Clinical Policy: Dasabuvir, Ombitasvir, Paritaprevir, Ritonavir (Viekira XR, Viekira Pak)

Reference Number: PA.CP.PHAR.278
Effective Date: 01/18
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Description
Dasabuvir/paritaprevir/ritonavir/ombitasvir (Viekira XR, Viekira Pak™) is a combination of ombitasvir, a hepatitis C virus NS5A inhibitor, paritaprevir, a hepatitis C virus NS3/4A protease inhibitor, ritonavir, a CYP3A inhibitor and dasabuvir, a hepatitis C virus non-nucleoside NS5B palm polymerase inhibitor.

FDA-Approved Indication
Viekira Pak is indicated for the treatment of adult patients with chronic hepatitis C virus (HCV):

- Genotype 1b without cirrhosis or with compensated cirrhosis
- Genotype 1a without cirrhosis or with compensated cirrhosis for use in combination with ribavirin

Policy/Criteria
It is the policy of Pennsylvania Health and Wellness® that Viekira XR/Viekira Pak 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. Age ≥ 18 years;
2. Diagnosis of chronic hepatitis C virus (HCV) infection as evidenced by detectable HCV ribonucleic acid (RNA) levels;
3. Confirmed HCV genotype is 1;
4. 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.
5. Has all of the following:
   a. Documented quantitative HCV RNA at baseline that was tested within the past 3 months.
   b. Dose not have a life expectancy of less than 12 months due to non-liver-related comorbid conditions.
   c. Has correct or addressed the causes of non-adherence to a previously prescribed Hepatitis C treatment regimen if the recipient has a history of failed treatment due to non-adherence.
   d. Had all potential drug interactions addressed by the prescriber
6. Prescribed regimen is consistent with an FDA or AASLD-IDSA recommended regimen (*see Section V Dosage and Administration for reference)*;

7. If member is without cirrhosis or with compensated cirrhosis (Child-Pugh A): contraindication or intolerance to Mavyret; or Mavyret is not AASLD recommended.
8. Has a documented commitment to adherence with the planned course of treatment
9. Has documented completion of
    a. Hepatitis B immunization series or Hepatitis B screening (sAb/sAg and cAb/cAg) AND
    b. If there is detectable HBV DNA, will be treated for Hepatitis B or if negative for hepatitis BsAb, is being vaccinated against Hepatitis B.AND
    c. Has a documented HIV screening (HIV Ag/Ab) and if confirmed positive by HIV-1/HIV-2 differentiation immunoassay: Is being treated for HIV or is not being treated for HIV and the medical record documents the rationale for not being treated
10. Member has none of the following contraindications:
    a. If prescribed with ribavirin, member has none of the following contraindications:
        i. Pregnancy or possibility of pregnancy - member or partner;
        ii. Hemoglobin < 10 g/dL.
        11. Dose does not exceed:
            a. For Viekira Pak: ombitasvir/paritaprevir/ritonavir 12.5 mg/75 mg/50 mg (2 tablets) once daily and dasabuvir 250 mg (1 tablet) twice daily;
            b. For Viekira XR: dasabuvir/ombitasvir/paritaprevir/ritonavir 200 mg/8.33 mg/50mg/33.33 mg (3 tablets) per day.

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 the Continuity of Care policy (PA.LTSS.PHAR.01) applies.
2. Dose does not exceed:
    a. For Viekira Pak: ombitasvir/paritaprevir/ritonavir 12.5 mg/75 mg/50 mg (2 tablets) once daily and dasabuvir 250mg (1 tablet) twice daily;
    b. For Viekira XR: dasabuvir/ombitasvir/paritaprevir/ritonavir 200 mg/8.33 mg/50 mg/33.33 mg (3 tablets) 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)*

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 – 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
CYP: cytochrome P450
FIB-4: Fibrosis-4 index
HBeAg: hepatitis B virus envelope antigen
HBV: hepatitis B virus
HCC: hepatocellular carcinoma
HCV: hepatitis C virus
HIV: human immunodeficiency virus
IDSA: Infectious Diseases Society of America
MRE: magnetic resonance elastography
NS3/4A, NS5A/B: nonstructural protein
Peg-IFN: pegylated interferon
RBV: ribavirin

