Treatment of Hepatitis C with sofosbuvir/velpatasvir/voxilaprevir (Vosevi™)

Policy # 00594
Original Effective Date: 11/15/2017
Current Effective Date: 12/13/2021

Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc. (collectively referred to as the "Company"), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

Note: Treatment of Hepatitis C with Dual Therapy (Ribavirin Plus Pegylated Interferon Alfa) is addressed separately in medical policy 00374.

Note: Pegylated Interferons (Pegasys®, PegIntron®) for Other (Non-Hepatitis C) Uses is addressed separately in medical policy 00375.

Note: Treatment of Hepatitis C with a sofosbuvir (Sovaldi®) Based Regimen is addressed separately in medical policy 00397.

Note: Treatment of Hepatitis C with sofosbuvir/ledipasvir (Harvoni®, Authorized Generic) is addressed separately in medical policy 00455.

Note: Treatment of Hepatitis C with ombitasvir, paritaprevir, ritonavir, and dasabuvir (Viekira Pak™ is addressed separately in medical policy 00462.

Note: Treatment of Hepatitis C with elbasvir and grazoprevir (Zepatier™) is addressed separately in medical policy 00509.

Note: Treatment of Hepatitis C with sofosbuvir/velpatasvir (Epclusa®, Authorized Generic) is addressed separately in medical policy 00514.

Note: Treatment of Hepatitis C with glecaprevir/pibrentasvir (Mavyret™) is addressed separately in medical policy 00593.

When Services May Be Eligible for Coverage

Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:

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- *Benefits are available in the member's contract/certificate, and*
- *Medical necessity criteria and guidelines are met.*

Based on review of available data, the Company may consider sofosbuvir/velpatasvir/voxilaprevir (Vosevi™)‡ for the treatment of individuals with chronic hepatitis C virus (HCV) to be **eligible for coverage.****

Patient Selection Criteria

Based on review of available data, the Company may consider sofosbuvir/velpatasvir/voxilaprevir (Vosevi) when the following criteria are met:

- Patient has a diagnosis of chronic hepatitis C virus (HCV) genotypes 1, 2, 3, 4, 5, or 6; AND
- Patient does NOT have decompensated cirrhosis (Child-Pugh B/C); AND
- Patient meets the criteria in the chart below (including failure of certain treatment regimens) and adheres to the timeframes for treatment:

Genotype	Previous Treatment Regimen	Duration
1, 2, 3, 4, 5, or 6	An NS5A inhibitor[1]	12 weeks
1a or 3	sofosbuvir withOUT an NS5A inhibitor[2]	12 weeks

[1]Patients in trials were experienced with NS5A inhibitors, including Epclusa, Harvoni, Viekira Pak, Viekira XR, Technivie, Zepatier, or regimens containing Daklinza.
[2]Patients in trials were treated with prior regimens containing Sovaldi with or without any of the following: peginterferon alfa/ribavirin, ribavirin, or HCV NS3/4A protease inhibitor (Olysio, Incivek, or Victrelis).

When Services Are Considered Investigational

Coverage is not available for investigational medical treatments or procedures, drugs, devices or biological products.

Based on review of available data, the Company considers the use of sofosbuvir/velpatasvir/voxilaprevir (Vosevi) when patient selection criteria are not met to be **investigational.***

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Background/Overview

Vosevi is indicated for the treatment of adult patients with chronic HCV infection without cirrhosis or with compensated cirrhosis (Child-Pugh A) who have genotype 1, 2, 3, 4, 5, or 6 infection and have previously been treated with an HCV regimen containing an NS5A inhibitor OR those who have genotype 1a or 3 infection who have previously been treated with an HCV regimen containing sofosbuvir without an NS5A inhibitor. Vosevi contains sofosbuvir (NS5B polymerase inhibitor), velpatasvir (NS5A inhibitor), and voxilaprevir (NS3/4A protease inhibitor). The dosage is one tablet taken once daily with food.

Hepatitis C

Hepatitis C is the most common blood borne pathogen. In the US, there are approximately 3.2 million people chronically infected with hepatitis C. Hepatitis C, a single-stranded RNA virus, is genetically complex with several recognized genotypes. Genotypes 1, 2, and 3 are the most frequently encountered genotypes worldwide. Type 1a is most frequently found in Northern Europe and North America, while 1b is most common in Japan and Southern and Eastern Europe. Genotypes 4 and 5 are most commonly found in Africa, while genotype 6 is common in Asia.

Drug regimens have evolved quite a bit over the past few years in this class. It is beyond the scope of this policy to delve into the entire timeline of approvals, however a brief overview will provide an idea of the evolution of these drugs. The earlier regimens contained ribavirin and interferon/pegylated interferons. The next wave of products brought NS3/4A protease inhibitors to market such as Incivek®‡ and Victrelis®‡. After that, an NS5B polymerase inhibitor was approved (Sovaldi®)‡. Following the release of Sovaldi, a drug was approved that contained a combination NS5A inhibitor and NS5B polymerase inhibitor combination (Harvoni®)‡. Drugs approved up until that point in time mainly treated genotype 1 hepatitis C virus. After these drugs were approved, a multitude of other drugs were approved (Viekira/XR®‡, Zepatier™‡, Daklinza™‡, etc). As drugs continue to be FDA approved in this space, the range of genotypes that can be treated increases. The latest wave of drugs includes pangenotypic products such as Epclusa®‡, Mavyret™‡, and Vosevi. For more information on each individual drug, please see the product's package insert or refer to their respective medical policy.

Vosevi has been integrated into the American Association for the Study of Liver Diseases (AASLD) guidelines in various scenarios for the treatment of HCV, however it should be noted that these guidelines are receiving constant updates as new products are approved.

