| Market Applicability | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Market** | **DC** | **GA** | **KY** | **MD** | **NJ** | **NY** | **WA** |
| **Applicable** | NA | NA | X | NA | X | X | NA |

# Vosevi (sofosbuvir/velpatasvir/voxilaprevir)

| Override(s) | Approval Duration |
|---|---|
| Prior Authorization<br>Quantity Limit | Based on Genotype, Treatment status, Cirrhosis status or Polymorphism status. |

| Medication | Quantity Limit |
|---|---|
| Vosevi (sofosbuvir/velpatasvir/voxilaprevir) | 1 tablet per day |

## APPROVAL DURATION

| Genotype and Status (HCV mono-infected or HCV/HIV-1 co-infected[a]) | Associated Treatment Regimens | Total Approval Duration of Vosevi (sofosbuvir/velpatasvir/voxilaprevir) |
|---|---|---|
| Genotype 1 or 2 (NS5A[2a] treatment-experienced, with compensated cirrhosis or without cirrhosis) | Vosevi | 12 weeks |
| Genotype 1a or 3 (previous sofosbuvir-containing regimen without an NS5A[2a], with compensated cirrhosis or without cirrhosis) | Vosevi | 12 weeks |
| Genotypes 1, 2, 3, 4, 5, or 6 (treatment failure with Mavyret monotherapy, with compensated cirrhosis) | Vosevi ± RBV[b] | 12 weeks |
| Genotype 3 (NS5A[2a] treatment-experienced, with compensated cirrhosis) | Vosevi + RBV | 12 weeks |
| Genotype 3 (dual P/R[2b] treatment-experienced, with compensated cirrhosis) | Vosevi | 12 weeks |
| Genotype 3 (treatment naïve with compensated cirrhosis or dual P/R[2b] treatment-experienced without cirrhosis, with Y93H polymorphism) | Vosevi | 12 weeks |

| Market Applicability | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Market** | **DC** | **GA** | **KY** | **MD** | **NJ** | **NY** | **WA** |
| **Applicable** | NA | NA | X | NA | X | X | NA |

| | | |
|---|---|---|
| Genotypes 3, 4, 5, or 6 (DAA[2e] treatment experienced with compensated cirrhosis or without cirrhosis) | Vosevi | 12 weeks |

## APPROVAL CRITERIA

Requests for Vosevi (sofosbuvir/velpatasvir/voxilaprevir) may be approved if the following criteria are met:

I. Individual is 18 years of age or older; **AND**
II. Documentation is provided for a diagnosis of chronic hepatitis C (CHC) infection[a], which includes genotype and a positive HCV RNA result (AASLD/IDSA 2017, CDC 2013); **AND**
III. Individual has received baseline evaluation for liver fibrosis to guide appropriate therapy; **AND**
IV. Individual does not have a short life expectancy (less than 12 months owing to non-liver related comorbid conditions) that cannot be remediated by treating HCV, by transplantation or other directed therapy (AASLD/IDSA 2017); **AND**
V. Individual has compensated[1] liver disease (with or without cirrhosis);

**AND**
VI. Individual has had a prior trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response to authorized generic Epclusa (sofosbuvir/velpatasvir) OR Mavyret, unless one of the following conditions apply:

A. Individual is using in **one** of the following antiviral treatment regimens (Label, AASLD/IDSA 2019):
1. As monotherapy for **one** of the following:
a. Individual is NS5A[2a] treatment-experienced with compensated[1] cirrhosis or without cirrhosis, and Genotype 1 or 2;

**OR**
b. Individual is treatment experienced with a sofosbuvir-containing regimen without an NS5A[2b] inhibitor, with compensated[1] cirrhosis or without cirrhosis, and Genotype 1a; **AND**
c. Individual meets one of the following criteria:
i. Prior trial of Mavyret with documented hypersensitivity, as manifested by a severe allergic reaction to any ingredient which is not also in Vosevi; **OR**

| Market Applicability | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Market** | **DC** | **GA** | **KY** | **MD** | **NJ** | **NY** | **WA** |
| **Applicable** | NA | NA | X | NA | X | X | NA |

ii. Individual is currently on and completing a course of therapy with Vosevi; **OR**
iii. Individual is concurrently using an agent that cannot be substituted with another agent or temporarily discontinued and is contraindicated or not recommended for concomitant use with the preferred regimen or regimens;

**OR**

d. Individual is treatment experienced with a sofosbuvir-containing regimen without an NS5A[2b] inhibitor, with compensated[1] cirrhosis or without cirrhosis, and Genotype 3;

