

Market Applicability/Effective Date															
Market	FL & FHK	FL MMA	FL LTC	DC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	N/A	N/A	X	X	N/A	X	X	X	X	X	X	N/A	N/A	X

*FHK- Florida Healthy Kids

Ribavirin

Override(s)	
Prior Authorization	
Quantity Limit	
Medications	Quantity Limit
Copegus (ribavirin) oral tablets	May be subject to quantity limit
Rebetol (ribavirin) oral solution	
Rebetol (ribavirin) oral capsules	
Ribasphere RibaPak (ribavirin) oral tablets	
Ribasphere (ribavirin) oral tablets	
Ribasphere (ribavirin) oral capsules	
ribavirin (generic) oral capsules	
ribavirin (generic) oral tablets	
Moderiba (ribavirin) oral tablets	
Moderiba (ribavirin) dosepack	

Approval Duration

Genotype (HCV mono-infected or HCV/HIV-1 co-infected ^a)	Concomitant Hepatitis C Agent/Regimen	Total Approval Duration of Ribavirin Oral Agent
Genotypes 2 or 4	Daklinza + Sovaldi	12 weeks
Genotype 1 or 3	Daklinza + Sovaldi	12 or 24 weeks
Genotypes 1, 2, 3, 4, 5, or 6	Epclusa	12 weeks
Genotype 1, 5 or 6	Harvoni	12 or 24 weeks
Genotype 4	Harvoni	12 weeks
Genotype 1 or 4	Olysio + PEG-IFN	12 weeks
Genotypes 1, 2, 3, 4, 5, or 6	PEG-IFN	24 or 48 weeks
Genotypes 1 or 3	Sovaldi	24 or 48 weeks
Genotype 2	Sovaldi	12 or 48 weeks
Genotype 1	Sovaldi + Olysio	12 or 24 weeks
Genotypes 1 or 4	Sovaldi + PEG-IFN	12 weeks
Genotype 4	Technivie	12 weeks
Genotype 1	Viekira Pak/XR	12 or 24 weeks
Genotype 1	Zepatier	12 or 16 weeks
Genotype 4	Zepatier	16 weeks
Genotype 3	Zepatier + Sovaldi	12 or 16 weeks

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

Market Applicability/Effective Date															
Market	FL & FHK	FL MMA	FL LTC	DC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	N/A	N/A	X	X	N/A	X	X	X	X	X	X	N/A	N/A	X

*FHK- Florida Healthy Kids

APPROVAL CRITERIA

Requests for ribavirin oral agents (Copegus, Moderiba, Rebetol, Ribasphere or generic ribavirin) may be approved when the following criteria are met:

- I. Individual has a diagnosis of Chronic Hepatitis C (CHC) infection^a; **AND**
- II. One of the following;
 - A. Individual is requesting Rebetol capsules/oral solution, Ribasphere capsules, or generic ribavirin capsules, and is 3 years of age or older; **OR**
 - B. Individual is requesting Copegus, Moderiba, Ribasphere tablets, or generic ribavirin tablets and is 5 years of age or older;

AND

- III. Individual will use in combination with **one** of the following agents/regimens:

- A. As dual therapy with one of the following:

1. A pegylated or non-pegylated interferon; **OR**
2. Sovaldi (sofosbuvir); **OR**
3. Ombitasvir+ paritaprevir + ritonavir + dasabuvir) agents (Viekira Pak, Viekira XR); **OR**
4. Technivie (ombitasvir/paritaprevir/ritonavir); **OR**
5. Harvoni (ledipasvir/sofosbuvir) (Label, AASLD/IDSA 2016); **OR**
6. Zepatier (grazoprevir/elbasvir); **OR**
7. Epclusa (sofosbuvir/velpatasvir);

OR

- B. As triple therapy with one of the following:

1. Daklinza (daclatasvir) and Sovaldi (sofosbuvir) (Label, AASLD/IDSA 2016); **OR**
2. Sovaldi (sofosbuvir) and Olysio (simeprevir) (AASLD/IDSA 2016); **OR**
3. A peginterferon and a serine protease inhibitor (Incivek, Victrelis, Olysio); **OR**
4. A peginterferon and Sovaldi (sofosbuvir); **OR**
5. Zepatier (elbasvir/grazoprevir) and Sovaldi (sofosbuvir) (AASLD/IDSA 2017).

