

# UnitedHealthcare Pharmacy Clinical Pharmacy Programs

Program Number	2023 P 1180-7
Program	Prior Authorization/Notification
Medication	Zepatier® (elbasvir/grazoprevir)
P&T Approval Date	2/2016, 9/2018, 2/2019, 2/2020, 2/2021, 2/2022, 2/2023
Effective Date	5/1/2023;
	Oxford only: N/A

## 1. Background:

Zepatier (elbasvir/grazoprevir) is a fixed-dose combination product containing elbasvir, a hepatitis C virus (HCV) NS5A inhibitor, and grazoprevir, an HCV NS3/4A protease inhibitor, and is indicated for treatment of chronic HCV genotype 1 or 4 infection in adult and pediatric patients 12 years of age and older or weighing at least 30 kg. Zepatier is indicated for use with ribavirin in certain patient populations.<sup>1</sup>

## 2. Coverage Criteria<sup>a</sup>:

# A. Chronic Hepatitis C - Genotype 1a -<u>Treatment-Naïve or PegIFN/RBV-experienced</u> without baseline NS5A polymorphisms:

- 1. **Zepatier** will be approved based on **all** of the following criteria:
  - a. Diagnosis of chronic hepatitis C genotype 1a infection

## -AND-

- b. **One** of the following:
  - (1) Patient is treatment-naive

-OR-

(2) Patient has prior failure to peginterferon alfa plus ribavirin treatment

## -AND-

- c. **Both** of the following:
  - (1) Patient has been tested for the presence of NS5A resistance-associated polymorphisms

## -AND-

(2) Patient is without baseline NS5A resistance-associated polymorphisms (i.e., polymorphisms at amino acid positions 28, 30, 31, or 93)



#### -AND-

d. Patient is not receiving Zepatier in combination with another HCV direct acting antiviral agent [e.g., Sovaldi (sofosbuvir)]

Authorization will be issued for 12 weeks.

- B. Chronic Hepatitis C Genotype 1a <u>Treatment-Naïve or PegIFN/RBV-experienced</u> with baseline NS5A polymorphisms:
  - 1. **Zepatier** will be approved based on **all** of the following criteria:
    - a. Diagnosis of chronic hepatitis C genotype 1a infection

#### -AND-

- b. **One** of the following:
  - (1) Patient is treatment-naive

## -OR-

(2) Patient has prior failure to peginterferon alfa plus ribavirin treatment

#### -AND-

- c. **Both** of the following:
  - (1) Patient has been tested for the presence of NS5A resistance-associated polymorphisms

## -AND-

(2) Patient has baseline NS5A resistance-associated polymorphisms (i.e., polymorphisms at amino acid positions 28, 30, 31, or 93)

#### -AND-

d. Used in combination with ribavirin

## -AND-

e. Patient is not receiving Zepatier in combination with another HCV direct acting antiviral agent [e.g., Sovaldi (sofosbuvir)]

Authorization will be issued for 16 weeks



# C. Chronic Hepatitis C - Genotype 1b - <u>Treatment-Naïve or PegIFN/RBV-experienced:</u>

- 1. **Zepatier** will be approved based on <u>all</u> of the following criteria:
  - a. Diagnosis of chronic hepatitis C genotype 1b infection

-AND-

- b. **One** of the following:
  - (1) Patient is treatment-naive

-OR-

(2) Patient has prior failure to peginterferon alfa plus ribavirin treatment

-AND-

c. Patient is not receiving Zepatier in combination with another HCV direct acting antiviral agent [e.g., Sovaldi (sofosbuvir)]

Authorization will be issued for 12 weeks

- D. Chronic Hepatitis C Genotype 1a or 1b <u>PegIFN/RBV/protease inhibitor-experienced:</u>
  - 1. **Zepatier** will be approved based on <u>all</u> of the following criteria:
    - a. Diagnosis of chronic hepatitis C genotype 1a or 1b infection

-AND-

b. Patient has prior failure to treatment with peginterferon alfa plus ribavirin plus a HCV NS3/4A protease inhibitor (e.g., boceprevir, simeprevir, or telaprevir)

-AND-

c. Used in combination with ribavirin

-AND-

d. Patient is not receiving Zepatier in combination with another HCV direct acting antiviral agent [e.g., Sovaldi (sofosbuvir)]

Authorization will be issued for 12 weeks



# E. Chronic Hepatitis C - Genotype 4 - Treatment-naïve:

- 1. **Zepatier** will be approved based on <u>all</u> of the following criteria:
  - a. Diagnosis of chronic hepatitis C genotype 4 infection

#### -AND-

b. Patient is not receiving Zepatier in combination with another HCV direct acting antiviral agent [e.g., Sovaldi (sofosbuvir)]

## Authorization will be issued for 12 weeks

# F. Chronic Hepatitis C - Genotype 4 - PegIFN/RBV-experienced:

- 1. **Zepatier** will be approved based on **all** of the following criteria:
  - a. Diagnosis of chronic hepatitis C genotype 4 infection

#### -AND-

b. Patient has prior failure to peginterferon alfa plus ribavirin treatment

#### -AND-

c. Used in combination with ribavirin

## -AND-

d. Patient is not receiving Zepatier in combination with another HCV direct acting antiviral agent [e.g., Sovaldi (sofosbuvir)]

## Authorization will be issued for 16 weeks.

<sup>a</sup> State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

#### 3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.
- Medical necessity may be in place.

#### 4. References:

1. Zepatier [package insert]. Whitehouse Station, NJ: Merck & Co., Inc.; May 2022.



2. American Association for the Study of Liver Diseases and the Infectious Diseases Society of America. Recommendations for Testing, Managing, and Treating Hepatitis C. http://www.hcvguidelines.org/full-report-view. Accessed December 27, 2022.

Program	Prior Authorization/Notification - Zepatier® (elbasvir/grazoprevir)
Change Control	
2/2016	New program.
9/2018	Annual review with no changes to coverage criteria. Updated
	references.
2/2019	Removed Olysio from examples and updated references.
2/2020	Annual review with no changes to coverage criteria. Updated
	references.
2/2021	Annual review with no changes to coverage criteria. Updated
	references.
2/2022	Annual review. Updated background and references with no change to
	clinical criteria.
2/2023	Annual review with no changes to coverage criteria. Added state
	mandate and updated references.