**OR**

e. Individual is dual P/R[2b] treatment-experienced, with compensated[1] cirrhosis, and Genotype 3; **AND**
f. Individual meets one of the following criteria:
   i. Prior trial of Mavyret with documented hypersensitivity, as manifested by a severe allergic reaction to any ingredient which is not also in Vosevi; **OR**
   ii. Individual is currently on and completing a course of therapy with Vosevi; **OR**
   iii. Individual is concurrently using an agent that cannot be substituted with another agent or temporarily discontinued and is contraindicated or not recommended for concomitant use with the preferred regimen or regimens;

**OR**

g. Individual is treatment-naïve, with compensated[1] cirrhosis, polymorphism present at the Y93H amino acid position, and Genotype 3; **AND**
h. Individual meets one of the following criteria:
   i. Prior trial of generic Epclusa (sofosbuvir/velpatasvir) AND Mavyret with documented hypersensitivity, as manifested by a severe allergic reaction to any ingredient which is not also in Vosevi; **OR**
   ii. Individual has a documented hypersensitivity to Mavyret, as manifested by a severe allergic reaction to any ingredient which is not also in Vosevi AND individual is not a candidate for the Epclusa regimen due to being ribavirin ineligible (examples include individuals with hemoglobinopathies, significant cardiac disease, creatinine clearance less than 50 mL/min, documented severe allergic reaction, or pregnancy); **OR**
   iii. Individual is currently on and completing a course of therapy with Vosevi; **OR**
   iii. Individual is concurrently using an agent that cannot be substituted with

| Market Applicability | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Market** | **DC** | **GA** | **KY** | **MD** | **NJ** | **NY** | **WA** |
| **Applicable** | NA | NA | X | NA | X | X | NA |

another agent or temporarily discontinued and is contraindicated or not recommended for concomitant use with the preferred regimen or regimens;

**OR**

i. Individual is dual P/R[2b] treatment-experienced without cirrhosis, polymorphism present at the Y93H amino acid position, and Genotype 3; **AND**

j. Individual meets one of the following criteria:
   i. Prior trial of generic Epclusa (sofosbuvir/velpatasvir) AND Mavyret with documented hypersensitivity, as manifested by a severe allergic reaction to any ingredient which is not also in Vosevi; **OR**
   ii. Individual has a documented hypersensitivity to Mavyret, as manifested by a severe allergic reaction to any ingredient which is not also in Vosevi, AND individual is not a candidate for the Epclusa regimen due to being ribavirin ineligible (examples include individuals with hemoglobinopathies, significant cardiac disease, creatinine clearance less than 50 mL/min, documented severe allergic reaction, or pregnancy); **OR**
   iii. Individual is currently on and completing a course of therapy with Vosevi; **OR**
   iv. Individual is concurrently using an agent that cannot be substituted with another agent or temporarily discontinued and is contraindicated or not recommended for concomitant use with the preferred regimen or regimens;

**OR**

k. Individual is DAA[2e] treatment-experienced with compensated[1] cirrhosis or without cirrhosis, and Genotype 3, 4, 5 or 6;

**OR**

B. In combination with ribavirin for the following (AASLD/IDSA 2019):
   1. Individual is NS5A[2a] treatment-experienced, with compensated[1] cirrhosis and Genotype 3;

   **OR**

   2. Individual had treatment failure with Mayvret (glecaprevir/pibrentasvir) monotherapy, with compensated cirrhosis and Genotype 1, 2, 3, 4, 5, or 6.

Vosevi (sofosbuvir/velpatasvir/voxilaprevir) may **not** be approved for the following:

I. Individual has decompensated[1] cirrhosis; **OR**

II. Individual is requesting in concurrent therapy with contraindicated or not recommended agents, including but not limited to the following: amiodarone, atazanavir- or lopinavir containing regimens, tipranavir/ritonavir, efavirenz, etravirine, nevirapine, rosuvastatin, and

| Market Applicability | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Market** | **DC** | **GA** | **KY** | **MD** | **NJ** | **NY** | **WA** |
| **Applicable** | NA | NA | X | NA | X | X | NA |

pitavastatin, cyclosporine, poly glycoprotein (P-gp) inducers and moderate or strong cytochrome (CYP) 3A4 inducers (including but not limited to, phenytoin, St. John's Wort, phenobarbital, rifampin, rifabutin, rifapentine, carbamazepine, oxcarbazepine), or Breast Cancer Resistance Protein (BCRP) substrates (including but not limited to, methotrexate, mitoxantrone, imatinib, irinotecan, lapatinib, sulfasalazine, topotecan); **OR**

III. Individual is using in combination with a regimen containing a non-nucleoside NS5B polymerase inhibitor (such as dasabuvir) or another nucleotide NS5B polymerase inhibitor; **OR**

IV. Individual is using in combination with a regimen containing another NS5A[2a] inhibitor; **OR**

V. Individual is using in combination with a regimen containing another NS3/4A[2c] protease inhibitor; **OR**

VI. Individual is requesting the regimen for re-treatment and either failed to achieve a SVR (defined as a lower limit HCV RNA of 25 IU/mL) or relapsed after achieving a SVR during a prior successfully completed treatment regimen with Vosevi (sofosbuvir/velpatasvir/voxilaprevir).

