Effective Date **6/1/2024**
Next Review Date… **6/1/2025**
Coverage Policy Number **IP0188**

Sofosbuvir/Velpatasvir/Voxilaprevir

Table of Contents

Related Coverage Resources

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.

Overview

This policy supports medical necessity review for sofosbuvir/velpatasvir/voxilaprevir (**Vosevi®**).

Additional criteria that support the review for medical necessity exceptions of non-covered products are located in the Non-Covered Product Table by the respective plan type and drug list where applicable.

Receipt of sample product does not satisfy any criteria requirements for coverage.

Medical Necessity Criteria

Sofosbuvir/velpatasvir/voxilaprevir (Vosevi) is considered medically necessary when the following are met:

Chronic Hepatitis C Virus (HCV) Genotype 1, 2, 3, 4, 5, or 6. Individual meets **ALL** of the following criteria:

A. Age 18 years or older
B. Documentation that the individual does NOT have cirrhosis or has compensated cirrhosis (Child-Pugh A)
C. Documentation of **ONE** of the following:
    i. Previous treatment experience* with an HCV direct-acting antiviral regimen containing an NS5A inhibitor (see Appendix for examples)
        a. If has compensated cirrhosis and previous treatment experience with Mavyret, sofosbuvir/velpatasvir/voxilaprevir (Vosevi) will be prescribed in combination with ribavirin
    ii. Previous treatment experience* with an HCV direct-acting antiviral regimen containing Sovaldi (sofosbuvir) + a non-NS5A inhibitor (see Appendix for examples)
    iii. Genotype 3 treatment-naïve with compensated cirrhosis (Child-Pugh A) and baseline NS5A RAS Y93H for velpatasvir
    iv. Previous treatment experience* with sofosbuvir/velpatasvir/voxilaprevir (Vosevi) and the medication is prescribed in combination with ribavirin
D. Medication is prescribed by, or in consultation with, a gastroenterologist, hepatologist, infectious diseases physician, or a liver transplant physician

E. Preferred product criteria is met for the products listed in the below table

Individual and Family Plans:

Product	Criteria
Vosevi (sofosbuvir/velpatasvir/voxilaprevir)	Documentation of failure, contraindication, or intolerance to **ONE** of the following: 1. Epclusa® (sofosbuvir/velpatasvir) [may require prior authorization] 2. sofosbuvir/velpatasvir [may require prior authorization] 3. Harvoni® (ledipasvir/sofosbuvir) [may require prior authorization] 4. ledipasvir/sofosbuvir [may require prior authorization]

* Previous treatment experience is defined as prior null response, prior partial response, or had relapse after prior treatment.

Sofosbuvir/velpatasvir/voxilaprevir (Vosevi) is considered medically necessary for the treatment of chronic hepatitis C virus (HCV) when the individual has already been started on Vosevi and will be completing a course of therapy.

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Reauthorization Criteria

Not applicable for continuation beyond initial approval duration.

Authorization Duration

Initial approval duration:

1. **Chronic Hepatitis C Virus (HCV), Genotype 1, 2, 3, 4, 5, or 6:** up to 12 weeks
2. **Chronic Hepatitis C Virus (HCV), Genotype 1, 2, 3, 4, 5, or 6 with compensated cirrhosis and prior treatment with Mavyret:** up to 12 weeks in combination with ribavirin
3. **Chronic Hepatitis C Virus (HCV), Genotype 3 treatment-naïve with compensated cirrhosis (Child-Pugh A) and baseline NS5A RAS Y93H for velpatasvir:** up to 12 weeks
4. **Chronic Hepatitis C Virus (HCV), Genotype 1, 2, 3, 4, 5, or 6 and prior treatment with Vosevi:** up to 24 weeks in combination with ribavirin

Reauthorization approval duration: not applicable

Conditions Not Covered

Any other use is considered experimental, investigational or unproven including the following (this list may not be all inclusive):

1. **Hepatitis C Virus (HCV) [any genotype], Combination with Any Other Direct-Acting Antivirals (DAAs).** Vosevi provides a complete antiviral regimen.

