DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Hepatitis C – Epclusa Drug Quantity Management Policy – Per Days
- Epclusa® (sofosbuvir/velpatasvir tablets and oral pellets – Gilead)
- Sofosbuvir/velpatasvir tablets (authorized generic to Epclusa 400 mg/100 mg tablets – Asegua)

REVIEW DATE: 09/06/2024

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

The fixed-dose combination of sofosbuvir, a hepatitis C virus (HCV) nucleotide analog NS5B polymerase inhibitor, and velpatasvir, an HCV NS5A inhibitor, is indicated for the treatment of **chronic HCV genotype 1 through 6** infection in patients ≥ 3 years of age.[1]

Dosing

The FDA-approved duration of therapy with sofosbuvir/velpatasvir is 12 weeks for all patients.[1] In patients with decompensated cirrhosis (Child-Pugh B or C), sofosbuvir/velpatasvir is administered with weight-based ribavirin.

In adults, the recommended dose is one tablet (400 mg/100 mg) once daily (QD).[1] In pediatric patients ≥ 3 years of age, dosing is weight-based (Table 1).

Table 1. Dosing in Pediatric Patients ≥ 3 Years of Age.[2]

Body weight	Daily Dose	Epclusa oral pellets Daily Dose	sofosbuvir/velpatasvir tablet (Epclusa, generic)

			Daily Dose
< 17 kg	150 mg/37.5 mg	One 150 mg/37.5 mg packet of pellets	NA
≥ 17 to < 30 kg	250 mg/50 mg	One 200 mg/50 mg packet of pellets	One 200 mg/50 mg tablet
≥ 30 kg	400 mg/100 mg	Two 200 mg/50 mg packet of pellets	One 400 mg/100 mg tablet*

QD – Once daily; NA – Not applicable; *Two 200 mg/50 mg tablets once daily can be used for patients who cannot swallow the 400 mg/100 mg tablet.

Availability

Sofosbuvir/velpatasvir (Epclusa, generic) is available as a fixed-dose combination tablet of sofosbuvir 400 mg/velpatasvir 100 mg.[1] Epclusa (brand only) is also available as fixed-dose combination tablet of sofosbuvir 200 mg/velpatasvir 50 mg as well as film-coated oral pellets of sofosbuvir 200 mg/velpatasvir 50 mg and sofosbuvir 150 mg/velpatasvir 37.5 mg.

Guidelines

American Association for the Study of Liver Diseases (AASLD) recommendations provide information regarding a longer duration of treatment (beyond 12 weeks) for certain circumstances.[2] Although Vosevi® (sofosbuvir/velpatasvir/voxilaprevir tablets) is recommended in most instances for adults with no cirrhosis or compensated cirrhosis who have failed treatment with a sofosbuvir-containing regimen, sofosbuvir/velpatasvir is recommended in adults (genotypes 1 through 6) with decompensated cirrhosis who have failed therapy with a sofosbuvir-containing regimen. In this setting, AASLD guidelines recommend sofosbuvir/velpatasvir for 24 weeks in combination with ribavirin. Data are limited to one Phase II study where sofosbuvir/velpatasvir was studied in patients with genotype 1, 2, and 3 who did not respond to velpatasvir-containing regimens including sofosbuvir/velpatasvir and Vosevi.[2,3] Retreatment with sofosbuvir/velpatasvir + ribavirin for 24 weeks yielded high overall response rates (sustained virologic response 12 weeks post-treatment [SVR12] 91% [n = 63/69]). Among patients with genotype 1 chronic HCV, 97% of patients (n = 36/37) achieved SVR12. In patients with genotype 2 chronic HCV, SVR12 was attained in 95% of patients (n = 13/14) and in patients with genotype 3 chronic HCV, SVR12 was attained in 78% of patients (n = 14/18). Baseline NS5A resistance associated substitutions did not appear to impact SVR rates. No breakdown of the proportion of patients with decompensated cirrhosis was provided in the study.

POLICY STATEMENT

This Drug Quantity Management program has been developed to prevent stockpiling, misuse and/or overuse of sofosbuvir/velpatasvir (Epclusa, generic). If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below.

Drug Quantity Limits

Product	Strength and Form	Retail and Home Delivery Maximum Quantity per 365 Days*
Epclusa® (sofosbuvir/velpatasvir tablets [generic for 400mg/100 mg tablets only] and oral pellets)	400 mg/100 mg tablets	84 tablets (28 tablets per Rx)
	200 mg/50 mg tablets	84 tablets (28 tablets per Rx)
	200 mg/50 mg oral pellets	84 pellet packets (28 packets per Rx)
	150 mg/37.5 mg pellets	84 pellet packets (28 packets per Rx)

* This is enough drug for patient to complete a 12-week course of therapy based on approved dosing. Patients who weigh > 30 kg and require two pellet packets should use the 400 mg/100 mg tablets.

Hepatitis C – Epclusa Drug Quantity Management Policy – Per Days product(s) is(are) covered as medically necessary when the following criteria is(are) met. Any other exception is considered not medically necessary.

