

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2018 P 1197-3
Program	Prior Authorization/Notification
Medication	Epclusa (sofosbuvir/velpatasvir)
P&T Approval Date	8/2016, 8/2017, 8/2018
Effective Date	11/1/2018; Oxford only: N/A

1. Background:

Epclusa (sofosbuvir/velpatasvir) is a fixed-dose combination of sofosbuvir, a hepatitis C virus (HCV) nucleotide analog NS5B polymerase inhibitor, and velpatasvir, an HCV NS5A inhibitor, and is indicated for the treatment of adult patients with chronic HCV genotype 1, 2, 3, 4, 5 or 6 infection¹:

- without cirrhosis or with compensated cirrhosis
- with decompensated cirrhosis for use in combination with ribavirin

2. Coverage Criteria:

A. For the treatment of chronic hepatitis C genotype 1, 2, 3, 4, 5 or 6 infection, **Epclusa** will be approved based on **all** of the following criteria:

1. Diagnosis of chronic hepatitis C genotype 1, 2, 3, 4, 5 or 6 infection

-AND-

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

-AND-

3. **One** of the following:

- a. Patient does not have decompensated liver disease

-OR-

- b. **Both** of the following:

- (1) Patient has decompensated liver disease

-AND-

- (2) Used in combination with ribavirin

Authorization will be issued for 12 weeks.

3. Additional Clinical Rules

- Supply limits may be in place
- Medical necessity may be in place.

4. References:

1. Epclusa [package insert]. Foster City, CA: Gilead Sciences, Inc.; November 2017.

Program	Prior Authorization/Notification – Epclusa (sofosbuvir/velpatasvir)
Change Control	
Date	Change
8/2016	New program.
8/2017	Annual review with no changes to coverage criteria. Updated reference.
8/2018	Annual review with no changes to coverage criteria. Updated reference.