ASES
ADMINISTRACIÓN DE SEGUROS DE SALUD DE PUERTO RICO

Autorizado por la Comisión Estatal de Elecciones CEE-SA-19-166

Glecaprevir and Pibrentasvir (Mavyret®)
Prior Authorization

PA Description	Glecaprevir and Pibrentasvir (Mavyret®)
Managed by	Managed Care Organizations (MCOs) contracted by the Puerto Rico Health Insurance Administration (known in Spanish as *Administración de Seguros de Salud de Puerto Rico* or ASES) to provide pharmacy services to the insured of the Government Health Plan.
Covered Uses	a) For the treatment of adult or pediatric patients 12 years and older or weighing 45 kg (≥ 45) or more**,** with chronic HCV genotype (GT) 1, 2, 3, 4, 5 or 6 infection either without cirrhosis or with compensated cirrhosis (Child-Pugh A). (ICD-10-CM B18.2) b) For the treatment of adult and pediatric patients 12 years and older or weighing 45 kg (≥ 45) or more, with HCV genotype 1 infection, who previously have been treated with a regimen containing an HCV NS5A inhibitor or an NS3/4A protease inhibitor (PI), but not both (ICD-10-CM B18.2**)**
Exclusion Criteria	a) Age under 12 years or weight < 45kg b) Patients with short life expectancies due to comorbid conditions. c) Severe organ damage and the patient is not a candidate to receive transplant. d) Pregnancy or planned pregnancy (Treatment in this patient population is not recommended due to lack of safety and efficacy data). e) Co-administration with atazanavir or rifampin f) Patients with moderate or severe hepatic impairment (Child-Pugh B, C)[i] or g) those with current or prior history of decompensated liver disease and liver disease severity with current Child Pugh score **≥ 7**. h) Previous therapeutic failure with Mavyret due to non-compliance. i) Reinfection after previous treatment with Mavyret j) Off labeled uses
Required Medical Information	a) HCV RNA positive diagnosis documented by a quantitative titer b) HCV Genotype (Information will be used to verify duration of treatment). c) Documentation of prescribing physician that the patient is at low risk for noncompliance with treatment regimen. d) Evidence of Hepatic laboratory testing: serum bilirubin levels, ALT levels, albumin levels, INR (lab results of no more than 90 days ago). e) Evidence of assessment for active co-infection and for prior infection with hepatitis B virus (HBV). f) Has the patient been treated previously for HCV? (Information will be used to verify duration of treatment). 1. If patient is treatment experienced, provide previous treatment regimen and outcome

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	g) Renal status: severe renal impairment (Stages 4) or End stage renal disease (Stage 5) (Information will be used to verify duration of treatment) 1. Calculated glomerular filtration rate (eGFR) **OR** 2. Kidney transplant h) If HIV co-infection i) Patient meets at least **ONE** of the following criteria, documentation with recent evidence must be attached: 1. Liver Biopsy with Metavir score of F0, F1,F2,F3 or F4[iii]; 2. FibroTest (eg.Fibrosure) score; 3. Ultrasound images consistent with cirrhosis (eg., evidence of portal hypertension); 4. Clinical findings consistent with cirrhosis (eg., evidence of portal hypertension, ascites or esophageal varices, cryoglobulinemia with end organ manifestations, proteinuria, or nephrotic syndrome); 5. Liver transplant j) Provide patient's cirrhosis status: 1. No cirrhosis 2. Decompensated cirrhosis 3. Compensated cirrhosis (a) Provide Model of End Liver Disease (MELD)[iii] score **AND** (b) Provide Child Pugh score (CPT)
Age Restriction	a) 12 years or more or weight ≥ 45kg (99lbs)
Prescriber Restriction	Prescribing will be limited to the following medical specialties: a) Infectologist b) Hepatologist c) Gastroenterologist d) Liver Transplant Specialist e) Renal Transplant Specialist f) HIV Specialist
Coverage Duration	a) PA requests will be approved, for the time prescribed, however **dispensing** of Mavyret must be **monthly**. b) Treatment duration with Mavyret will depend on treatment history, and if the patient is a liver or kidney transplant recipient. Also, the patient's viral genotype and cirrhosis status (no cirrhosis and compensated cirrhosis), should be taken into consideration**.** [iii] c) No additional supply of the medication will be authorized when the patient claims that it was lost, stolen or missing.
Other Criteria	a) Follow Package insert instructions for dose administration [iii].

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	b) Mavyret is contraindicated in patients with moderate or severe hepatic impairment (Child-Pugh C), the physician should be aware and follow up on the patient´s liver function status. c) Mavyret is contraindicated in co-administration with atazanavir or rifampin. d) Mavyret should be avoided with carbamazepine, St. John's wort, dabigatran, amobarbital, eslicarbazine, oxacarbazepine, phenobarbital, phenytoin, primidone, aliskiren, pimozide, atorvastatin, lovastatin, simvastatin, bosentan, rifabutin, rifampicin, rifapentine, etravirine, efavirenz, nevirapine, or ritonavir. e) If the patient has a positive history of illicit drug /alcohol abuse, the patient should be counseled and referred for management of his/her dependence. f) It is extremely important for the patient to avoid use of drugs and/or alcohol in order to assure the best possible outcome of the treatment. g) The patient agrees to the following: a) 100% medication compliance; b) Register in the program "AbbVie contigo" ; c) Regular follow up with pharmacist or treating provider; d) It is extremely important for the patient to avoid use of drugs and/or alcohol in order to assure the best possible outcome of the treatment. e) Blood draws to measure HCV RNA, when ordered.