**Notes**:

[a]Per AASLD/IDSA treatment guidance, Vosevi (sofosbuvir/velpatasvir/voxilaprevir) may be used in individuals who are co-infected with HIV-1. The AASLD/IDSA treatment guidance recommends that concurrent use with tenofovir disoproxil fumarate (TDF) should be avoided with an eGFR below 60 mL/min.

[b]Per AASLD/IDSA treatment guidance, for patients with prior Mavyret failure and compensated cirrhosis, addition of weight-based ribavirin is recommended.

1. **Compensated Liver Disease:**
   According to the American Association for the Study of Liver Diseases (AASLD/IDSA 2017), the specific criteria for compensated liver disease include all of the following: a total bilirubin; serum albumin; prothrombin time/INR; presence of ascites; and presence of hepatic encephalopathy. However, these criteria do not establish a comprehensive definition of compensated liver disease. The AASLD guidance refers to compensated liver disease as Class A based on the Child Pugh-Turcotte (CPT) classification scoring system.
   Moderate to Severe (Decompensated) Liver Disease:
   The AASLD guidance refers to decompensated (moderate to severe) liver disease as Class B or C based on the Child-Pugh Turcotte (CPT) classification scoring system.

**Child Pugh Classification (AASLD/IDSA 2017)**

| Parameters | | | |
|---|---|---|---|
| Points Assigned | 1 point | 2 points | 3 points |
| Total Bilirubin (µmol/L) | <34 | 34-50 | >50 |

| Market Applicability | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Market** | **DC** | **GA** | **KY** | **MD** | **NJ** | **NY** | **WA** |
| **Applicable** | NA | NA | X | NA | X | X | NA |

| | | | |
|---|---|---|---|
| Serum Albumin (g/L) | >35 | 28-35 | <28 |
| Prothrombin time/INR | <1.7 | 1.71-2.30 | >2.30 |
| Ascites | None | Mild | Moderate to Severe |
| Hepatic Encephalopathy | None | Grade I-II (or suppressed with medication | Grade III-IV (or refractory) |

**Child Pugh Score Interpretation (AASLD/IDSA2017)**

| | | |
|---|---|---|
| Class A | 5-6 points | Well compensated liver disease |
| Class B | 7-9 points | Significant functional compromise (moderate hepatic impairment) |
| Class C | 10-15 points | Uncompensated liver disease (severe hepatic impairment) |

2. Past Treatment Exposure Definitions (AASLD/IDSA 2017):
    a. NS5A Inhibitor: includes daclatasvir, ledipasvir, elbasvir, ombitasvir, pibrentasvir, or velpatasvir-containing regimens
    b. P/R: includes peginterferon (or non-pegylated interferon) ± ribavirin
    c. NS3/4A Protease Inhibitor: includes simeprevir, grazoprevir, paritaprevir, glecaprevir, and voxilaprevir-containing regimens
    d. Triple therapy: includes NS3 protease inhibitor (simeprevir, boceprevir or telaprevir) plus peginterferon and ribavirin
    e. Direct Acting Antiviral (DAA): includes NS5A inhibitors, NS3/4A protease inhibitors, and NS5B polymerase inhibitors (sofosbuvir, dasabuvir)

3. Chronic Kidney Disease (CKD) Definitions (AASLD/IDSA 2017):
   Severe CKD (Stage 4): eGFR 15-29 mL/min
   End-Stage CKD (Stage 5): eGFR < 15 mL/min

4. **Metavir Scoring Systems for Fibrosis Staging (AASLD 2009):**

| **Stage (F)** | |
|---|---|
| 0 | No fibrosis |
| 1 | Periportal fibrotic expansion |
| 2 | Periportal septae 1 (septum) |
| 3 | Porto-central septae |
| 4 | Cirrhosis |

5. Hepatitis C virus (HCV) direct acting antiviral (DAA) agents have a black box warning for risk of hepatitis B virus (HBV) reactivation in individuals with HCV-HBV co-infection. Individuals should

| Market Applicability | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Market** | **DC** | **GA** | **KY** | **MD** | **NJ** | **NY** | **WA** |
| **Applicable** | NA | NA | X | NA | X | X | NA |

be tested for evidence of current or prior HBV infection prior to initiation of DAA therapy. HBV reactivation has been reported in HCV/HBV co-infected individuals currently taking or previously completed DAA therapy and not concomitantly receiving HBV antiviral therapy. Some cases of HBV reactivation have led to fulminant hepatitis, hepatic failure, and death. Individuals should be monitored for hepatitis flare or HBV reactivation during and following HCV DAA therapy. Individuals should be appropriately managed for HBV infection as indicated.

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