PRIOR AUTHORIZATION POLICY

POLICY: Hepatitis C – Mavyret Prior Authorization Policy
- Mavyret® (glecaprevir/pibrentasvir tablets and oral pellets – AbbVie)

REVIEW DATE: 04/03/2024

OVERVIEW

Mavyret, a direct-acting antiviral, contains glecaprevir, a pangenotypic NS3/4A protease inhibitor and pibrentasvir, a pangenotypic NS5A inhibitor.[1] It is indicated for the treatment of **chronic hepatitis C virus** (HCV) in the following scenarios:

- Patients ≥ 3 years of age with genotype 1, 2, 3, 4, 5, or 6 infection without cirrhosis or with compensated cirrhosis (Child-Pugh A).
- Patients ≥ 3 years of age with genotype 1 infection who have previously been treated with a regimen containing an HCV NS5A inhibitor or an NS3/4A protease inhibitor, but not both.

Dosing

The duration of therapy is based on prior treatment experience, genotype, and the presence or absence of cirrhosis (see Tables 1 and 2). In addition, Mavyret is recommended for 12 weeks in patients ≥ 3 years of age who are liver or kidney transplant recipients. Similar to non-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 treatment-experienced with regimens containing interferon, pegylated interferon, ribavirin, and/or Sovaldi® (sofosbuvir tablets/oral pellets).

Table 1. Recommended Duration for Treatment-Naïve Patients.[1]
HCV – Hepatitis C virus.

Table 2. Recommended Duration for Treatment-Experienced Patients.[1]
HCV – Hepatitis C virus; PRS – Prior treatment experience with regimens containing interferon, pegylated interferon, ribavirin, and/or Sovaldi® (sofosbuvir tablets), but no prior treatment experience with an HCV NS3/4A protease inhibitor (PI) or NS5A inhibitor; PI – Protease inhibitor; [1] Regimens containing Olysio® (simeprevir capsules) and Sovaldi, or Olysio, Victrelis® (boceprevir capsules), or Incivek® (telaprevir tablets) with interferon or pegylated interferon and ribavirin were studied; [2] Regimens containing ledipasvir/sofosbuvir or Daklinza® (daclatasvir tablets) + pegylated interferon + ribavirin [unapproved regimen] were studied.

Guidelines

The American Association for the Study of Liver Diseases/Infectious Diseases Society of America (AASLD/IDSA) provide recommendations for testing, monitoring, and treating HCV (October 24, 2022).[2] Instances in which the guidelines provide recommendations for Mavyret outside of the FDA-approved indications are outlined below.

With the availability of pangenotypic HCV treatment regimens, HCV genotyping is no longer required prior to treatment initiation for all individuals. Pretreatment genotyping is still recommended in patients with cirrhosis and/or past unsuccessful HCV treatment, because treatment regimens may differ by genotype. However, for treatment-naïve patients without cirrhosis, although genotyping may impact the preferred treatment approach, it is not required if a pangenotypic regimen is used. Treatment-naïve adults without cirrhosis are eligible for simplified treatment if they do not have hepatitis B virus (not hepatitis B serum

antigen [HBsAg] positive), are not pregnant, do not have hepatocellular carcinoma, and have not had a liver transplantation. In treatment-naïve adults without cirrhosis, the recommended regimens are Mavyret for 8 weeks or sofosbuvir/velpatasvir for 12 weeks. Additional genotype-specific and/or special circumstance-specific recommendations are also provided for patients falling outside of these parameters. Treatment-naïve adults with compensated cirrhosis are also eligible for simplified treatment. In patients with compensated cirrhosis, the recommended regimen in patients with genotype 1 through 6 is Mavyret for 8 weeks; sofosbuvir/velpatasvir for 12 weeks is recommended in patients with genotype 1, 2, 4, 5, or 6 (patients with genotype 3 require baseline NS5A resistance-associated substitution testing. Those without Y93H can be treated with sofosbuvir/velpatasvir for 12 weeks). Genotype testing is not required for Mavyret as part of the simplified algorithm in patients with compensated cirrhosis.