2. **Pediatric Patients (Age < 18 Years).** The safety and efficacy of Vosevi have not been established in pediatric patients < 18 years of age.[1]

Background

OVERVIEW
Vosevi is a direct-acting-antiviral (DAA) containing sofosbuvir, a nucleotide analog NS5B polymerase inhibitor, velpatasvir, a hepatitis C virus (HCV) NS5A inhibitor, and voxilaprevir, a HCV NS3/4A protease inhibitor.[1] It is indicated for the treatment of adults with **chronic HCV** with or without compensated cirrhosis who have:

- **Genotype 1, 2, 3, 4, 5, or 6** infection and have **previously been treated with an HCV regimen containing an NS5A inhibitor**;
- **Genotype 1a or 3** infection and who have **previously been treated with an HCV regimen containing sofosbuvir without an NS5A inhibitor**.

Additional benefit of Vosevi over Epclusa® (sofosbuvir/velpatasvir tablets/oral granules) was not shown in adults with genotype 1b, 2, 4, 5, or 6 infection previously treated with sofosbuvir without an NS5A inhibitor.[1] The recommended dosage of Vosevi is one tablet, taken orally, once daily (QD) with food for 12 weeks.

Guidelines
For the most up-to-date guideline information always refer to the American Association for the Study of Liver Diseases (AASLD) guidelines.[3]

Vosevi is recommended in in several circumstances in adults, mainly in patients who are direct-acting antiviral-experienced. Some of these recommendations are based on very limited data and are not FDA-approved indications for Vosevi (e.g., retreatment with Vosevi in patients who have failed Vosevi in the past [one case report]).

- **Genotype 1 through 6 chronic HCV, ± compensated cirrhosis, treatment-experienced:**
    - Prior sofosbuvir-based treatment failure: Vosevi for 12 weeks; the addition of ribavirin is recommended in patients with genotype 3 HCV with compensated cirrhosis.
    - Prior Mavyret® (glecaprevir/pibrentasvir tablets and oral pellets) treatment failure: Vosevi for 12 weeks; the addition of ribavirin is recommended in patients with compensated cirrhosis.
    - Prior Zepatier® (elbasvir/grazoprevir tablets) treatment failure: Vosevi for 12 weeks; the addition of ribavirin is recommended in patients with compensated cirrhosis.
    - Prior Vosevi treatment failure: Vosevi + ribavirin for 24 weeks.
- **Kidney transplant, genotype 1 through 6 HCV, ± compensated cirrhosis, treatment-experienced:**

    - Prior direct-acting antiviral-failure: Vosevi ± ribavirin for 12 weeks; the addition of ribavirin should be considered for patients with compensated cirrhosis and multiple negative baseline characteristics.
- **Recurrent HCV post-liver transplantation, genotype 1 through 6 infection of the allograft, ± compensated cirrhosis, treatment-naïve:**
    - Prior direct-acting antiviral failure: Vosevi for 12 weeks is recommended; the addition of ribavirin should be considered for patients with compensated cirrhosis and multiple negative baseline characteristics.

Vosevi for 12 weeks is an alternative recommendation for treatment-naïve adults with genotype 3 HCV with compensated cirrhosis who have the Y93H resistance-associated substitution.

Appendix

Examples of direct-acting antivirals that are, or contain, an NS5A inhibitor include: Daklinza (daclatasvir), Epclusa (sofosbuvir/velpatasvir), Harvoni (ledipasvir/sofosbuvir), Mavyret (glecaprevir/pibrentasvir), Viekira Pak (ombitasvir/paritaprevir/ritonavir; dasabuvir, co-packaged), Zepatier (elbasvir/grazoprevir)

Examples of regimens that contain Sovaldi (sofosbuvir) + a non-NS5A inhibitor include: Sovaldi + NS3 inhibitors (Olysio [simeprevir], Victrelis [boceprevir], or Incivek [telaprevir]) or Sovaldi + ribavirin ± pegylated interferon

References

1. Vosevi® tablets [prescribing information]. Foster City, CA: Gilead; November 2019.
2. Bourliere M, Gordon SC, Flamm SL, et al. Sofosbuvir, velpatasvir, and voxilaprevir for previously treated HCV infection. *N Engl J Med.* 2017;376(22):214-2146.
3. 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 October 24, 2022. Accessed on July 24, 2023.