Clinical Policy: Simeprevir (Olysio)

Reference Number: PA.CP.PHAR.280
Effective Date: 01/18
Last Review Date: 07/17/19 Revision Log

Description
Simeprevir (Olysio™) is an inhibitor of the hepatitis C virus (HCV) nonstructural protein 3/4A (NS3/4A) protease.

FDA-Approved Indication
Olysio is indicated for the treatment of adults with chronic HCV infection:
- In combination with sofosbuvir in patients with HCV genotype 1 without cirrhosis or with compensated cirrhosis
- In combination with peginterferon alfa (Peg-IFN-alfa) and ribavirin (RBV) in patients with HCV genotype 1 or 4 without cirrhosis or with compensated cirrhosis

Limitations of use:
- Efficacy of Olysio in combination with Peg-IFN-alfa and RBV is substantially reduced in patients infected with HCV genotype 1a with an NS3 Q80K polymorphism.
- Olysio is not recommended in patients who have previously failed therapy with a treatment regimen that included Olysio or other HCV protease inhibitors.

Policy/Criteria
It is the policy of Pennsylvania Health and Wellness® that Olysio is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria
*** Provider must submit documentation (including office chart notes and lab results) supporting that member has met all approval criteria ***

A. Chronic Hepatitis C Infection (must meet all)**:**
1. Diagnosis of chronic hepatitis C virus (HCV) infection with documented genotyping;
2. If actively abusing alcohol or IV drugs, or has a history of abuse, has documentation of prescriber counseling regarding the risks of alcohol or IV drug abuse and an offer of a referral for substance use disorder treatment;
3. Has a Metavir fibrosis score documented by a recent noninvasive test such as a blood test or imaging, a Fibroscan, or findings on physical examination;
4. Has documented completion of the following (a or b, c, d, and e):
   a. Hepatitis B immunization series; or
   b. Hepatitis B screening (sAb/sAg and cAb);
   c. If positive for hepatitis B sAg, quantitative HBV DNA results;
   d. If there is detectable HBV DNA, a treatment plan for hepatitis B consistent with AASLD recommendations; and
   e. If negative for hepatitis B sAb, a hepatitis B immunization plan or counseling to receive the hepatitis B immunization series;
5. Has a documented HIV screening (HIV Ag/Ab) and if confirmed positive by HIV-1/HIV-2 differentiation immunoassay meets the following (a or b):

a. Is being treated for HIV or is not being treated for HIV; or
b. The medical record documents the rationale for not being treated;

6. Has documentation of AASLD-recommended resistance- associated substitution (RAS) testing and is prescribed a drug regimen in accordance with AASLD guidance;
7. If genotype 1a, or had a previous treatment failure with a direct-acting antiretroviral (DAA) regimen, is prescribed an AASLD recommended drug regimen based on the documented results of a NS5A RAS screening;
8. Does not have a life expectancy of less than 12 months due to non-liver-related comorbid conditions;
9. Has a documented quantitative HCV RNA at baseline that was tested within the past 3 months;
10. Has corrected or addressed the causes of non-adherence to a previously prescribed Hepatitis C treatment regimen if the member has a history of failed treatment due to non-adherence;
11. Had all potential drug interactions addressed by the prescriber;
12. Prescribed regimen is consistent with an FDA or AASLD-IDSA recommended regimen (*see Section V Dosage and Administration for reference)*;
    a. If a lower cost alternative regimen carries an equal or higher AASLD-IDSA rating, a clinical contraindication or intolerance must be present for the alternative regimen prior to the approval of a Simeprevir-based regimen;
13. If prescribed with ribavirin, no changes will be required of therapy;
14. Has a documented commitment to adherence with the planned course of treatment and appropriate monitoring;
15. Dose does not exceed 150 mg (1 capsule) per day;
    a. If request exceeds limit, refer to PA.CP.PMN.53.

Approval duration: up to 24 weeks *(*Approved duration should be consistent with a regimen in Section V Dosage and Administration)*

B. Other diagnoses/indications: Refer to PA.CP.PHAR.57 - Global Biopharm Policy if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

II. Continued Approval

*** Provider must submit documentation (including office chart notes and lab results) supporting that member has met all approval criteria ***

A. Chronic Hepatitis C Infection (must meet all)**:**

1. Currently receiving medication via Pennsylvania Health and Wellness benefit or member has previously met all initial approval criteria or Continuity of Care policy (PA.LTSS.PHAR.01) applies;
2. Dose does not exceed 150mg (1 capsule) per day.

