



PRIOR AUTHORIZATION POLICY

POLICY: Hepatitis C – Viekira

- Viekira Pak™ (ombitasvir/paritaprevir/ritonavir tablets; dasabuvir tablets [co-packaged] – AbbVie)
- Viekira XR™ (dasabuvir/ombitasvir/paritaprevir/ritonavir extended-release tablets – AbbVie)

TAC APPROVAL DATE: 10/10/2018

OVERVIEW

Viekira Pak and Viekira XR with or without ribavirin are indicated for the treatment of patients with genotype 1 chronic hepatitis C virus (HCV).^{1,5} Viekira Pak and Viekira XR are indicated in patients with genotype 1b without cirrhosis or with compensated cirrhosis or with genotype 1a without cirrhosis or with compensated cirrhosis for use in combination with ribavirin. Viekira Pak and Viekira XR contain ombitasvir, an HCV NS5A inhibitor, paritaprevir, an HCV NS3/4A protease inhibitor, ritonavir, a cytochrome P450 (CYP)3A inhibitor and dasabuvir, an HCV non-nucleoside NS5B palm polymerase inhibitor.

Effective January 1, 2019, Viekira Pak and Viekira XR will no longer be available in the US.⁶ Until January 1, 2019, supply of these medications will be available for all patients who begin therapy prior to July 1, 2018, to ensure that they are able to obtain product necessary to complete their course of prescribed therapy. Accordingly, AbbVie advises that physicians should cease writing any new prescriptions effective July 1, 2018.

Dosing

The recommended oral dosage of Viekira Pak is two co-formulated ombitasvir/paritaprevir/ritonavir tablets once daily (QD) [in the morning] and one dasabuvir tablet twice daily (BID) [morning and evening]. The recommended dose of Viekira XR is three co-formulated ombitasvir/paritaprevir/ritonavir/dasabuvir tablets QD. Viekira Pak and Viekira XR are used in combination with ribavirin in certain patient populations (Table 1). When administered with Viekira Pak, the recommended dose of ribavirin is weight-based (weight-based ribavirin [WBR]). For patients with HCV/human immunodeficiency virus (HIV)-1 co-infection the recommendations are the same as for those without co-infection. Of note, product labeling notes that some patients with genotype 1a with cirrhosis may be treated for 12 weeks with Viekira Pak + WBR based on data from the TURQUOISE-II trial. In liver transplant recipients with normal hepatic function and mild fibrosis (Metavir fibrosis score ≤ 2) the recommended duration of therapy with Viekira Pak/Viekira XR is 24 weeks, irrespective of HCV genotype 1 subtype.

Table 1. FDA-Approved Regimens and Treatment Duration for Viekira Pak/Viekira XR.^{1,5}

Patient Population	Treatment*	Duration
Genotype 1a, without cirrhosis	Viekira Pak/Viekira XR + WBR	12 weeks
Genotype 1a, with cirrhosis	Viekira Pak/Viekira XR + WBR	24 weeks**
Genotype 1b, with or without cirrhosis	Viekira Pak/Viekira XR	12 weeks

FDA – Food and Drug Administration; * Note: Follow the genotype 1a dosing recommendations in patients with an unknown genotype 1 subtype or with mixed genotype 1 infection; WBR – Weight-based ribavirin; ** A 12 week treatment duration may be considered for some patients based on prior treatment history.

10/10/2018

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Clinical Efficacy

For efficacy information with Viekira Pak see the [Hepatitis C Virus Direct-Acting Antivirals Therapy Class Summary](#).

Guidelines

The American Association for the Study of Liver Diseases (AASLD) recommended regimens are detailed in the [Hepatitis C Virus Direct-Acting Antivirals Therapy Class Summary](#).² For the most up-to-date recommendations always consult the [guidelines](#).