Ribavirin oral agents (ribavirin, Copegus, Moderiba, Rebetol, Ribasphere) may not be approved for the following:

- I. Individual has been diagnosed with a hemoglobinopathy (such as thalassemia major or sickle-cell anemia); **OR**
- II. Using concomitantly with didanosine; **OR**
- III. Individual has a creatinine clearance less than 50 mL/min and is requesting Rebetol capsules/oral solution, generic ribavirin capsules, or Ribasphere capsules.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

Market Applicability/Effective Date															
Market	FL & FHK	FL MMA	FL LTC	DC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	N/A	N/A	X	X	N/A	X	X	X	X	X	X	N/A	N/A	X

*FHK- Florida Healthy Kids

^a Ribavirin may be used in individuals who are co-infected with HIV-1 (AASLD/IDSA 2015). Concurrent use with all antiretroviral therapy is allowable with the exception of didanosine.

^b Ribavirin has black box warnings for risk of serious disorders and ribavirin-associated effects. Hemolytic anemia related to ribavirin therapy can result in worsening of cardiac disease. Individuals with a history of significant or unstable cardiac disease should not be treated with ribavirin. Also, because of the significant teratogenic and embryocidal effects of ribavirin, therapy is contraindicated in women who are pregnant and in male partners of women who are pregnant. Extreme care must be taken to prevent pregnancy both during the duration of therapy and for 6 months after completion of treatment in both female individuals as well as female partners of male individuals. Ribavirin monotherapy is not effective in the treatment of chronic hepatitis C virus infection and should not be used alone for this indication.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
CA	8/24/2015	Criteria in compliance with California Department of Health Care Service mandate "Treatment Policy for the Management of Chronic Hepatitis C"

Key References:

American Association for the Study of Liver Diseases. Diagnosis, Management, and Treatment of Hepatitis C: An Update. AASLD Practice Guidelines. *Hepatology*. 2009; 49(4):1335-74. Available from: <http://onlinelibrary.wiley.com/doi/10.1002/hep.22759/pdf>. Accessed on: February 9, 2017.

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 27, 2016. Accessed on: May 12, 2017.

Bruix J and Sherman M. Management of Hepatocellular Carcinoma: An Update. An American Association for the Study of Liver Disease Practice Guideline. *Hepatology*. 2005; 42(5):1208-1236. <http://onlinelibrary.wiley.com/doi/10.1002/hep.20933/epdf>. Accessed on: February 9, 2017.

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: February 9, 2017.

Charlton M, Gane E, Manns MP, et. al. Sofosbuvir and Ribavirin for Treatment of Compensated Recurrent Hepatitis C Virus Infection After Liver Transplantation. Available from: [http://www.gastrojournal.org/article/S0016-5085\(14\)01194-9/pdf](http://www.gastrojournal.org/article/S0016-5085(14)01194-9/pdf). *Gastroenterology*. 2015; 148(1):108–117. Accessed on: February 9, 2017.

Curry MP, O'Leary JG, Bzowej N, ASTRAL-4 Investigators, et al. Sofosbuvir and Velpatasvir for HCV in Patients with Decompensated Cirrhosis. *N Engl J Med*. 2015; 373:2618-2628. Available from: <http://www.nejm.org/doi/pdf/10.1056/NEJMoa1512614>. Accessed on: February 9, 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: March 1, 2017.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

Market Applicability/Effective Date															
Market	FL & FHK	FL MMA	FL LTC	DC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	N/A	N/A	X	X	N/A	X	X	X	X	X	X	N/A	N/A	X

*FHK- Florida Healthy Kids

Del Bello D, Cha A, Sorbera M, et al. Real-World Sustained Virologic Response Rates of Sofosbuvir-Containing Regimens in Patients Coinfected With Hepatitis C and HIV. *Clin Infect Dis*. 2016; 62(12):1497-1504. doi: **10.1093/cid/ciw119**.

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: February 9, 2017.

Feld JJ, Jacobson IM, Hezode C, ASTRAL-1 Investigators, et al. Sofosbuvir and Velpatasvir for HCV Genotype 1, 2, 4, 5, and 6 Infection. *N Engl J Med*. 2015; 373:2599-607. Available from: <http://www.nejm.org/doi/pdf/10.1056/NEJMoa1512610>. Accessed on: February 9, 2017.