Mavyret is recognized as a recommended regimen (12 weeks) for the treatment of patients with recurrent HCV post-liver transplantation (without cirrhosis or with compensated cirrhosis).

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Mavyret. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Mavyret as well as the monitoring required for adverse events and efficacy, approval requires Mavyret to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Mavyret is recommended in those who meet one of the following:

FDA-Approved Indications

1. **Chronic Hepatitis C Virus (HCV) Genotype 1, 2, 3, 4, 5, or 6, Treatment-Naïve.** Approve for 8 weeks if the patient meets ALL of the following (A, B, and C):
   - **A)** Patient is ≥ 3 years of age; AND
   - **B)** Patient is HCV treatment-naïve (the patient has not previously received treatment for their chronic HCV infection); AND
   - **C)** The medication is prescribed by or in consultation with a gastroenterologist, hepatologist, infectious diseases physician, or a liver transplant physician.

2. **Chronic Hepatitis C Virus (HCV), Genotype 1, Treatment-Experienced.** Approve for the duration noted if the patient meets ALL of the following (A, B, and C):
   - **A)** Patient is ≥ 3 years of age; AND
   - **B)** Patient meets ONE of the following conditions (i, ii, iii, or iv):
     - **i.** NS5A-Experienced, NS34-Naïve: Approve for 16 weeks if the patient meets ALL of the following (a, b, and c):
       - **a)** Patient does not have cirrhosis or has compensated cirrhosis (Child-Pugh A); AND
       - **b)** Patient had a prior null response, prior partial response, or had relapse after prior treatment with one of the following NS5A-inhibitor containing products: Daklinza (daclatasvir tablets), sofosbuvir/velpatasvir, ledipasvir/sofosbuvir; AND
       - **c)** Patient has not previously been treated with one of the following NS3/4A inhibitor or NS3/4A inhibitor-containing products: Olysio (simeprevir capsules), Victrelis (boceprevir

capsules), or Incivek (telaprevir tablets), Technivie (ombitasvir/paritaprevir/ritonavir tablets), Viekira Pak (ombitasvir/paritaprevir/ritonavir tablets; dasabuvir tablets, co-packaged), Viekira XR (dasabuvir/ombitasvir/paritaprevir/ritonavir extended-release tablets), Vosevi (sofosbuvir/velpatasvir/voxilaprevir tablets); or Zepatier (elbasvir/grazoprevir tablets); OR

ii. NS3/4-Experienced, NS5A-Naïve: Approve for 12 weeks if the patient meets ALL of the following (a, b, and c):
- **a)** Patient does not have cirrhosis or has compensated cirrhosis (Child-Pugh A); AND
- **b)** Patient has not previously been treated with one of the following NS5A-inhibitor-containing products: Daklinza (daclatasvir tablets), sofosbuvir/velpatasvir, ledipasvir/sofosbuvir, Technivie (ombitasvir/paritaprevir/ritonavir tablets), Viekira Pak (ombitasvir/paritaprevir/ritonavir tablets; dasabuvir tablets, co-packaged), Viekira XR (dasabuvir/ombitasvir/paritaprevir/ritonavir extended-release tablets), Vosevi (sofosbuvir/velpatasvir/voxilaprevir tablets), or Zepatier (elbasvir/grazoprevir tablets); AND
- **c)** Patient had a prior null response, prior partial response, or had relapse after prior treatment with one of the following NS3/4A inhibitor or NS3/4A inhibitor-containing products: Olysio (simeprevir capsules), Victrelis (boceprevir capsules), or Incivek (telaprevir tablets); OR

iii. Pegylated Interferon/Interferon, Ribavirin, Sovaldi-Experienced: Approve for 8 weeks if the patient meets BOTH of the following (a and b):
- **a)** Patient does not have cirrhosis; AND
- **b)** Patient had a prior null response, prior partial response, or had relapse after prior treatment with one of the following regimens: interferon ± ribavirin, pegylated interferon ± ribavirin, Sovaldi (sofosbuvir tablets/oral pellets) + ribavirin, Sovaldi + pegylated interferon + ribavirin; OR