POLICY STATEMENT

Prior authorization is recommended for prescription benefit coverage of Viekira Pak/Viekira XR. Criteria are based on guidance issued by AASLD/Infectious Diseases Society of America (IDSA)/International Antiviral Society-USA (IAS-USA). In addition, approval durations differ by baseline characteristics. Because of the specialized skills required for evaluation and diagnosis of patients treated with Viekira Pak/Viekira XR as well as the monitoring required for adverse events (AEs) and efficacy, approval requires Viekira Pak/Viekira XR to be prescribed by or in consultation with a gastroenterologist, hepatologist, infectious diseases physician, or liver transplant physician.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Viekira Pak/Viekira XR is recommended in those who meet the following criteria:

FDA-Approved Indications

1. **Chronic Hepatitis C Virus (HCV) Genotype 1.** Approve Viekira Pak/Viekira XR for the specified duration below if patients meet all of the following criteria (A, B, and C):
 - A) The patient is ≥ 18 years of age; AND
 - B) Viekira Pak/Viekira XR is prescribed by or in consultation with a gastroenterologist, hepatologist, infectious diseases physician, or a liver transplant physician; AND
 - C) The patient meets ONE of the following criteria (i or ii):
 - i. **Approve for 12 weeks** in patients who meet ONE of the following (a or b):
 - a) The patient has genotype 1a chronic hepatitis C virus (HCV) and meets ONE of the following criteria [(1) and (2)]:
 - (1) The patient does not have cirrhosis; AND
 - (2) Viekira Pak/Viekira XR is prescribed **in combination with ribavirin**; OR
 - b) The patient has genotype 1b chronic HCV.
 - ii. **Approve for 24 weeks** in patients with genotype 1a chronic hepatitis C virus (HCV) who meet the following criteria (a and b):
 - a) The patient has cirrhosis; AND
 - b) Viekira Pak/Viekira XR is prescribed **in combination with ribavirin**.

In the opinion of a specialist reviewing the data, we have adopted these criteria.

2. **Recurrent Hepatitis C Virus (HCV) Post-Liver Transplantation, Genotype 1.** Approve Viekira Pak/Viekira XR for **24 weeks** in patients who meet the following criteria (A, B, C, and D):
 - A) The patient is ≥ 18 years of age; AND
 - B) The patient has recurrent HCV after a liver transplantation; AND

C) Viekira Pak/Viekira XR is prescribed by or in consultation with one of the following prescribers who is affiliated with a transplant center²: a gastroenterologist, hepatologist, infectious diseases physician, or a liver transplant physician; AND

D) Viekira Pak/Viekira XR is prescribed **in combination with ribavirin**.

In the opinion of an expert physician reviewing the data, we have adopted the criteria for recurrent HCV post-liver transplantation.

3. **Patient Has Been Started on Viekira Pak.** Approve Viekira Pak 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).
4. **Patient has been started on Viekira XR.** Approve Viekira XR 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 of 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

Viekira Pak/Viekira XR have not been shown to be effective, or there are limited or preliminary data or potential safety concerns that are not supportive of general approval for the following conditions. Rationale for non-coverage for these specific conditions is provided below. (Note: This is not an exhaustive list of Conditions Not Recommended for Approval.)

1. **Hepatitis C Virus (HCV), Child-Pugh Class B or Child-Pugh Class C Liver Disease (Moderate or Severe Hepatic Impairment).** Viekira Pak/Viekira XR are contraindicated in patients with moderate or severe hepatic impairment (Child-Pugh Class B or C).¹ On October 22, 2015 the FDA issued a safety communication about the risk of serious liver injury when Viekira Pak or Technivie[®] (paritaprevir/ritonavir/ombitasvir tablets) are used in patients with moderate or severe hepatic impairment.³ Hepatic decompensation and liver failure in patients with underlying liver cirrhosis have been reported with the use of Viekira Pak and Technivie. Some of these events have resulted in liver transplant or death. These serious outcomes were reported mostly in patients taking Viekira Pak who had evidence of advanced cirrhosis even before starting treatment. Since the approvals of Viekira Pak in December 2014 and Technivie in July 2015, at least 26 worldwide cases submitted to the FDA Adverse Event Reporting System (FAERS) were considered to be possibly or probably related to Viekira Pak or Technivie. In most of the cases, liver injury occurred within 1 to 4 weeks of starting treatment. Some of the cases occurred in patients for whom these medicines were contraindicated or not recommended. Among these 26 cases 5 were reported in the US.⁴
2. **Hepatitis C Virus (HCV) [any genotype], Combination with Any Other Direct-Acting Antivirals (DAAs) Not Including Ribavirin.** Viekira Pak/Viekira XR provide a complete antiviral regimen for patients with genotype 1 HCV. Viekira Pak/Viekira XR is indicated with ribavirin for some patients. In the opinion of a specialist physician reviewing the data we have adopted this criterion.
3. **Life Expectancy Less Than 12 Months Due to Non-Liver Related Comorbidities.** Patients with limited life expectancy for whom HCV therapy would not improve symptoms or prognosis do not require treatment.² According to AASLD guidance, the panel continues to recommend treatment for all patients with chronic HCV infection, *except* those with short life expectancies that cannot be

remediated by treating HCV, by transplantation, or by other directed therapy. For these patients, the benefits of HCV treatment are unlikely to be realized, and palliative care strategies should take precedence.