Approval duration: up to a total of 24 weeks*
*(*Approved duration should be consistent with a regimen in Section V Dosage and Administration)*

B. Other diagnoses/indications

C. Refer to PA.CP.PHAR.57 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

D. Diagnoses/Indications for which coverage is NOT authorized:

III. 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 – PA.CP.PHAR.57 or evidence of coverage documents.

IV. Appendices

Appendix A: Abbreviation Key

ALT: alanine aminotransferase
APRI: AST to platelet ratio
AASLD: American Association for the Study of Liver Diseases
CTP: Child Turcotte Pugh
CrCl: creatinine clearance
FDA: Food and Drug Administration
FIB-4: Fibrosis-4 index
HBeAg: hepatitis B virus envelope antigen
HBV: hepatitis B virus
HIV-1: human immunodeficiency virus
HCC: hepatocellular carcinoma
HCV: hepatitis C virus
IDSA: Infectious Diseases Society of America
MRE: magnetic resonance elastography
NS3/4A, NS5A/B: nonstructural protein
Peg-IFN: pegylated interferon
PI: protease inhibitor
RBV: ribavirin
RNA: ribonucleic acid

Appendix C: Direct-Acting Antivirals for Treatment of HCV Infection

Brand Name	Drug Class				
	NS5A Inhibitor	Nucleotide Analog NS5B Polymerase Inhibitor	Non-Nucleoside NS5B Palm Polymerase Inhibitor	NS3/4A Protease Inhibitor (PI)**	CYP3A Inhibitor
Daklinza	Daclatasvir				
Epclusa*	Velpatasvir	Sofosbuvir			
Harvoni*	Ledipasvir	Sofosbuvir			
Olysio				Simeprevir	
Sovaldi		Sofosbuvir			
Technivie*	Ombitasvir			Paritaprevir	Ritonavir
Viekira XR/PAK*	Ombitasvir		Dasabuvir	Paritaprevir	Ritonavir
Zepatier*	Elbasvir			Grazoprevir	

*Combination drugs
**Additional PIs no longer recommended: Victrelis (boceprevir), Incivek (telaprevir)

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

Brand Name	Drug Class				
	NS5A Inhibitor	Nucleotide Analog NS5B Polymerase Inhibitor	Non-Nucleotide NS5B Palm Polymerase Inhibitor	NS3/4A Protease Inhibitor (PI)	CYP3A Inhibitor
Daklinza	Daclatasvir				
Epclusa*	Velpatasvir	Sofosbuvir			
Harvoni*	Ledipasvir	Sofosbuvir			
Olysio				Simeprevir	
Sovaldi		Sofosbuvir			
Technivie*	Ombitasvir			Paritaprevir	Ritonavir
Viekira XR/PAK*	Ombitasvir		Dasabuvir	Paritaprevir	Ritonavir
Zepatier*	Elbasvir			Grazoprevir	

*Combination drugs

V. Dosage and Administration

a. **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.*

VI. Product Availability

Capsule: 150 mg

Updated policy to incorporate DUR Memo dated 12.10.18.	1.7.18	
3Q 2019 annual review: No changes per Statewide PDL implementation 01-01-2020	07/17/19	

References

1. Olysio Prescribing Information. Titusville, NJ: Janssen Therapeutics.; May 2016. Available at https://www.olysio.com/shared/product/olysio/prescribing-information.pdf. Accessed May 11, 2017.
2. American Association for the Study of Liver Diseases/ Infectious Disease Society of America (AASLD-IDSA). Recommendations for testing, managing, and treating hepatitis C. http://www.hcvguidelines.org. Accessed May 11, 2017.

3. Bonder A, Afdhal N. Utilization of FibroScan in clinical practice. *Curr Gastroenterol Rep.* 2014; 16(372): 1-7. DOI 10.1007/s11894-014-0372-6.
4. Halfon P, Bourliere M, Deydier R, et al. Independent prospective multicenter validation of biochemical markers (Fibrotest–Actitest) for the prediction of liver fibrosis and activity in patients with chronic hepatitis C: The Fibropaca study. Am J Gastroenterol. 2006; 101: 547-555. DOI: 10.1111/j.1572-0241.2006.0411.x
5. Hepatitis C Virus (HCV) FibroSure. Laboratory Corporation of America Holdings and Lexi-Comp, Inc. Available at https://www.labcorp.com. 2016. Accessed July 15, 2016.
6. Hepatitis C Virus (HCV) FibroTest-ActiTest Panel. Nichols Institute/Quest Diagnostics. Available at http://education.questdiagnostics.com/physician_landing_page. 2016. Accessed July 15, 2016.
7. Hepatitis C Virus (HCV) FIBROSpect II. Prometheus Therapeutics and Diagnostics. Available at http://www.prometheuslabs.com/Resources/Fibrospect/Fibrospect_II_Product_Detail_Sheet_FIB16005_04-16.pdf. April 2016. Accessed July 15, 2016.
8. Hsieh YY, Tung SY, Lee K, et al. Routine blood tests to predict liver fibrosis in chronic hepatitis C. World J Gastroenterol. February 28, 2012; 18(8): 746-53. doi: 10.3748/wjg.v18.i8.746.
9. PegIntron Prescribing Information. Whitehouse Station, NJ: Merck Sharp and Dohme Corp.; February 2016. Available at https://www.merck.com/product/usa/pi_circulars/p/pegintron/pegintron_pi.pdf. Accessed July 25, 2016.
10. Terrault NA, Bzowej NH, Chang KM, et al. AASLD Guidelines for Treatment of Chronic Hepatitis B. Hepatology 2016; 62(1): 261-283.