iv. Pegylated Interferon/Interferon, Ribavirin, Sovaldi-Experienced: Approve for 12 weeks if the patient meets BOTH of the following (a and b):
- **a)** Patient has compensated cirrhosis (Child-Pugh A); AND
- **b)** Patient had a prior null response, prior partial response, or had relapse after prior treatment with one of the following regimens: interferon ± ribavirin, pegylated interferon ± ribavirin, Sovaldi (sofosbuvir tablets/oral pellets) + ribavirin, Sovaldi + pegylated interferon + ribavirin; AND

C) The medication is prescribed by or in consultation with a gastroenterologist, hepatologist, infectious diseases physician, or a liver transplant physician.

Chronic Hepatitis C Virus (HCV), Genotype 2, 4, 5, or 6, Treatment-Experienced. Approve for the duration noted if the patient meets ALL of the following (A, B, and C):

- **A)** Patient is ≥ 3 years of age; AND
- **B)** Patient meets ONE of the following (i or ii):
  - **i.** Approve for 8 weeks if the patient meets BOTH of the following (a and b):
    - **a)** Patient does not have cirrhosis; AND
    - **b)** Patient had a prior null response, prior partial response, or had relapse after prior treatment with one of the following regimens: interferon ± ribavirin, pegylated interferon ± ribavirin, Sovaldi (sofosbuvir tablets/oral pellets)+ ribavirin, Sovaldi + pegylated interferon + ribavirin; OR
  - **ii.** Approve for 12 weeks if the patient meets BOTH of the following (a and b):
    - **a)** Patient has compensated cirrhosis (Child-Pugh A); AND
    - **b)** Patient had a prior null response, prior partial response, or had relapse after prior treatment with one of the following regimens: interferon ± ribavirin, pegylated interferon ± ribavirin, Sovaldi (sofosbuvir tablets/oral pellets) + ribavirin, Sovaldi + pegylated interferon + ribavirin; AND
- **C)** The medication is prescribed by or in consultation with a gastroenterologist, hepatologist, infectious diseases physician, or a liver transplant physician.

4. **Chronic Hepatitis C Virus (HCV), Genotype 3, Treatment-Experienced**. Approve for 16 weeks if the patient meets ALL of the following (A, B, C, and D):
   - **A)** Patient is ≥ 3 years of age; AND
   - **B)** Patient does not have cirrhosis or has compensated cirrhosis (Child-Pugh A); AND
   - **C)** Patient had a prior null response, prior partial response, or had relapse after prior treatment with one of the following regimens: interferon ± ribavirin, pegylated interferon ± ribavirin, Sovaldi (sofosbuvir tablets/oral pellets) + ribavirin, Sovaldi + pegylated interferon + ribavirin; AND
   - **D)** The medication is prescribed by or in consultation with a gastroenterologist, hepatologist, infectious diseases physician, or a liver transplant physician.

5. **Hepatitis C Virus (HCV) Kidney or Liver Transplant Recipient, Genotype 1, 2, 3, 4, 5, or 6**. Approve for the duration noted if the patient meets ALL of the following (A, B, C, and D):
   - **A)** Patient is ≥ 3 years of age; AND
   - **B)** Patient is a kidney or liver transplant recipient with HCV; AND
   - **C)** Patient meets ONE of the following (i, ii, or iii):
     - **i.** Patient has genotype 2, 4, 5, or 6 HCV: Approve for 12 weeks; OR
     - **ii.** Patient has genotype 1 HCV: Approve for the duration below (a or b):
       - **a)** NS5A-Experienced, NS3/4-Naïve: Approve for 16 weeks if the patient meets BOTH of the following [(1) and (2)]:
         - **(1)** Patient had a prior null response, prior partial response, or had relapse after prior treatment with one of the following NS5A-inhibitor containing products: Daklinza (daclatasvir tablets), sofosbuvir/velpatasvir, ledipasvir/sofosbuvir; AND
         - **(2)** Patient has not previously been treated with one of the following NS3/4A inhibitor or NS3/4A inhibitor-containing products: Olysio (simeprevir capsules), Victrelis (boceprevir capsules), or Incivek (telaprevir tablets), Technivie (ombitasvir/paritaprevir/ritonavir tablets), Viekira Pak (ombitasvir/paritaprevir/ritonavir tablets; dasabuvir tablets, co-packaged), Viekira XR (dasabuvir/ombitasvir/paritaprevir/ritonavir extended-release tablets), Vosevi (sofosbuvir/velpatasvir/voxilaprevir tablets); or Zepatier (elbasvir/grazoprevir tablets). OR
       - **b)** Approve for 12 weeks for all other patients with genotype 1 HCV; OR
     - **iii.** Patient has genotype 3 HCV: Approve for the duration below (a or b):

