



Non-Insured Health Benefits Program: Update on the Coverage of Treatments for Chronic Hepatitis C

Effective **March 31st 2017**, the Non-Insured Health Benefits (NIHB) Program expanded coverage criteria and added new medications for the treatment of hepatitis C as limited use (LU) benefits:

- Harvoni (ledipasvir/sofosbuvir)
- Sovaldi (sofosbuvir)
- Epclusa (sofosbuvir/velpatasvir)
- Zepatier (elbasvir/grazoprevir)
- Daklinza (daclatasvir)
- Sunvepra (asunaprevir)
- Ibavyr (ribavirin)

COVERAGE CRITERIA:

For adult patients with chronic hepatitis C infection who meet **ALL** of the following criteria:

- Treatment is prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other prescriber experienced in treating patients with chronic hepatitis C); **AND**
- Laboratory confirmed hepatitis C genotype 1, 2, 3, 4, 5, 6 or mixed genotype; **AND**
- Laboratory confirmed quantitative HCV RNA level taken in the last 12 months; **AND**
- Fibrosis stage of F2 or greater (Metavir scale or equivalent); **OR**
- Fibrosis stage less than F2 **AND** at least one of the following:
 - Co-infection with human immunodeficiency virus (HIV) or hepatitis B virus
 - Co-existent liver disease with diagnostic evidence of fatty liver disease (Example: non-alcoholic steatohepatitis [NASH])
 - Post organ transplant (may include liver and/or non-liver organ transplant)
 - Extra-hepatic manifestations
 - Chronic kidney disease stage 3, 4 or 5 as defined by National Kidney Foundation Kidney Disease outcomes Quality Initiative (K/DOQI)
 - Diabetic patients receiving treatment with anti-diabetic drugs
 - Women of childbearing age who plan to get pregnant within the next 12 months