Fontana RJ, Brown Jr RS, Moreno-Zamora A, et al. Daclatasvir combined with sofosbuvir or simeprevir in liver transplant recipients with severe recurrent hepatitis C infection. *Liver Transpl*. 2016; 22(4): 446-458. doi: **10.1002/lt.24416**.

Forns X, Charlton M, Denning J, et al. Sofosbuvir Compassionate Use Program for Patients With Severe Recurrent Hepatitis C After Liver Transplantation. *Hepatology*. 2015; 61 (5):1485-1494. Available from: <http://onlinelibrary.wiley.com/doi/10.1002/hep.27681/pdf>. Accessed on: February 9, 2017.

Foster GR, Afdhal N, Roberts SK, ASTRAL-2 and ASTRAL-3 Investigators, et al. Sofosbuvir and Velpatasvir for HCV Genotype 2 and 3 Infection. *N Engl J Med*. 2015; 373:2608-2617. Available from: <http://www.nejm.org/doi/pdf/10.1056/NEJMoa1512612>. Accessed on: February 9, 2017.

Foster GR, Irving WL, Cheung MC, et al. Impact of direct acting antiviral therapy in patients with chronic hepatitis C and decompensated cirrhosis *J Hepatol*. 2016; 64(6):1224-31. doi: **10.1016/j.jhep.2016.01.029**.

Herzer K, Papadopoulos-Kohn A, Walker A, et al. Daclatasvir, Simeprevir and Ribavirin as a Promising Interferon-Free Triple Regimen for HCV Recurrence after Liver Transplant. *Digestion*. 2015; 91(4):326-333. doi: **10.1159/000382075**.

Incivek [Package insert]. Cambridge, MA. Vertex Pharmaceuticals Incorporated, 2013. Available from: http://www.accessdata.fda.gov/drugsatfda_docs/label/2013/201917s012lbl.pdf. Accessed on: February 9, 2017.

Nelson DR, Cooper JN, Lalezari JP, et al. All-Oral 12-Week Treatment With Daclatasvir Plus Sofosbuvir in Patients With Hepatitis C Virus Genotype 3 Infection: ALLY-3 Phase III Study. *Hepatology*. 2015; 61(4): 1127–1135. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4409820/pdf/hep0061-1127.pdf>. Accessed on: February 9, 2017.

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

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.

Poordad F, Schiff ER, Vierling JM, et al. Daclatasvir With Sofosbuvir and Ribavirin for Hepatitis C Virus Infection With Advanced Cirrhosis or Post-Liver Transplantation Recurrence. *Hepatology*. 2016; 63(5):1493-1505. Available from: <http://onlinelibrary.wiley.com/doi/10.1002/hep.28446/pdf>. Accessed on: February 9, 2017.

Sulkowski MS, Gardiner DF, Rodriguez-Torres M, et al. Daclatasvir plus Sofosbuvir for Previously Treated or Untreated Chronic HCV Infection. *N Engl J Med*. 2014; 370(3):211-21. Available from: <http://www.nejm.org/doi/pdf/10.1056/NEJMoa1306218>. Accessed on: February 9, 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: February 17, 2017.

Wyles DL, Ruane PJ, Sulkowski MS, et al. Daclatasvir plus Sofosbuvir for HCV in Patients Coinfected with HIV-1. *N Engl J Med*. 2015; 373(8):714-25. Available from: <http://www.nejm.org/doi/pdf/10.1056/NEJMoa1503153>. Accessed on: February 9, 2017.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

Market Applicability/Effective Date															
Market	FL & FHK	FL MMA	FL LTC	DC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	N/A	N/A	X	X	N/A	X	X	X	X	X	X	N/A	N/A	X

*FHK- Florida Healthy Kids

Welzel TM, Petersen J, Ferenci P, et al. Safety and efficacy of daclatasvir plus sofosbuvir with or without ribavirin for the treatment of chronic HCV genotype 3 infection: Interim results of a multicenter European compassionate use program. 66th Annual Meeting of the American Association for the Study of Liver Diseases (AASLD) [Abstract 37]. *Hepatology*. 2015; 62 (1): 225A. Available from: <http://onlinelibrary.wiley.com/doi/10.1002/hep.28172/epdf>. Accessed on: February 9, 2017.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.