

PharmaCare Coverage of New Direct-acting Antiviral Drugs and Expanded Coverage for Adults with Chronic Hepatitis C Infection

Effective **March 21, 2017**, hepatologists, gastroenterologists, infectious disease specialists, and other physicians experienced with treating chronic hepatitis C (CHC), can apply for coverage of the following new direct-acting antivirals (DAAs) on behalf of their adult patients with CHC:

- Sofosbuvir-velpatasvir (Epclusa™) with or without ribavirin (RBV) for genotype 1, 2, 3, 4, 5 or 6
- Elbasvir-grazoprevir (Zepatier™) with or without RBV for genotype 1 or 4
- Daclatasvir (Daklinza™) plus sofosbuvir (Sovaldi®) with or without RBV for genotype 3
- Asunaprevir (Sunvepra™) plus daclatasvir (Daklinza™) for genotype 1b

In addition to the new DAAs, PharmaCare continues to cover:

- Sofosbuvir (Sovaldi®) with RBV for genotype 2 or 3
- Ledipasvir-sofosbuvir (Harvoni®) for genotype 1

The new DAAs were reviewed by the Common Drug Review (CDR) followed by the B.C. drug review process and the pan-Canadian Pharmaceutical Alliance. BC PharmaCare drug reviews are based on many considerations, including: available clinical and pharmacoeconomic evidence; input from specialists; input from patients, caregivers, and patient groups gathered through the PharmaCare Your Voice web page; and the recommendations of an independent advisory body called the Drug Benefit Council. See the [CDR recommendations](#).

As of **March 21, 2017**, PharmaCare covers treatment-naïve or treatment-experienced adult patients with CHC genotype 1, 2, 3, 4, 5 or 6 infection who have liver fibrosis stage:

- F2 or greater (Metavir scale or equivalent) including decompensated cirrhosis or who have liver fibrosis stage lower than F2 and meet one or more of the following criteria:
 - Co-infection with HIV or chronic active hepatitis B virus
 - Post-organ transplant (liver and/or non-liver organ transplant)
 - Extra-hepatic manifestations
 - Chronic kidney disease stage 3, 4 or 5 as defined by National Kidney Foundation Kidney Disease Outcomes Quality Initiative
 - Co-existent liver disease with diagnostic evidence of fatty liver disease (e.g., non-alcoholic steatohepatitis)
 - Diabetes for which the patient is receiving anti-diabetic drugs
 - Women who are planning to get pregnant within the next 12 months

This coverage approach is consistent with existing PharmaCare criteria for coverage of HCV therapies for patients at highest risk of liver-related morbidity.ⁱ Patients with clinical comorbidities who meet the criteria should be considered for prioritized therapy due to the potential for rapid progression of liver disease in co-existence with other diseases. The potential of HCV clearance will help reduce symptoms and mortality from severe extrahepatic manifestations or improve morbidity from other co-existing non-hepatic diseases, or due to other conditions and/or circumstances in which CHC treatment is clinically determined to be necessary.^{ii iii iv}

Special Authority requests for coverage for all drug regimens must be accompanied by the following tests:

1. **Genotype test**—A hepatitis C genotype test result from the BC Center for Disease Control (BCCDC). All patients who had their **genotype 1** subtype prior to **May 1, 2012** will require a new genotyping test, based on information from the BCCDC. Repeat genotyping for other subtypes is recommended only for patients who either relapse or fail prior therapy, or when reinfection is a consideration. Therefore, repeat genotyping is required before PharmaCare will consider exceptional, case-by-case Special Authority requests for re-treatment for direct-acting antiviral (DAA) failures.
2. **HCV RNA test**—An updated HCV RNA test within the last 12 months.
3. **Fibrosis staging**—Acceptable methods for measuring fibrosis score include liver biopsy, transient elastography (FibroScan), fibrotest, serum biomarker panels (such as AST-to-Platelet Ratio Index or Fibrosis-4 score). For more information, see [Determining fibrosis stage for the treatment of CHC](#).
4. **A copy of the most recent bloodwork** as outlined on the Special Authority form.
5. **Other diagnostic lab tests or clinical evidence**—Requests for coverage for patients who meet the criteria for extra-hepatic manifestation, co-existence fatty liver disease, compensated or decompensated cirrhosis must be accompanied by supporting lab tests or clinical evidence.

Access [detailed criteria and Special Authority Request forms](#).

