Title: NS3/4A Protease Inhibitors: telaprevir (Incivek) & boceprevir (Victrelis)

| Origination: 10/01/11 | Revised: 12/03/13 | Annual Review: 11/20/13 |

Purpose:

To provide guidelines and criteria for the review and decision determination of requests for medications that requires prior authorization.

Background Information:

Reference Statement

- Guidelines will be compiled from available US Food and Drug Administration (FDA) approved indications, general practice guidelines, and/or evidence-based uses established through phase III clinical studies without published conflicting data. Only clinical studies published in their entirety in reputable peer-reviewed journals will be evaluated.

Medication Summary

- Telaprevir and Boceprevir are direct acting antiviral agent (DAA) indicated for genotype type 1 chronic hepatitis C virus (HCV) adult Members with compensated liver disease, including cirrhosis. Telaprevir and boceprevir must be used in combination with peg-interferon alfa and ribavirin (triple therapy) in Members who are treatment-naïve or who have been previously treated with interferon-based treatment, including null responders, partial responders and relapsers.

- Telaprevir inhibits the NS3/4A protease while boceprevir inhibits NS3 protease, viral enzymes essential for viral replication. Viral proteases play an important role in replication and assembly of HCV. Telaprevir and boceprevir have demonstrated activity for and efficacy against HCV genotype 1 infection.

- Telaprevir and boceprevir must not be used as monotherapy as viral resistance quickly occurs. Telaprevir and boceprevir must always be used with peg-interferon and ribavirin.

- HCV RNA levels should be measured at baseline, at weeks 4, 8, 12 and 24 (boceprevir only) of triple therapy. To assess response-guided therapy, an “undetectable” HCV-RNA result is required. If HCV RNA levels are undetectable at week four (4) and week 12 (eRVR), treatment naïve and prior relapse Members may complete the peg-interferon and ribavirin at week 24. For telaprevir, if Members have detectable HCV RNA levels at week four (4) or week 12 or if Members are prior partial responders or null responders, treatment duration for peg-Interferon and ribavirin must be 48 weeks. For Victrelis, see criteria.
Exclusion Criteria

- Members less than 18 years of age, as safety and efficacy have not been established.
- Members with non-genotype 1 chronic HCV.
- Members who failed therapy with another NS3/4A protease inhibitor.
- Members with chronic HCV after liver or other organ transplantation.
- Members with chronic HCV and human immune deficiency (HIV) co-infection.
- Members with chronic HCV and Hepatitis B (HBV) co-infection.
- Members who were null responders on previous PR therapy cannot use boceprevir.
- Use as monotherapy is contraindicated due to rapid resistance. Telaprevir and boceprevir must always be used in triple therapy with peg-interferon and ribavirin.
- Female Members who are pregnant.
- Male Members whose partner is pregnant.

Procedure:

1.0 Request for initial therapy with telaprevir (Incivek) for Members with Chronic Hepatitis C (HCV) with compensated liver disease requires documentation from the Member’s medical records maintained by the requesting independent practitioner verifying all of the following:

   1.1 Prescriber must be a gastroenterologist, hepatologist, or infectious disease physician specializing in the treatment of Hepatitis C; AND

   1.2 Diagnosis of genotype 1 chronic HCV; AND

   1.3 Member must meet all requirements for concurrent authorization for peg-interferon and ribavirin; AND

   1.4 Member must have contraindication to boceprevir (Victrelis);

   1.5 If criteria are met, Incivek may be approved for eight (8) weeks.
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Procedure, continued:

2.0 Request for continuation of therapy with telaprevir (Incivek) for Members with Chronic Hepatitis C (HCV) with compensated liver disease requires documentation from the Member’s medical records maintained by the requesting independent practitioner verifying that the Member’s HCV RNA viral titer is less than 1,000IU/ml at week four (4) of triple therapy:

2.1 If criterion is met, Incivek may be approved for four (4) additional weeks (12 weeks of triple therapy total).

3.0 Request for initial therapy with boceprevir (Victrelis) for treatment-naïve Members with Chronic Hepatitis C (HCV) without cirrhosis requires documentation from the Member’s medical records maintained by the requesting independent practitioner verifying all of the following:

3.1 Prescriber must be a gastroenterologist, hepatologist, or infectious disease physician specializing in the treatment of Hepatitis C; AND

3.2 Member completed a four (4)-week lead in with peg-interferon and ribavirin and experienced a $\geq 1 \log_{10}$ reduction in HCV RNA from baseline at week four (4);

3.3 If criteria are met, Victrelis may be approved for eight (8) weeks.

4.0 Request for continuation of therapy with boceprevir (Victrelis) for treatment naïve Members with Chronic Hepatitis C (HCV) without cirrhosis requires documentation from the Member’s medical records maintained by the requesting independent practitioner verifying that the Member’s HCV RNA $< 100IU/ml$ was assessed at TW12:

4.1 If criterion is met, Victrelis may be approved for up to 12 weeks for a total of 20 weeks of triple therapy.
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Procedure, continued:

5.0 Request for continuation of therapy with boceprevir (Victrelis) for treatment naïve Members with Chronic Hepatitis C (HCV) without cirrhosis who have been EARLY RESPONDERS requires documentation from the Member’s medical records maintained by the requesting independent practitioner verifying that the Member had undetectable HCV RNA levels at both TW8 and TW 24:

5.1 If criterion is met, Victrelis may be approved as follows:

   5.1.1 If Member is a non-African American Member, Victrelis may be approved for four (4) weeks for a total triple therapy regimen of 24 weeks;

   5.1.2 If Member is an African American Member, Victrelis may be approved for 24 weeks for a total triple therapy regimen of 44 weeks.