5. **Pediatric Patients (Age < 18 Years).** The safety and efficacy of Viekira Pak/Viekira XR have not been established in pediatric patients < 18 years of age.¹ In the opinion of a specialist physician reviewing the data we have adopted this criterion.
6. **Retreatment with Viekira Pak or Viekira XR in Patients Who Have Previously Received Viekira Pak, Viekira XR, or Technivie** (e.g., retreatment in prior null responders, prior partial responders, prior relapse patients, patients who have not completed a course of therapy due to an adverse reaction or for other reasons). Technivie, Viekira Pak, and Viekira XR contain the same active ingredients; Viekira Pak and Viekira XR additionally contain dasabuvir.
7. 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. Viekira Pak™ tablets [prescribing information]. North Chicago, IL: AbbVie, Inc.; March 2017.
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 July 6, 2016. Accessed on September 1, 2016.
3. Food and Drug Administration (FDA). FDA Drug Safety Communication: FDA warns of serious liver injury risk with hepatitis C treatments Viekira Pak and Technivie. October 22, 2015. Available at: <http://www.fda.gov/Drugs/DrugSafety/ucm468634.htm>. Accessed on September 5, 2017.
4. Zeuzem S, Jacobson IM, Baykal T, et al. Retreatment of HCV with ABT-450/r-ombitasvir and dasabuvir with ribavirin. *N Engl J Med*. 2014;370:1604-1614.
5. Viekira™ XR tablet [prescribing information]. North Chicago, IL: AbbVie, Inc.; March 2017.
6. Personal communication. AbbVie, Inc.; July 2018.

HISTORY

Type of Revision	Summary of Changes*	TAC Approval Date
New policy	New policy	12/20/2014
DEU revision	Updated AASLD guidance on 12/21/2014	--
Selected revision	<p><u>Approval Criteria</u> Genotype 4 chronic HCV: New indication for approval added to the policy based on AASLD guidance.</p> <p><u>Conditions Not Recommended for Approval</u> Non-genotype 1 chronic HCV: Removed as a condition not recommended for approval as the policy now approves for genotype 4 chronic HCV.</p> <p>Chronic HCV (any genotype), combination with Incivek, Victrelis: This indication was modified to “HCV (any genotype), combination with Incivek, Victrelis, Harvoni, or Viekira Pak”. Therefore, this applies to all patients (not just those with chronic HCV).</p>	01/21/2015
Selected revision	Removed requirement for ribavirin in patients with genotype 1b and cirrhosis.	07/08/2015
Annual revision	<p>-Genotype 1a chronic HCV: Added approval for 24 weeks in all patients with cirrhosis (previously only applied to prior null responders with cirrhosis). -Removed approval criteria for genotype 4 chronic HCV.</p> <p><u>Conditions not Recommended for Approval</u> -HCV (any genotype), Combination with Any Other DAAs: Added Technivie and Daklinza. -Non-Genotype 1 HCV: Added as a new condition not recommended for approval. -Retreatment with Viekira Pak in Patients Who Have Previously Received Viekira Pak: Added Technivie.</p>	09/23/2015
Selected revision	Child-Pugh Class B or C added to conditions not recommended for approval.	11/11/2015
DEU revision	Updated guidelines	--
DEU revision	Updated indication for Viekira Pak without ribavirin in genotype 1b with cirrhosis. No criteria changes (04/26/2016)	--
Annual revision	<p>Added Viekira XR throughout criteria (same approval as Viekira Pak).</p> <p>Added separate approval for patients already started on Viekira XR.</p>	09/14/2016
Annual revision	Removed “non-genotype 1” HCV from the criteria not recommended for approval; this is not needed in the policy and doesn’t effect criteria.	09/13/2017
Annual revision	No criteria changes.	10/10/2018

TAC – Therapeutic Assessment Committee; * For a further summary of criteria changes, refer to respective TAC minutes available at: <http://esidepartments/sites/Dep043/Committees/TAC/Forms/AllItems.aspx>; AASLD – American Association for the Study of Liver Diseases; HCV – Hepatitis C virus; DEU – Drug Evaluation Unit; DAAs – Direct-acting antivirals.