Genotype 1 Drug Treatment Options

Since March 24, 2015, PharmaCare has covered Harvoni, an all-oral combination DAA therapy for treatment-naïve or treatment-experienced adult patients with CHC genotype 1 infection.

Effective **March 21, 2017**, PharmaCare also covers the following DAA drug options to treat genotype 1 infected patients:

- Epclusa with or without RBV
- Zepatier with or without RBV
- Sunvepra with Daklinza

Higher cures rates are reported with these DAAs (based upon sustained viral response (SVR)), and the drugs are dosed once-daily (with the exception of Sunvepra), are generally well-tolerated (compared to interferon-containing regimens) and, in some cases, offer a shorter 8 week duration of therapy for specific populations. See the [CDR recommendations for individual DAA drugs](#).

Effective **March 23, 2017**, PharmaCare will no longer cover ombitasvir-paritaprevir-ritonavir and dasabuvir (Holkira® Pak) as a Limited Coverage benefit, but PharmaCare coverage will continue for patients who are currently receiving Holkira Pak and need to complete their course of therapy.

When selecting therapeutic options for patients with genotype 1 infection, the options are:

- Zepatier for 8 or 12 weeks, with or without RBV for 16 weeks
- Epclusa with or without RBV for 12 weeks
- Harvoni with or without RBV for 8, 12 or 24 weeks
- Sunvepra with Daklinza for 24 weeks

Prescribers should consider the Canadian Agency for Drugs and Technologies in Health ([CADTH Therapeutic Review – Drugs for Chronic Hepatitis C Infection](#)) and the [CDR recommendations regarding Epclusa, Harvoni, Zepatier and Sunvepra](#).

Genotype 1 to 6 Drug Treatment Options for Special Populations

When considering treatment options for patients with decompensated cirrhosis, defined as Child-Pugh Score(CPS) class B or C (score 7 or above), the Health Canada indicated options covered by PharmaCare are:

- Harvoni with RBV for 12 weeks for genotype 1
- Epclusa with RBV for 12 weeks for genotype 1 to 6

- Daklinza with Sovaldi plus RBV for 12 weeks for genotype 3

Special Authority requests for patients with decompensated cirrhosis must be accompanied by additional documentation and clinical evidence to support the request as outlined in the Special Authority form.

When considering treatment options for patients who are post-liver transplantation, the Health Canada indicated options covered by PharmaCare are:

- Harvoni with RBV for 12 weeks for genotype 1
- Daklinza with Sovaldi plus RBV for 12 weeks for genotype 3

Genotype 2 or 3 Drug Treatment Options

As of **March 21, 2017**, PharmaCare covers the following DAA drug options for genotype 2 or 3 infected patients:

- Epclusa with or without RBV for 12 weeks for genotype 2 or 3
- Daklinza plus Sovaldi with or without RBV for 12 weeks for genotype 3
- Sovaldi with RBV for 12 weeks or 24 weeks for genotype 2 or 3

When selecting therapeutic options for patients with genotype 2 or 3 infection, prescribers should consider the [CDR recommendation](#) regarding Epclusa or Daklinza.

Genotype 4, 5 or 6 Drug Treatment Options

As of **March 21, 2017**, PharmaCare covers all-oral combination of DAAs for the treatment-naïve and treatment-experienced adult patients with CHC genotype 4, 5 or 6 infection. PharmaCare covers the following DAA drug options for genotype 4 infected patients:

- Zepatier for 12 weeks or with RBV for 16 weeks
- Epclusa with or without RBV for 12 weeks

For genotype 5 or 6 infected patients, Epclusa with or without RBV for 12 weeks is the treatment option.

ⁱ Recommendations for Direct-Acting Antiviral Agents for Chronic Hepatitis C Genotype 1. CADTH Therapeutic Review. October 2014, Vol2 Issue 2C. Available at www.cadth.ca/media/pdf/TR0007_HepC_RecsReport_e.pdf.

ⁱⁱ Myers, Robert P., et al. An update on the management of chronic hepatitis C 2015 Consensus guidelines from the Canadian Association for the Study of the Liver. Can J Gastroenterol Hepatol Vol 29 No 1 (January/February 2015): 19-34.

ⁱⁱⁱ American Association for the Study of Liver Diseases (AASLD) HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C. Available at www.hcvguidelines.org/full-report-view.

^{iv} Pawlotsky, Jean-Michel., et al. European Association for the Study of the Liver (EASL) Recommendations on Treatment of Hepatitis C 2016. Available at www.easl.eu/medias/cpg/HCV2016/Summary.pdf.