6.0 Request for continuation of therapy with boceprevir (Victrelis) for treatment naïve Members with Chronic Hepatitis C (HCV) without cirrhosis who have been LATE RESPONDERS requires documentation from the Member’s medical records maintained by the requesting independent practitioner verifying that the Member had a detectable HCV RNA level at TW8 and an undetectable level at TW 24:

6.1 If criterion is met, Victrelis may be approved as follows:

   6.1.1 If Member is a non-African American Member, Victrelis may be approved for 12 weeks for a total triple therapy of 32 weeks;

   6.1.2 If Member is an African American Member, Victrelis may be approved for 24 weeks for a total triple therapy of 44 weeks.
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Procedure, continued:

7.0 Request for initial therapy with boceprevir (Victrelis) for Members that had a partial response or relapsed from previous PR treatment with Chronic Hepatitis C (HCV) without cirrhosis requires documentation from the Member’s medical records maintained by the requesting independent practitioner verifying all of the following:

7.1 Prescriber must be a gastroenterologist, hepatologist, or infectious disease physician specializing in the treatment of Hepatitis C; AND

7.2 Member completed a four (4)-week lead in with peg-interferon and ribavirin and experienced a $\geq 1 \log_{10}$ reduction in HCV RNA from baseline at week four (4);

7.3 If criteria are met, Victrelis may be approved for eight (8) weeks.

8.0 Request for continuation of therapy with boceprevir (Victrelis) for Members that had a partial response or relapsed on previous PR treatment with Chronic Hepatitis C (HCV) without cirrhosis requires documentation from the Member’s medical records maintained by the requesting independent practitioner verifying that the Member’s HCV RNA < 100IU/ml was assessed at TW12:

8.1 If criterion is met, Victrelis may be approved for up to 12 weeks for a total of 20 weeks of triple therapy.

9.0 Request for continuation of therapy with boceprevir (Victrelis) for Members that had a partial response or relapsed on previous PR treatment with Chronic Hepatitis C (HCV) without cirrhosis who are EARLY RESPONDERS requires documentation from the Member’s medical records maintained by the requesting independent practitioner verifying that the Member had undetectable HCV RNA levels at both TW8 and TW 24:

9.1 If criterion is met, Victrelis may be approved as follows:

9.2.1 If Member is a non-African American Member, Victrelis may be approved for 12 weeks for a total triple therapy regimen of 32 weeks (total duration for therapy is 36 weeks);

9.2.2 If Member is an African American Member, Victrelis may be approved for 24 weeks for a total triple therapy regimen of 44 weeks (total duration of therapy is 48 weeks).
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Procedure, continued:

10.0 Request for *continuation of therapy* with boceprevir (Victrelis) for Members that had a partial response or relapsed on previous PR treatment with Chronic Hepatitis C (HCV) without cirrhosis who are LATE RESPONDERS requires documentation from the Member’s medical records maintained by the requesting independent practitioner verifying that the Member had a detectable HCV RNA level at TW8 and an undetectable level at TW 24:

10.1 If criterion is met, Victrelis may be approved as follows:

10.2.1 If Member is a non-African American Member, Victrelis may be approved for 12 weeks for a total triple therapy of 32 weeks;

10.2.2 If Member is an African American Member, Victrelis may be approved for 24 weeks for a total triple therapy of 44 weeks.

11.0 Request for *initial therapy* with boceprevir (Victrelis) for Members that had a partial response or relapsed from previous PR treatment with Chronic Hepatitis C (HCV) with advanced fibrosis or compensated cirrhosis (Metavir 3/4) requires documentation from the Member’s medical records maintained by the requesting independent practitioner verifying all of the following:

11.1 Prescriber must be a gastroenterologist, hepatologist, or infectious disease physician specializing in the treatment of Hepatitis C; **AND**

11.2 Member completed a four (4) week lead in with peg-interferon and ribavirin and experienced a $\geq 1 \log_{10}$ reduction in HCV RNA from baseline at week four (4);

11.3 If criteria are met, Victrelis may be approved for eight (8) weeks.

12.0 Request for *continuation of therapy* with boceprevir (Victrelis) for Members that had a partial response or relapsed from previous PR treatment with Chronic Hepatitis C (HCV) with advanced fibrosis or compensated cirrhosis (Metavir 3/4) requires documentation from the Member’s medical records maintained by the requesting independent practitioner verifying that Member’s HCV RNA < 100IU/ml was assessed at TW12:

12.1 If criterion is met, Victrelis may be approved for up to 12 weeks for a total of 20 weeks of triple therapy.
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Procedure, continued:

13.0 Request for continuation of therapy with boceprevir (Victrelis) for Members that had a partial response or relapsed from previous PR treatment with Chronic Hepatitis C (HCV) with advanced fibrosis or compensated cirrhosis (Metavir 3/4) requires documentation from the Member’s medical records maintained by the requesting independent practitioner verifying that Member’s HCV RNA is at an undetectable level at TW 24:

13.1 If criterion is met, Victrelis may be approved for 24 weeks (total of 44 weeks of triple therapy).

References:

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References, continued:


Disclaimer Information:

Prior Authorization criteria are developed to determine coverage for AvMed Health Plans’ benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. AvMed Health Plans makes coverage decisions based on the Member’s benefit plan contract and these criteria. This guideline sets forth concise clinical coverage criteria which have been developed from a review of current literature, policies of the FDA and other government agencies, and other appropriate references, in consultation and with approval from practicing physicians who are members of AvMed’s Pharmacy and Therapeutic committee. Treating providers are solely responsible for the medical advice and treatment of Members. This guideline may be updated and therefore is subject to change. The use of these criteria is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated.