Olysio (simeprevir)

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

Medication	Quantity Limit
Olysio (simeprevir)	1 capsule per day

APPROVAL DURATION

Genotype and Status (HCV mono-infected or HCV/HIV-1 co-infected[a])	Associated Treatment Regimens	Total Approval Duration for Olysio
Genotype 1(treatment-naïve or dual P/R[2b] treatment-experienced, without cirrhosis)	Olysio + Sovaldi	12 weeks
Genotype 1 or 4 (treatment-naïve or-experienced, post-liver allograft transplant, with compensated cirrhosis or without cirrhosis)	Olysio + Sovaldi ± RBV	12 weeks

APPROVAL CRITERIA

Requests for Olysio (simeprevir) 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[a], which includes genotype, a reactive HCV antibody, and a subsequent 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. Individuals who abuse alcohol or intravenous drugs must be enrolled in a substance abuse program; **AND**

VI. Individual has compensated[1] liver disease (with or without cirrhosis);

AND

VI. Individual is using with **one** of the following antiviral treatment regimens (AASLD/IDSA 2017):
  A. In combination with Sovaldi (sofosbuvir) for the following:
    1. Individual is treatment-naïve or dual P/R[2b] treatment-experienced, without cirrhosis, and Genotype 1; **AND**
    2. Individual has had a prior trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response to Mavyret; **OR**

a. Individual is currently on and completing a course of therapy with requested regimen; **OR**
b. Documented hypersensitivity, as manifested by a severe allergic reaction, to any ingredient in Mavyret which is not also in Olysio/Sovaldi; **OR**
c. Individual is concurrently using an agent that cannot be substituted with another agent or temporarily discontinued and is contraindicated or not recommended for concomitant use with Mavyret OR Zepatier;

OR

B. In combination with Sovaldi (sofosbuvir) with or without ribavirin for the following:
1. Individual is treatment-naïve or treatment-experienced, post-liver allograft transplant recipient without cirrhosis and Genotypes 1 or 4; **AND**
2. Individual has had a prior trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response to Mavyret; **OR**
    a. Individual is currently on and completing a course of therapy with requested regimen; **OR**
    b. Documented hypersensitivity, as manifested by a severe allergic reaction, to any ingredient in Mavyret which is not also in Olysio/Sovaldi; **OR**
    c. Individual is concurrently using an agent that cannot be substituted with another agent or temporarily discontinued and is contraindicated or not recommended for concomitant use with Mavyret OR Zepatier;

OR

3. Individual is treatment-naïve or treatment-experienced, post-liver allograft transplant recipient with compensated[1] cirrhosis and Genotypes 1 or 4.

Olysio (simeprevir) may not be approved for the following:

I. Individual is using as monotherapy; **OR**
II. Individual has decompensated[1] cirrhosis; **OR**
III. Individual is using with sofosbuvir and has severe or end-stage CKD[3] or requires dialysis; **OR**
IV. Individual is requesting in concurrent therapy with contraindicated or not recommended agents, such as but not limited to the following: amiodarone (when used in combination with sofosbuvir), carbamazepine, phenytoin, phenobarbital, oxcarbazepine, erythromycin, clarithromycin, telithromycin, systemic azole antifungals (such as but not limited to ketoconazole, fluconazole), rifabutin, rifampin, rifapentine, systemic dexamethasone, cisapride, St John's Wort, Milk Thistle, cobicistat-containing regimens, efavirenz, delavirdine, etravirine, nevirapine, ritonavir boosted or ritonavir-containing regimens, atazanavir, fosamprenavir, lopinavir, indinavir, nelfinavir, saquinavir, tipranavir, or cyclosporine; **OR**
V. Individual is using in combination with a regimen containing another NS3/4A[2c] protease inhibitor; **OR**
VI. Individual is using with sofosbuvir and requesting in combination with a regimen containing a non-nucleoside NS5B polymerase inhibitor (such as dasabuvir) or another nucleotide NS5B polymerase inhibitor (such as sofosbuvir); **OR**

VII. Individual is using in combination with a regimen containing a NS5A[2a] inhibitor; **OR**

VIII. Individual is requesting for re-treatment in combination with sofosbuvir 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 a NS3/4A[2c] protease inhibitor, NS5B polymerase inhibitor (such as sofosbuvir or dasabuvir), or NS5A[2a] inhibitor; **OR**

IX. Individual is requesting for re-treatment in combination with sofosbuvir 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 triple[2d] therapy treatment regimen, unless requested following post-liver allograft transplant; **OR**

Notes:

[a]Per label and AASLD/IDSA treatment guidance, Olysio (simeprevir) may be used in individuals who are co-infected with HIV-1.

1. **Compensated Liver Disease:**
   According to the American Association for the Study of Liver Diseases (AASLD/IDSA 2017), 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. In fact, the AASLD guidelines refer to compensated liver disease as Grade 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 2015)

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 2009, 2015)

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

Key References:

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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.