CRITERIA

Sofosbuvir/velpatasvir 400 mg/100 mg tablet (Epclusa 400 mg/100 mg tablet, generic), Epclusa 200 mg/50 mg tablet

1. **Chronic Hepatitis C Virus (HCV) Genotype 1, 2, 3, 4, 5, or 6, Decompensated Cirrhosis (Child-Pugh B or C).** Approve 168 tablets per 365 days at retail or home delivery if the patient meets ALL of the following (A, B, C and D):
   - **A.** Patient is ≥ 18 years of age; AND
   - **B.** Patient has not been previously treated with sofosbuvir/velpatasvir (Epclusa, generic) or Vosevi. Note: For patients previously treated with sofosbuvir/velpatasvir (Epclusa, generic) or Vosevi see *Criterion 2* below; AND
   - **C.** Patient has decompensated cirrhosis (Child-Pugh B or C); AND
   - **D.** Patient is ribavirin-ineligible, according to the prescriber.

2. **Chronic Hepatitis C Virus, Genotype 1, 2, 3, 4, 5, or 6, Decompensated Cirrhosis (Child-Pugh B or C), Prior Null Responder, Prior Partial Responder, and Prior Relapser to sofosbuvir/velpatasvir (Epclusa, generic) or Vosevi.** Approve 168 tablets per 365 days at retail or home delivery if the patient meets ALL of the following (A, B, and C):
   - **A.** Patient has been previously treated with sofosbuvir/velpatasvir (Epclusa, generic) or Vosevi; AND
   - **B.** Patient has decompensated cirrhosis (Child-Pugh B or C); AND
   - **C.** The medication will be prescribed in combination with ribavirin.

3. For an indication or condition addressed as an approval in the above criteria section, approve the quantity requested, not to exceed 168 tablets per 365 days at retail or home delivery to complete a course therapy. Note: If the patient has received 3 weeks of therapy (21 tablets), approve 147 tablets to complete 24 weeks of treatment.

Epclusa 150 mg/37.5 mg pellet packets

1. **Chronic Hepatitis C Virus, Genotype 1, 2, 3, 4, 5, or 6, Decompensated Cirrhosis (Child-Pugh B or C), Prior Null Responder, Prior Partial Responder, and Prior Relapser to sofosbuvir/velpatasvir (Epclusa, generic) or Vosevi.** Approve 168 pellet packets per 365 days at retail or home delivery if the patient meets ALL of the following (A, B, and C):
   - **A.** Patient has been previously treated with sofosbuvir/velpatasvir (Epclusa, generic) or Vosevi; AND
   - **B.** Patient has decompensated cirrhosis (Child-Pugh B or C); AND
   - **C.** The medication will be prescribed in combination with ribavirin.

2. For an indication or condition addressed as an approval in the above criteria section, approve the quantity requested, not to exceed 168 pellet packets per 365 days at retail or home delivery, to complete a course therapy.
   Note: If the patient has received 3 weeks of therapy (21 pellet packets), approve 147 pellet packets to complete 24 weeks of treatment.

Epclusa 200 mg/50 mg pellet packets

1. **Chronic Hepatitis C Virus, Genotype 1, 2, 3, 4, 5, or 6, Decompensated Cirrhosis (Child-Pugh B or C), Prior Null Responder, Prior Partial Responder, and Prior Relapser to sofosbuvir/velpatasvir (Epclusa, generic) or Vosevi.** Approve 336 pellet packets per 365 days at retail or home delivery if the patient meets ALL of the following (A, B, and C):
   - **A.** Patient has been previously treated with sofosbuvir/velpatasvir (Epclusa, generic) or Vosevi; AND
   - **B.** Patient has decompensated cirrhosis (Child-Pugh B or C); AND
   - **C.** The medication will be prescribed in combination with ribavirin.

2. For an indication or condition addressed as an approval in the above criteria section, approve the quantity requested, not to exceed 336 pellet packets per 365 days at retail or home delivery, to complete a course therapy.
   Note: If the patient has received 3 weeks of therapy (21 pellet packets), approve 147 pellet packets to complete 24 weeks of treatment.

REFERENCES

1. Epclusa® tablets and oral pellets [prescribing information]. Foster City, CA: Gilead; April 2022.
2. American Association for the Study of Liver Diseases and the Infectious Diseases Society of America. Testing, managing, and treating hepatitis C. Available at: http://www.hcvguidelines.org. Updated December 19, 2023. Accessed on August 27, 2024.
3. Gane EJ, Shiffman ML, Etzkorn K, et al. Sofosbuvir-velpatasvir with ribavirin for 24 weeks in HCV patients previously treated with a direct-acting antiviral regimen. *Hepatology*. 2017;66(4):1083-1089.

HISTORY

Type of Revision	Summary of Changes	Review Date

Annual Revision	**Sofosbuvir/velpatasvir 400 mg/100 mg tablet (Epclusa 400 mg/100 mg tablet, generic), Epclusa 200 mg/50 mg tablet**. **Chronic Hepatitis C Virus (HCV) Genotype 1, 2, 3, 4, 5, or 6, Decompensated Cirrhosis (Child-Pugh B or C).** Criteria were clarified to move the age requirement for ≥ 18 years to be within the criteria and remove "adults" from the approved indication.	09/05/2023
Annual Revision	No criteria changes.	09/06/2024