, 5, or 6 (treatment-naïve or treatment-experienced, post-liver allograft transplant recipient, with compensated cirrhosis or without cirrhosis)	Mavyret	12 weeks
Genotypes 1, 2, 3, 4, 5, or 6 (treatment-naïve or treatment-experienced, post-kidney transplant recipient, with compensated cirrhosis or without cirrhosis)	Mavyret	12 weeks

## **APPROVAL CRITERIA**

Requests for Mavyret (glecaprevir/pibrentasvir) may be approved if the following criteria are met:

- I. Individual is 18 years of age or older; **AND**
- II. Documentation is provided for a diagnosis of chronic hepatitis C (CHC) infection, which includes genotype and a positive HCV RNA result to confirm diagnosis (AASLD/IDSA 2017, CDC 2013); **AND**
- III. Individual has received baseline evaluation for liver fibrosis to guide appropriate therapy; **AND**
- IV. Individual does not have a short life expectancy (less than 12 months owing to non-liver related comorbid conditions) that cannot be remediated by treating HCV, by transplantation or other directed therapy (AASLD/IDSA 2017); **AND**
- V. Individual has compensated<sup>1</sup> liver disease (with or without cirrhosis);

### **AND**

- VI. Individual is using in **one** of the following antiviral treatment regimens (AASLD/IDSA 2017):
  - A. As monotherapy for **one** of the following:
    1. Individual is treatment-naïve, with compensated<sup>1</sup> cirrhosis or without cirrhosis, and Genotypes 1, 2, 3, 4, 5, or 6;

### **OR**

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	NA	X	NA	NA	NA	NA	X	NA	X	X	X	NA	NA	NA

\*FHK- Florida Healthy Kids

2. Individual is treatment-experienced with a prior HCV NS5A<sup>2a</sup> inhibitor regimen without prior HCV treatment with an NS3/4A<sup>2c</sup> protease inhibitor with compensated<sup>1</sup> cirrhosis or without cirrhosis, and Genotype 1;

**OR**

3. Individual is treatment-experienced with a prior HCV NS3/4A<sup>2c</sup> protease inhibitor regimen without prior HCV treatment with an NS5A<sup>2a</sup> inhibitor, with compensated<sup>1</sup> cirrhosis or without cirrhosis, and Genotype 1;

**OR**

4. Individual is dual P/R<sup>2b</sup> treatment-experienced without prior HCV treatment with an HCV NS3/4A<sup>2c</sup> protease inhibitor, sofosbuvir-based regimen or NS5A<sup>2a</sup> inhibitor, with compensated<sup>1</sup> cirrhosis or without cirrhosis, and Genotypes 1, 2, 3, 4, 5, or 6;

**OR**

5. Individual is treatment-experienced with a sofosbuvir-containing regimen without an NS5A<sup>2b</sup> inhibitor, with compensated<sup>1</sup> cirrhosis or without cirrhosis, and Genotypes 1 or 2;

**OR**

6. Individual is a post-liver allograft transplant recipient with or without compensated<sup>1</sup> cirrhosis, and Genotypes 1, 2, 3, 4, 5, or 6 (AASLD/IDSA 2017);

**OR**

7. Individual is a post-kidney transplant recipient, with or without compensated<sup>1</sup> cirrhosis, and Genotypes 1, 2, 3, 4, 5, or 6 (AASLD/IDSA 2017).

Mavyret (glecaprevir/pibrentasvir) may **not** be approved for the following:

- I. Individual has decompensated<sup>1</sup> cirrhosis; **OR**
- II. Individual is requesting in concurrent therapy with contraindicated or not recommended agents, such as but not limited to ritonavir-containing antiretroviral regimens, efavirenz, etravirine, darunavir/cobicistat, atazanavir, carbamazepine, St John's wort, ethinyl estradiol-containing medications, atorvastatin, lovastatin, simvastatin, and rifampin; **OR**

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	NA	X	NA	NA	NA	NA	X	NA	X	X	X	NA	NA	NA

\*FHK- Florida Healthy Kids

- III. Individual is using in combination with a regimen containing a non-nucleoside NS5B polymerase inhibitor (such as dasabuvir) or nucleotide NS5B polymerase inhibitor (such as sofosbuvir); **OR**
- IV. Individual is using in combination with a regimen containing another NS5A<sup>2a</sup> inhibitor; **OR**
- V. Individual is using in combination with a regimen containing another NS3/4A<sup>2c</sup> protease inhibitor; **OR**
- VI. Individual is requesting the regimen for re-treatment and either failed to achieve a SVR (defined as a lower limit HCV RNA of 25 IU/mL) or relapsed after achieving a SVR during a prior successfully completed treatment regimen consisting of elbasvir/grazoprevir, ombitasvir/paritaprevir/ritonavir and dasabuvir, ombitasvir/paritaprevir/ritonavir, or sofosbuvir/velpatasvir/voxilaprevir.

**Notes:**

**1. Compensated Liver Disease:**

According to the American Association for the Study of Liver Diseases (AASLD/IDSA2017), the specific criteria for compensated liver disease include all of the following: a total bilirubin; serum albumin; prothrombin time/INR; presence of ascites; and presence of hepatic encephalopathy. However, these criteria do not establish a comprehensive definition of compensated liver disease. The AASLD guidance refers to compensated liver disease as Class A based on the Child Pugh-Turcotte (CPT) classification scoring system.

**Moderate to Severe (Decompensated) Liver Disease:**

The AASLD guidance refers to decompensated (moderate to severe) liver disease as Class B or C based on the Child-Pugh Turcotte (CPT) classification scoring system.