Appendix B: General Information

- Hepatitis B Reactivation is a Black Box Warning for all direct-acting antiviral drugs for the treatment of HCV. The provider must provide either:
  - Documentation of absence of concurrent HBV infection as evidenced by laboratory values showing absence of hepatitis B virus envelope antigen (HBeAg) and HBV DNA;
  - Documentation that HBV co-infected patient may not be candidates for therapy as evidenced by one of the following:
    - Absence of HBeAg, HBV DNA less than 2,000 international units/mL, and alanine aminotransferase (ALT) level within 1 to 2 times the upper limit of normal;
    - HBeAg-positive and HBV DNA greater than 1,000,000 international units/mL and ALT level within 1 to 2 times the upper limit of normal;
  - Documentation that concurrent HBV infection is being treated (e.g., tenofovir alafenamide, adefovir, entecavir), unless contraindicated or clinically significant adverse effects are experienced.
- The 2016 AASLD/IDSA treatment guideline for HBV consider ALT levels <30 U/L for men and <19 U/L for women as upper limits of normal.
- The 2016 AASLD/IDSA treatment guideline for HBV recommend adults with compensated cirrhosis, even with low levels of viremia (<2,000 IU/mL) be treated with antiviral therapy to reduce the risk of decompensation, regardless of ALT level. The recommendation extends to adults with decompensated cirrhosis be treated with antiviral therapy indefinitely regardless of HBV DNA level, HBeAg status, or ALT level to decrease the risk of worsening liver-related complications.

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)

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.* https://www.hcvguidelines.org/

Indication	Dosing Regimen	Maximum Dose	Reference
Genotype 1a: Treatment-naive or treatment-experienced with peg-IFN/RBV without cirrhosis	Viekira Pak/XR plus weight-based RBV For 12 weeks	Viekira Pak: paritaprevir 150mg /ritonavir 100mg/ ombitasvir 25mg per day; dasabuvir 500mg per day Viekira XR: paritaprevir 150mg /ritonavir 100mg/ ombitasvir 25mg/dasabuvir 600mg per day	1) FDA-approved labeling 2) AASLD-IDSA https://www.hcvguidelines.org/
Genotype 1a: Treatment-naive or treatment-experienced with peg-IFN/RBV with compensated cirrhosis	Viekira Pak/XR plus weight-based RBV For 24 weeks		1) FDA-approved labeling 2) AASLD-IDSA https://www.hcvguidelines.org/
Genotype 1b: Treatment-naïve or treatment-experienced with peg-IFN/RBV with or without compensated cirrhosis	Viekira Pak/XR For 12 weeks		1) FDA-approved labeling 2) AASLD-IDSA https://www.hcvguidelines.org/
Genotype 1: Post-liver transplant with normal liver function and early-	Viekira Pak/XR plus weight-based RBV For 24 weeks		AASLD-IDSA (https://www.hcvguidelines.org/

stage fibrosis (Metavir Stage F0-F2)			

**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

Drug	Availability
Paritaprevir/ritonavir/ombitasvir + dasabuvir (Viekira Pak)	Tablets: paritaprevir 75 mg, ritonavir 50 mg, ombitasvir 12.5 mg tablets plus dasabuvir 250 mg tablets *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.
Paritaprevir/ritonavir/ombitasvir/ dasabuvir (Viekira XR)	Extended-release tablets: dasabuvir 200 mg, ombitasvir 8.33 mg, paritaprevir 50 mg, and ritonavir 33.33 mg

Reviews, Revisions, and Approvals	Date	Approval Date

VII. References

1. Viekira Pak [Prescribing Information]. North Chicago, IL: Abbvie Pharmaceuticals Corp; March 2017. Available at www.viekira.com. Accessed May 11, 2017.
2. Feld JJ, Kowdkey KV, Coakley E et al. Treatment of HCV with ABT-450r-ombitasvir and dasabuvir with ribavirin. *NEJM* Apr 24,2014;370;17:1594-1603.
3. Zeuzem S, Jacobson IM, Baykal T et al. Retreatment of HCV with ABT-450r-ombitasvir and dasabuvir with ribavirin. *NEJM* Apr 24, 2014;370;17:1604-1614.
4. Poordad F, Hezode C, Trinh R, et al. ABT-450r-Ombitasvir and dasbuvir with ribavirin for hepatitis C with cirrhosis. *NEJM* May 22, 2014;370;21: 1973-1982
5. Ferenci P, Bernstein D, Lalezari J et al. ABT-450r-ombitasvir and dasabuvir with or without ribavirin for HCV. *NEJM* May 22, 2014;370;21: 1983-1992
6. Hepatitis C virus (HCV) guidance: Recommendations for testing, managing, and treating hepatitis C. AASLD-IDSA. Available at http://www.hcvguidelines.org. Accessed May 11, 2017.
7. World Health Organization (WHO) guidelines for treatment of hepatitis C. April 2014 Available at: http://apps.who.int/iris/bitstream/10665/111747/1/9789241548755_eng.pdf?ua=1&ua=1. Accessed May 11, 2017.
8. Terrault NA, Bzowej NH, Chang KM, et al. AASLD Guidelines for Treatment of Chronic Hepatitis B. Hepatology 2016; 62(1): 261-283.