Hepatitis C virus (HCV) is a major cause of chronic liver disease and may progress to acute or chronic hepatitis, cirrhosis, liver failure or liver cancer. Hepatitis C is suspected when anti-HCV is present in the blood. The diagnosis is confirmed by HCV RNA detection. There are at least six major genotypes and more than 50 subtypes of HCV. There is little difference in the severity of disease or outcome of patients infected with different genotypes. However, patients with genotypes 2 and 3 are more likely to respond to interferon treatment. Chronic HCV infections may be treated with combinations of oral and injectable medications. HCV genotype 1 may be treated with a three drug combination of peginterferon alpha, ribavirin and a HCV NS3/4A protease inhibitor; while other genotypes may be treated with a two drug combination of peginterferon alpha and ribavirin. HCV NS3/4A protease inhibitors, used to treat HCV genotype 1, should only be used in combination with BOTH peginterferon alpha and ribavirin. Dose modifications or treatment interruption with the HCV NS3/4A protease inhibitors is not recommended but triple therapy may be continued with HCV NS3/4A protease inhibitors if there is dosage modification of peginterferon alpha or ribavirin. But if either the peginterferon alpha or ribavirin therapy is discontinued, treatment with the HCV NS3/4A should be stopped. Use of a HCV NS3/4A protease inhibitor for the treatment of other HCV genotypes besides genotype 1 has not been fully evaluated. There is no conclusive clinical data on retreating individuals who have failed a HCV NS3/4A protease inhibitor-based treatment, nor are there data on repeated courses. Duration of HCV drug treatment is determined by HCV genotype, quantitative HCV RNA, previous HCV treatment, and presence or absence of cirrhosis.

Alpha interferon is a host protein that is made in response to viral infections and has natural antiviral activity. Interferon therapies include:
- Infergen® (Interferon alphacon-1 or consensus interferon CIFN)
- Intron® A (Interferon alpha-2b)
- Rebetron®, combination therapy of Rebetol and Intron A (Interferon alpha-2b/Oral Ribavirin)
- PEG-Intron® (Peginterferon Alpha-2b)
- Pegasys® (Peginterferon Alpha-2a)

Peginterferon alpha is alpha interferon that has been chemically modified by the addition of a large inert molecule of polyethylene glycol. Pegylation changes the uptake, distribution and excretion of interferon, prolonging its half-life. Peginterferon alphas may be used alone or in combination with the oral antiviral medication ribavirin. Peginterferon alphas may be used for treatment of HCV in individuals coinfected with clinically stable HIV.

Ribavirin is a purine nucleoside analog that interferes with replication of viral RNA. Monotherapy with ribavirin for HCV is not effective and it should not be used alone for this indication. Ribavirin therapies include:
- Copegus®
Custom Criteria for BlueCross Blue Shield of Arizona Commercial

HEPATITIS C DRUGS

- Rebetol®
- Ribasphere®
- RibaPak®
- RibaTab®
- Ribavirin - generic

HCV protease is an enzyme that is responsible for the conversion of HCV encoded polyproteins into mature and functioning viral proteins. It is essential for viral replication. Hepatitis C virus NS3/4A protease inhibitors must not be administered as monotherapy and must only be prescribed with both pegylated interferon alpha and ribavirin for HCV genotype 1. Hepatitis C virus NS3/4A inhibitor therapies include:
  - Incivek® (Telaprevir)
  - Victrelis® (Boceprevir)

APPROVAL DURATION:

Approval duration:

CRITERIA FOR HEP C

Interferon Therapy (Non-Peginterferon Alphas):
Initial 6 month course of non-peginterferon alpha for the treatment of chronic hepatitis C with compensated liver disease is considered medically necessary with documentation of ALL of the following.
  1. ONE of the following
     - Infergen, Rebetron: age 18 or older
     - Intron A: age 1 year or older
  2. HCV RNA
  3. Genotype confirmation

Continuation of non-peginterferon alpha for an additional 6 months (total of 12 consecutive months) is considered medically necessary with documentation of a positive response (i.e., HCV RNA is reduced) to the initial treatment course of 6 months.

Retreatment with non-peginterferon alpha for relapse following the initial 12 consecutive months will be reviewed by the clinical pharmacist and/or medical director(s) and/or clinical advisor(s) and, if approved, may be authorized for a maximum of 12 additional months (total of 24 consecutive months). Ongoing retreatment, in spite of marginal benefit, may be considered medically necessary in certain circumstances to delay progression of viral damage in individuals with moderate to severe disease, including those individuals who are awaiting liver transplantation.

Peginterferon Alpha Therapy (Pegasys®):
Initial 6 month course of Pegasys®, alone or in combination with ribavirin, for the treatment of chronic hepatitis C with compensated liver disease with or without clinically stable HIV is considered medically necessary with documentation of ALL of the following:
  1. Age 5 or older
  2. HCV RNA
  3. Genotype confirmation
**Peginterferon Alpha Therapy (PEG Intron®):**
Initial 6 month course of PEG Intron®, alone for the treatment of chronic hepatitis C with compensated liver disease is considered medically necessary with documentation of ALL of the following:
   1. Age 18 or older
   2. HCV RNA
   3. Genotype confirmation

**PEG Intron® with Rebetol®:**
Initial 6 month course of PEG Intron® in combination with ribavirin for treatment of chronic hepatitis C with compensated liver disease is considered medically necessary with documentation of ALL of the following:
   1. Age 3 or older
   2. HCV RNA
   3. Genotype confirmation

**Continuation of Peginterferon Alpha (Pegasys®, PEG Intron®):**
Continuation of peginterferon alpha therapy for an additional 6 months (total of 12 consecutive months) is considered medically necessary with documentation of a positive response (i.e., HCV RNA is reduced) to the initial treatment course of 6 months.

**Retreatment (PEG Intron® with Ribavirin):**
Retreatment with a 6 month course of PEG Intron in combination with ribavirin for treatment of chronic hepatitis C with compensated liver disease is considered medically necessary with documentation ANY of the following:
   1. Responder (HCV RNA negative) to previous treatment but has relapsed after 6 months or more without treatment
   2. Initial course of treatment was standard interferon and individual has not had previous peginterferon alpha therapy
   3. Initial course of treatment with peginterferon alpha was at a dose that was reduced and the individual has not received a full course of standard dose peginterferon alpha