**Child Pugh Classification (AASLD/IDSA 2017)**

Parameters			
Points Assigned	1 point	2 points	3 points
Total Bilirubin (µmol/L)	<34	34-50	>50
Serum Albumin (g/L)	>35	28-35	<28
Prothrombin time/INR	<1.7	1.71-2.30	>2.30
Ascites	None	Mild	Moderate to Severe
Hepatic Encephalopathy	None	Grade I-II (or suppressed with medication)	Grade III-IV (or refractory)

**Child Pugh Score Interpretation (AASLD/IDSA 2017)**

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	NA	X	NA	NA	NA	NA	X	NA	X	X	X	NA	NA	NA

\*FHK- Florida Healthy Kids

Class A	5-6 points	Well compensated liver disease
Class B	7-9 points	Significant functional compromise (moderate hepatic impairment)
Class C	10-15 points	Uncompensated liver disease (severe hepatic impairment)

2. Past Treatment Exposure Definitions (AASLD/IDSA 2017):

- a. NS5A Inhibitor: includes daclatasvir, ledipasvir, elbasvir, ombitasvir, pibrentasvir, or velpatasvir-containing regimens
- b. P/R: includes peginterferon (or non-pegylated interferon) ± ribavirin
- c. NS3/4A Protease Inhibitor: includes simeprevir, grazoprevir, paritaprevir, glecaprevir, and voxilaprevir-containing regimens
- d. Triple therapy: includes NS3 protease inhibitor (simeprevir, boceprevir or telaprevir) plus peginterferon and ribavirin
- e. Direct Acting Antiviral (DAA): includes NS5A inhibitors, NS3/4A protease inhibitors, and NS5B polymerase inhibitors (sofosbuvir, dasabuvir)

3. Chronic Kidney Disease (CKD) Definitions (AASLD/IDSA 2017):

Severe CKD (Stage 4): eGFR 15-29 mL/min

End-Stage CKD (Stage 5): eGFR < 15 mL/min

4. **Metavir Scoring Systems for Fibrosis Staging (AASLD 2009):**

Stage (F)	
0	No fibrosis
1	Periportal fibrotic expansion
2	Periportal septae 1 (septum)
3	Porto-central septae
4	Cirrhosis

5. Hepatitis C virus (HCV) direct acting antiviral (DAA) agents have a black box warning for risk of hepatitis B virus (HBV) reactivation in individuals with HCV-HBV co-infection. Individuals should be tested for evidence of current or prior HBV infection prior to initiation of DAA therapy. HBV reactivation has been reported in HCV/HBV co-infected individuals currently taking or previously completed DAA therapy and not concomitantly receiving HBV antiviral therapy. Some cases of HBV reactivation have led to fulminant hepatitis, hepatic failure, and death. Individuals should be

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	NA	X	NA	NA	NA	NA	X	NA	X	X	X	NA	NA	NA

\*FHK- Florida Healthy Kids

monitored for hepatitis flare or HBV reactivation during and following HCV DAA therapy. Individuals should be appropriately managed for HBV infection as indicated.

State Specific Mandates		
State/Market	Date	Description
Georgia Medicaid	10/2016	Georgia has state mandated criteria; please see Georgia State Specific Criteria.
Louisiana Medicaid	2/1/2018	Louisiana has state criteria; please see Louisiana State Specific Criteria
Maryland Medicaid		Maryland has state mandated criteria; please see Maryland State Specific Criteria
Virginia Medicaid	7/1/2016	Virginia has state mandated criteria; please see Virginia State Specific Criteria.
Washington D.C.	2/1/2018	Washington D. C. has state criteria; please see Washington D. C. State Specific Criteria

#### **Key References:**

American Association for the Study of Liver Diseases and the Infectious Disease Society of America, in collaboration with the International Antiviral Society-USA. Recommendations for testing, managing and treating hepatitis C. Available at <http://www.hcvguidelines.org/>. Published on: January 29, 2014. Updated on: September 21, 2017. Accessed on: January 25, 2018.

Centers for Disease Control and Prevention. Testing for HCV Infection: An Update of Guidance for Clinicians and Laboratorians. *MMWR*. 2013; 62(18):362-365. Available from: <https://www.cdc.gov/mmwr/pdf/wk/mm6218.pdf>. Accessed on: December 27, 2017.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed on: January 25, 2018.

European Association for the Study of the Liver. EASL Recommendations on Treatment of Hepatitis C 2016. *J Hepatol*. 2017; 66(1):153-194. Available from: [http://www.journal-of-hepatology.eu/article/S0168-8278\(16\)30489-5/pdf](http://www.journal-of-hepatology.eu/article/S0168-8278(16)30489-5/pdf). Accessed on: December 27, 2017.

U.S. Food & Drug Administration. Drugs@FDA: FDA Approved Drug Products (Package inserts). Available from: <http://www.accessdata.fda.gov/scripts/cder/daf/index.cfm>. Accessed on: January 25, 2018.

U.S. Department of Health and Human Services AIDSinfo treatment guidelines. Concomitant use of selected antiretroviral drugs and hepatitis C virus direct-acting antiviral drugs for treatment of HCV in adults with HIV. Available at <https://aidsinfo.nih.gov/guidelines/htmltables/1/5536>. Accessed on: December 27, 2017.

DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.

PL Detail-Document, Cytochrome P450 Drug Interactions. Pharmacist's Letter/Prescriber's Letter. May 2016.

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	NA	X	NA	NA	NA	NA	X	NA	X	X	X	NA	NA	NA

\*FHK- Florida Healthy Kids

PL Detail-Document, OATP Drug Interactions. Pharmacist's Letter/Prescriber's Letter. March 2014.

PL Detail-Document, P-glycoprotein Drug Interactions. Pharmacist's Letter/Prescriber's Letter. April 2016.