Dispensing requirements for Mavyret®

Section to be completed by the dispensing pharmacist

Pre-treatment Assessment

- ☐ Patient was educated about **ALL** of the following:
  - ☐ Appropriate administration of medications (e.g, dose, frequency of medicines, food effects, missed doses, adverse events, etc.)
  - ☐ Medication adherence
  - ☐ The need to inform the healthcare provider about any changes to their medication regimen.
  - ☐ Support the enrollment of the patient in " AbbVie Contigo"
- ☐ Assessment of potential drug-drug interactions with concomitant medications was completed*:

☐ Atazanavir**	☐ Amobarbital	☐ Aliskiren	☐ Rifabutin
☐ Rifampin**	☐ Eslicarbazine	☐ Pimozide	☐ Rifampicin
☐ Carbamazepine	☐ Oxacarbazepine	☐ Atorvastatin	☐ Rifapentine
☐ St. John's wort	☐ Phenobarbital	☐ Lovastatin	☐ Etravirine
☐ Efavirenz	☐ Phenytoin	☐ Simvastatin	☐ Nevirapine
☐ Dabigatran	☐ Primidone	☐ Bosentan	☐ Ritonavir

** HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C | © 2014-2020 AASLD and IDSA. These combinations should be avoided. **Contraindications*

During Treatment Assessment

- ☐ Type of contact to assess medication adherence, adverse events, potential drug interactions*:
  - ☐ Clinical Pharmacy visits
  - ☐ Phone Calls
  - ☐ Frequency : _____weekly ____ biweekly
- ☐ Patient is taking diabetes medication and was informed of the potential for symptomatic hypoglycemia. On-treatment and post-treatment monitoring for hypoglycemia is recommended.

- Patient is taking warfarin and was informed of the potential for changes in their anticoagulation status. On-treatment and post-treatment INR monitoring for sub-therapeutic anticoagulation is recommended.

[i] The Child-Pugh-Turcotte (CPT) classification system is a widely used and validated way to estimate prognosis in those with cirrhosis.

Child-Pugh (Child-Pugh-Turcotte) Classification			
Criterion	**Score 1 point**	**Score 2 points**	**Score 3 points**
Serum albumin (g/L)	>35	28-35	<28
Serum bilirubin (total)[3]	<34 µmol/L (<2 mg/dL)	34-50 µmol/L (2-3 mg/dL)	>50 µmol/L (>3 mg/dL)
International Normalized Ratio (INR)	<1.7	1.7-2.2	>2.2
Ascites	Absent	Controlled medically	Poorly controlled

[ii] The Model for End Stage Liver Disease (MELD) predicts survival for patients with advanced liver disease.https://www.hepatitisc.uw.edu/page/clinical-calculators/meld 3-Month Mortality Based on MELD Scores.

MELD Score	**Mortality Probability**
40	71.3% mortality
30-39	52.6% mortality
20-29	19.6% mortality
10-19	6.0% mortality
9 or less	1.9% mortality

[iii] **METAVIR** scoring system
A system used to assess inflammation and fibrosis by histopathologicalevaluation of a liver biopsy of patients with hepatitis C. The grade indicates the activity o r degree of inflammation, and the stage represents the amount of fibrosis or scarring.
Activity grade
• A0—No activity.
• A1—Mild activity.
• A2—Moderate activity.
• A3—Severe activity.
Fibrosis stage
• F0—No fibrosis.
• F1—Portal fibrosis without septa.

• F2—Portal fibrosis with few septa. F3—numerous septa without cirrhosis.
• F4—Cirrhosis

Mavyret Prescribing Information, September 2019.

Treatment-Naïve Patients

HCV Genotype	Treatment Duration	
	No Cirrhosis	Compensated Cirrhosis (Child-Pugh A)
1, 2, 3, 4, 5, or 6	8 weeks	8 weeks

Treatment-Experienced Patients

		Treatment Duration	
HCV Genotype	Patients Previously Treated With a Regimen Containing:	No Cirrhosis	Compensated Cirrhosis (Child-Pugh A)
1	An NS5A inhibitor[1] without prior treatment with an NS3/4A protease inhibitor (PI)	16 weeks	16 weeks
	An NS3/4A PI[2] without prior treatment with an NS5A inhibitor	12 weeks	12 weeks
1, 2, 4, 5, or 6	PRS[3]	8 weeks	12 weeks
3	PRS[3]	16 weeks	16 weeks

1. Treated with prior regimens containing ledipasvir and sofosbuvir or daclatasvir with (peg) interferon and ribavirin.
2. Treated with prior regimens containing simeprevir and sofosbuvir, or simeprevir, boceprevir, or telaprevir with (peg) interferon and ribavirin.
3. PRS=Prior treatment experience with regimens containing (peg) interferon, ribavirin, and/or sofosbuvir, but no prior treatment experience with an HCV NS3/4A PI or NS5A inhibitor.

Liver or Kidney Transplant Recipients: MAVYRET is recommended for **12 weeks** in adult and pediatric patients 12 years and older or weighing at least 45 kg who are **liver or kidney transplant recipients**. A **16-week** treatment duration is recommended in **genotype 1-infected** patients who are NS5A inhibitor experienced without prior treatment with an NS3/4A protease inhibitor or in **genotype 3-infected** patients who are PRS treatment-experienced [see Clinical Studies (14.8)]

Hepatic Impairment: MAVYRET is contraindicated in patients with moderate or severe hepatic impairment (Child-Pugh B,C)