PA Description	**Sofosbuvir and velpatasvir (Epclusa®)**
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 and pediatric patients 3 years of age and older with chronic HCV genotype 1, 2, 3, 4, 5, or 6 infection (ICD-10-CM B18.2): 1. with decompensated cirrhosis for use in combination with ribavirin 2. with decompensated cirrhosis and are ribavirin ineligible
Exclusion Criteria	a) Age under 3 years old b) Patients without cirrhosis and compensated cirrhosis (Child-Pugh A). Note: This indication will be covered with Mavyret. c) Severe disease states or medical conditions with short life expectancy. Note: Little evidence exists to support initiation of HCV treatment in patients with a limited life expectancy (<12 months) owing to non liver-related comorbid conditions d) Combination regimen of Epclusa and ribavirin is contraindicated in patients for whom ribavirin is contraindicated: pregnancy, men whose female partners are pregnant, patients with known hypersensitivity reactions such as Stevens-Johnson syndrome, toxic, epidermal necrolysis, and erythema multiforme to ribavirin or any component of the product, patients with autoimmune hepatitis, patients with hemoglobinopathies (e.g., thalassemia major, sickle-cell anemia), patients with creatinine clearance less than 50 mL/min and coadministration with didanosine, stavudine or zidovudine. e) Severe disease states or medical conditions which significantly impede compliance with treatment. f) Off labeled uses
Required Medical Information	a) HCV RNA positive diagnosis documented by a quantitative titer b) Evidence of Hepatic laboratory testing: serum bilirubin levels, ALT levels, albumin levels, INR (lab results from no more than 90 days ago). c) Evidence of assessment for active co-infection and for prior infection with hepatitis B virus (HBV). d) Has the patient been treated previously for HCV? If patient is treatment experienced: a. provide previous treatment regimen and outcome b. Provide HCV Genotype e) If HIV co-infection f) Patient meets at least **ONE** of the following criteria, documentation with recent evidence must be attached 1. Liver Biopsy with Metavir[i] score of F0, F1,F2,F3 or F4; 2. FibroTest (e.g. Fibrosure) score; 3. Ultrasound images consistent with decompensated cirrhosis (e.g., evidence of portal hypertension);

PA Description	**Sofosbuvir and velpatasvir (Epclusa®)**
	4. Clinical findings consistent with decompensated cirrhosis (e.g., evidence of portal hypertension, ascites or esophageal varices, cryoglobulinemia with end organ manifestations, proteinuria, or nephrotic syndrome); 5. Liver transplant g) Provide patient's cirrhosis status: 1. No cirrhosis or compensated cirrhosis 2. Decompensated cirrosis: (a) Document use in combination with Ribavirin 1. If patient is Ribavirin ineligible, document the cause of the contraindication or if there is intolerance to the use of Ribavirin. (Note: Epclusa monotherapy for these patients will be for 24 weeks of treatment according to AASLD/IDSA Guideline recommendations) **AND** (b) Provide Model of End Liver Disease (MELD)[ii] score **AND** **(c)** Provide Child Pugh score[iii] (**CPT**)
Age Restriction	a) Patients 3 years of age and older
Prescriber Restriction	a) Infectologist b) Pediatric Infectologist c) Hepatologist d) Gastroenterologist e) Pediatric Gastroenterologist f) Liver Transplant Specialist g) Renal Transplant Specialist h) HIV specialist
Coverage Duration	a) In combination with ribavirin: 12 weeks b) In patients who are ribavirin ineligible: 24 weeks Note: a) PA requests will be approved for the time prescribed, however **dispensing** of Epclusa must be **monthly**. b) Treatment with Epclusa varies depending on treatment history and cirrhosis status.[iv] c) No additional supply of the medication will be given when the patient claims that it was lost, stolen or missing.
Other Criteria	a) Follow Package insert instructions for dose administration. b) Epclusa and ribavirin combination regimen is contraindicated in patients for whom ribavirin is contraindicated. Ribavirin should not be used with didanosine, stavudine, or zidovudine. c) Epclusa should be avoided in combination with the following due to drug interactions: amiodarone, dronedarone, amobarbital, carbamazepine,

PA Description	Sofosbuvir and velpatasvir (Epclusa®)
	eslicarbazine, oxcarbazepine, phenobarbital, phenytoin, primidone, rufinamide, bosentan, St. John's wort, rifabutin, rifampicin, rifapentine, efavirenz, etravirine, or nevirapine. This list of medications is for your reference, and does not include all the medication interactions. The prescribing physicians must verify any potential interactions with the medications their patient is taking. For more information, visit the University of Liverpool HEP Drug Interactions Checker in the following link: https://www.hep-druginteractions.org/checker d) If the patient has a positive history of illicit drug /alcohol abuse, is recommended that the patient be counseled and recommended to seek help for the management of his/her dependance. If patient agrees, then help him/her with referral for management of his/her dependence. e) The patient agrees to the following: a. 100% medication compliance; b. Regular follow up with pharmacist or treating provider; c. Blood draws to measure HCV RNA, or any other laboratories f) ASES' Hep C program covers patients without HIV

Dispensing requirements for Epclusa

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.
- ☐ If the patient has decompensated cirrhosis: documentation of use in combination with Ribavirin.
- ☐ If the patient has decompensated cirrhosis and is Ribavirin ineligible: verify the cause of the contraindication or if there is intolerance to the use in combination with Ribavirin.
- ☐ For previously treated HCV patients provide previous treatment regimen and outcome.
  - ☐ Previous treatment: _____
  - ☐ Outcome: _____
- ☐ Assessment of potential drug-drug interactions with concomitant medications was completed*:

☐ Rifampin	☐ Dronedarone	☐ Bosentan
☐ Rifabutin	☐ Amobarbital	☐ Efavirenz
☐ Rifampicin	☐ Eslicarbazine	☐ Etravirine
☐ Rifapentine	☐ Oxcarbazepine	☐ Nevirapine
☐ Carbamazepine	☐ Phenobarbital	☐ Didanosine**
☐ St. John's wort	☐ Phenytoin	☐ Stavudine **
☐ Dabigatran	☐ Primidone	☐ Zidovudine**
☐ Amiodarone	☐ Rufinamide	

**HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C | © 2014-2020 AASLD and IDSA. These combinations should be avoided. **Didanosine, stavudine, or zidovudine should not be used in combination with ribavirin.*
This list of medications is for your reference, and does not include all the medication interactions. The prescribing physician must verify any potential interactions with the medications their patient is taking. For more information, visit the University of Liverpool HEP Drug Interactions Checker in the following link:
https://www.hep-druginteractions.org/checker

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] **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 Or degree of inflammation, and thestage 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.

[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] 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

[iv] Epclusa Prescribing Information, June 2021. Recommended treatment regimen and duration in patients 3 years of age and older with genotypes 1, 2, 3, 4, 5, or 6 HCV in table below:

Patient Population	Regimen and Duration
Treatment-naïve and treatment-experienced[a], without cirrhosis and with compensated cirrhosis (Child-Pugh A)	EPCLUSA 12 weeks
Treatment-naïve and treatment-experienced[a], with decompensated cirrhosis (Child-Pugh B and C)	EPCLUSA + ribavirin 12 weeks

a. In clinical trials, regimens contained peginterferon alfa/ribavirin with or without an HCV NS3/4A protease inhibitor (boceprevir, simeprevir, or telaprevir).