

MAVYRET (glecaprevir/ pibrentasvir)

All coverage requests are reviewed by a Blue Shield clinician.

Coverage is provided when patients meet the following requirements:

1. Age 12 years and older, and
2. Currently has detectable serum Hepatitis C virus (HCV) RNA, and
3. Hepatitis C regimen is prescribed by an appropriate specialist in the care of patients with Hepatitis C (hepatologist, gastroenterologist, infectious disease), and
4. Will not be used together with another direct anti-viral drug (*Olysio, Sovalvi, Viekira, etc.*) to treat HCV infection, and
5. Mavyret dose does not exceed the FDA label recommended maximum daily dose, and
6. Prescribed Hepatitis C regimen is aligned to nationally recognized treatment guidelines, and
7. Patient does not have decompensated liver cirrhosis (METAVIR F4 with Child-Pugh score B or C), and
8. Specific coverage requirements by subpopulations below:

For Genotype-1a/1b (not post-liver transplant):

- a) Patient has not previously received both a HCV NS5A inhibitor-containing and a NS3/4A protease inhibitor containing HCV regimen, and
- b) Patient does not have decompensated cirrhosis (METAVIR F4 with Child-Pugh score B or C).

Coverage: (claims limited to 30-day supply per prescription)

Genotype	Evidence of Cirrhosis	Treatment (weeks)
1a	no	8
1b	no	8
1a	yes	12
1b	yes	12

For Genotype- 2, 3, 4, 5, 6 (not post-liver transplant)

- a) Patient has not previously received a HCV NS5A inhibitor-containing or a NS3/4A protease inhibitor containing HCV regimen, and

- b) Patient does not have decompensated cirrhosis (METAVIR F4 with Child-Pugh score B or C).

Treatment Regimen & Duration table:

HCV population			Treatment (weeks)
Genotype	cirrhosis	Prior Tx	
2	no	no	8
2	yes	no	12
2	no	PEG/RBV	8
2	yes	PEG/RBV	12
2	no	Sofosbuvir	12
3	no	no	8
3	yes	No	12
3	no	PEG/RBV	16
3	yes	PEG/RBV	16
4	no	no	8
4	yes	no	12
4	no	PEG/RBV	8
4	yes	PEG/RBV	12
5, 6	no	no	8
5, 6	yes	no	12
5, 6	no	PEG/RBV	8
5, 6	yes	PEG/RBV	12

American Association for the Study of Liver Diseases (AASLD), Infectious Diseases Society of America (IDSA)

For Genotype-1, 2, 3, 4, 5, 6 (post-liver transplant):

- a) Patient has not previously received a HCV NS5A inhibitor-containing or a NS3/4A protease inhibitor containing HCV regimen, and
- b) Patient does not have decompensated cirrhosis (METAVIR F4 with Child-Pugh score B or C).

Coverage: 12 weeks (claims limited to 30-day supply per prescription)

Effective Date: 03/02/20222