a) Approve for 16 weeks if the patient had a prior null response, prior partial response, or had relapse after prior treatment with one of the following regimens: interferon ± ribavirin, pegylated interferon ± ribavirin, Sovaldi (sofosbuvir tablets/oral pellets) + ribavirin, Sovaldi + pegylated interferon + ribavirin; OR

b) Approve for 12 weeks for all other patients with genotype 3 HCV; AND

D) The medication is prescribed by or in consultation with one of the following prescribers who is affiliated with a transplant center: gastroenterologist, hepatologist, infectious diseases physician, nephrologist, renal transplant physician, or liver transplant physician.

Other Uses with Supportive Evidence

6. **Chronic Hepatitis C Virus (HCV), Genotype Unknown/Undetermined.** Approve for 8 weeks if the patient meets ALL of the following (A, B, C, D, E, F, G, and H):
   - **A)** Patient is ≥ 18 years of age; AND
   - **B)** Patient meets ONE of the following (i or ii):
     - **i.** Patient does not have cirrhosis; OR
     - **ii.** Patient has compensated cirrhosis; AND
   - **C)** Patient has not previously been treated for hepatitis C virus; AND
   - **D)** Patient does not have hepatitis B virus; AND
   - **E)** Patient is not pregnant; AND
   - **F)** Patient does not have hepatocellular carcinoma; AND
   - **G)** Patient has not had a liver transplantation; AND
   - **H)** The medication will be prescribed by or in consultation with a gastroenterologist, hepatologist, infectious diseases physician, or a liver transplant physician.

7. **Recurrent Hepatitis C Virus (HCV) Post-Liver Transplantation, Genotype 1, 2, 3, 4, 5, or 6.** Approve for 12 weeks if the patient meets ALL of the following (A, B, and C):
   - **A)** Patient is ≥ 3 years of age; AND
   - **B)** Patient has recurrent HCV after a liver transplantation; AND
   - **C)** The medication is prescribed by or in consultation with one of the following prescribers who is affiliated with a transplant center: a gastroenterologist, hepatologist, infectious diseases physician, or liver transplant physician.

8. **Patient Has Been Started on Mavyret.** Approve for an indication or condition addressed as an approval in the Recommended Authorization Criteria section (FDA-Approved Indications or Other Uses with Supportive Evidence). Approve the duration described above to complete a course therapy (e.g., a patient who should receive 12 weeks, and has received 3 weeks should be approved for 9 weeks to complete their 12-week course).

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Mavyret is not recommended in the following situations:

1. **Hepatitis C Virus (HCV) Child-Pugh Class B or C Liver Disease (Moderate or Severe Hepatic Impairment).** Mavyret is contraindicated in patients with moderate or severe hepatic impairment (Child-Pugh Class B or C).

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

3. **Pediatric Patient (< 3 Years of Age).** The safety and efficacy of Mavyret have not been established in pediatric patients < 3 years of age.[1]

4. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Mavyret® tablets and oral pellets [prescribing information]. North Chicago, IL: AbbVie; October 2023.
2. 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 December 19, 2023. Accessed on March 26, 2024.