FDA or Other Governmental Regulatory Approval

U.S. Food and Drug Administration (FDA)

Vosevi is FDA approved for the treatment of adult patients with chronic HCV infection without cirrhosis or with compensated cirrhosis (Child-Pugh A) who have genotype 1, 2, 3, 4, 5, or 6 infection and have previously been treated with an HCV regimen containing an NS5A inhibitor OR those who have genotype 1a or 3 infection who have previously been treated with an HCV regimen containing sofosbuvir without an NS5A inhibitor.

Rationale/Source

This medical policy was developed through consideration of peer-reviewed medical literature generally recognized by the relevant medical community, U.S. Food and Drug Administration approval status, nationally accepted standards of medical practice and accepted standards of medical practice in this community, Blue Cross and Blue Shield Association technology assessment program (TEC) and other non-affiliated technology evaluation centers, reference to federal regulations, other plan medical policies, and accredited national guidelines.

NS5A inhibitor experienced adults without cirrhosis or with compensated cirrhosis

POLARIS-1 evaluated 12 weeks of treatment with Vosevi compared with 12 weeks of placebo in (direct acting antiviral) DAA-experienced subjects with genotype 1, 2, 3, 4, 5, or 6 HCV infection without cirrhosis or with compensated cirrhosis who previously failed a regimen containing an NS5A inhibitor. The overall SVR12 across all genotypes after 12 weeks of Vosevi was 96%. The SVR12 for genotype 1a was 96%, genotype 1b was 100%, genotype 2 was 100%, genotype 3 was 95%, genotype 4 was 91%, and genotypes 5 and 6 were 100%.

DAA experienced adults without cirrhosis or with compensated cirrhosis who had not received an NS5A inhibitor

POLARIS-4 was a randomized, open-label trial that evaluated 12 weeks of treatment with Vosevi and 12 weeks of treatment with Epclusa in subjects with genotype 1, 2, 3, or 4 HCV infection without cirrhosis or with compensated cirrhosis who had previously failed a HCV DAA-containing regimen that did not include an NS5A inhibitor. Treatment with Vosevi for 12 weeks resulted in numerically higher SVR12 rates than treatment with Epclusa for 12 weeks in subjects with HCV genotype 1a and 3 infection. Comparable SVR12 rates were observed in subjects with HCV genotype 1b and 2 infection treated with Vosevi for 12 weeks or with Epclusa for 12 weeks. No comparison data are available for

HCV genotypes 4, 5, and 6. Given these data, the additional benefit of Vosevi has not been shown over Epclusa for these genotypes and Vosevi is only indicated for the treatment of HCV genotypes 1a or 3 infection in adults who previously received sofosbuvir without an NS5A inhibitor.

References

1. www.cdc.gov
2. Vosevi [package insert]. Gilead Sciences, Inc. Foster City California. Updated November 2019.
3. Recommendations for Testing, Managing, and Treating Hepatitis C. American Association for the Study of liver diseases. Updated January 2021.

Policy History

Original Effective Date: 11/15/2017
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11/02/2017	Medical Policy Committee review
11/15/2017	Medical Policy Implementation Committee approval. New policy.
11/08/2018	Medical Policy Committee review
11/21/2018	Medical Policy Implementation Committee approval. No change to coverage.
11/07/2019	Medical Policy Committee review
11/13/2019	Medical Policy Implementation Committee approval. Updated the policy referral section to include mention of the authorized generics in the policy titles for Harvoni and Epclusa. Removed reference to policies 00373, 00396, and 00457 as they are retired.
11/05/2020	Medical Policy Committee review
11/11/2020	Medical Policy Implementation Committee approval. No changes to coverage.
11/04/2021	Medical Policy Committee review
11/10/2021	Medical Policy Implementation Committee approval. No changes to coverage.

Next Scheduled Review Date: 11/2022

*Investigational – A medical treatment, procedure, drug, device, or biological product is Investigational if the effectiveness has not been clearly tested and it has not been incorporated into standard medical practice. Any determination we make that a medical treatment, procedure, drug, device, or biological product is Investigational will be based on a consideration of the following:

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A. Whether the medical treatment, procedure, drug, device, or biological product can be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and whether such approval has been granted at the time the medical treatment, procedure, drug, device, or biological product is sought to be furnished; or
B. Whether the medical treatment, procedure, drug, device, or biological product requires further studies or clinical trials to determine its maximum tolerated dose, toxicity, safety, effectiveness, or effectiveness as compared with the standard means of treatment or diagnosis, must improve health outcomes, according to the consensus of opinion among experts as shown by reliable evidence, including:
    1. Consultation with the Blue Cross and Blue Shield Association technology assessment program (TEC) or other nonaffiliated technology evaluation center(s);
    2. Credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community; or
    3. Reference to federal regulations.

**Medically Necessary (or "Medical Necessity") - Health care services, treatment, procedures, equipment, drugs, devices, items or supplies that a Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

A. In accordance with nationally accepted standards of medical practice;
B. Clinically appropriate, in terms of type, frequency, extent, level of care, site and duration, and considered effective for the patient's illness, injury or disease; and
C. Not primarily for the personal comfort or convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

For these purposes, "nationally accepted standards of medical practice" means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of Physicians practicing in relevant clinical areas and any other relevant factors.

‡ Indicated trademarks are the registered trademarks of their respective owners.

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NOTICE: If the Patient's health insurance contract contains language that differs from the BCBSLA Medical Policy definition noted above, the definition in the health insurance contract will be relied upon for specific coverage determinations.

NOTICE: Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Company recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.