

Hepatitis C Adjunct Therapy

Adjudication Guideline

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Approved by: Daman	Responsible: Pharmaceutical Standards & Governanace	Related Adjudication Guidelines: N/A		

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1. Abstract

1.1 For Members

Hepatitis C is a contagious liver disease that ranges in severity from a mild illness lasting a few weeks to a serious, lifelong illness that attacks the liver. It results from infection with the Hepatitis C virus (HCV), which is spread primarily through contact with the blood of an infected person.

1.2 For Medical Professionals

This Adjudication Rule (AR) highlights the coverage and payment requirements of Chronic Hepatitis C Adjunct Therapy by Daman as per policy terms and conditions.

The focus of this Adjudication Rule (AR) is on 5 groups of drugs, namely:

- HCV NS3/4A protease inhibitor.
- HCV NS5B polymerase.
- HCV NS5A inhibitor.
- Combination of HCV NS5A inhibitor, NS3/4A protease inhibitor and CYP3A inhibitor.
- Combination of NS3/4A protease inhibitor + NS5A inhibitor

2. Scope

This Adjudication Rule (AR) highlights the coverage and payment requirements of Chronic Hepatitis C Adjunct Therapy by Daman as per policy terms and conditions.

3. Adjudication Policy

3.1 Eligibility / Coverage Criteria

- The documented evidence ICD10 code of chronic Hep. C is mandatory for the coverage of these drugs; even though other co-related secondary diagnoses e.g., cirrhosis might be present.
- Hepatitis C treatment should be prescribed by a board of appropriate speciality such as: gastroenterologist, hepatologist, infectious disease specialist, internal medicine specialist, tropical medicine specialist.
- Previous history of treatment should be clearly documented whether patient is a relapse or no responder because it determines the duration of treatment.
- Some Hepatitis C treatments are not recommended in patients with moderate or severe hepatic impairment (Child-Pugh Class B or C).
- Presence of cirrhosis or no cirrhosis should be clearly documented because it affects the duration of treatment.
- A copy of the baseline quantitative HCV RNA test result should be provided to document baseline level of viremia. Combination B has treatment stopping rules and viral load will be drawn at treatment weeks 4, 12 and 24.

- For Plan-wise coverage of Hepatitis C, please refer to Hepatitis B and C Plan-wise Coverage adjudication rule available on Daman website.

3.2 Requirements for Coverage

ICD and CPT codes must be coded to the highest level of specificity. All the supporting documentation and lab reports should be attached as stated above

3.3 Non-Coverage

HCV Adjunct Therapy is not covered if (This list may not be all-inclusive):

- Not prescribed by an eligible physician speciality as mentioned in the scope above.
- Basic plan, Visitors plan, as per Daman policy terms and conditions.
- Diagnosis is not covered as per international best practice standards and/or is considered experimental and investigational.
- Hypersensitivity to the treatment.
- Genotyping is not done.
- Hepatitis C treatment is not included in coverage criteria as per Daman policies.
- Baseline RNA is not submitted.
- Hypersensitivity to the treatment

3.4 Payment and Coding Rules

Please apply DOH payment rules and regulations and relevant coding manuals for ICD, Drug and CPT, etc

4. Denial Codes

This list may not be all inclusive.

Code	Code Description
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnosis/activities.
MNEC-003	Service is not clinically indicated based on good clinical practice.
AUTH-001	Prior approval is required and was not obtained
NCOV-001	Diagnosis(es) is (are) not covered

Hepatitis C adjunct therapy approval form

<https://www.damanhealth.ae/main/pdf/questionnaires/Pre-Approval%20Form%20for%20Hepatitis%20C%20Adjuvant%20therapy.pdf>

5. Appendices

5.1 References

- 1) Daman. (2014). Hepatitis B and C Coverage. Available: [http://dpulse/MOffice/Medical%20Strategy%20and%20Development/Documents/Hepatitis%20B%20and%20C%20\(plan%20wise%20coverage\).pdf](http://dpulse/MOffice/Medical%20Strategy%20and%20Development/Documents/Hepatitis%20B%20and%20C%20(plan%20wise%20coverage).pdf). Last accessed 21/12/2014.
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- 11) Vinod K Dhawan, MD, FACP, FRCP(C), FIDSA; Chief Editor: BS Anand. (2014). Hepatitis C Treatment & Management. Available: <http://emedicine.medscape.com/article/177792-treatment>. Last accessed 29th Dec 2014
- 12) American Association for The Study of Liver Diseases. (2014). Recommendations for Testing, Managing, and Treating Hepatitis C. Available: <http://www.hcvguidelines.org/full-report-view>. Last accessed 29th Dec 2014.
- 13) World Health organization. (2014). WHO issues its first hepatitis C treatment guidelines. Available: <http://www.who.int/mediacentre/news/releases/2014/hepatitis-guidelines/en/>. Last accessed 29th Dec 2014
- 14) European Association for the Study of The Liver. (2014). Management of Hepatitis C Virus Infection. Available: http://www.easl.eu/assets/application/files/bdb06ff135c7ccb_file.pdf. Last accessed 29th Dec 2014
- 15) https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/209195s003lbl.pdf

5.2 Revision History

Date	Version No.	Change(s)
14/3/2023	V1.0	Creation of Adjudication Guideline-External Instruction Template.
11/5/2023	V2.0	Added: Vosevi
11/11/2024	V3.0	New template
21/11/2025	V4.0	Guideline review/ Added drug Combination of NS3/4A protease inhibitor + NS5A inhibitor

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Pre-Authorization Form for Hepatitis C Adjuvant therapy

Kindly fill in all the requested information given below. This is a mandatory step to proceed further. Failure to provide information relevant to approval will delay the processing of the applicant's request. The provider will be contacted in case further clarifications are required.

GENERAL INFORMATION

- Member Card #: _____
- Member Age: _____

PROVIDER INFORMATION

- Provider's Name: _____
- Ordering Clinician specialty: _____

CLINICAL CRITERIA

Diagnosis (check all applicable):

- Chronic Hepatitis C Infection
- Treatment Naïve
- Treatment experienced.
- Compensated Cirrhosis
- Decompensated Cirrhosis
- HIV Co-infection
- Hepatocellular Carcinoma awaiting liver transplantation.
- Post Liver Transplant

REQUESTED THERAPY

Please Check if any:

- Olysio (Simeprevir)
- Victrelis (Boceprevir)
- Incivo (Telaprevir)
- Harvoni (ledipasvir/sofosbuvir)
- Sovaldi (sofosbuvir)
- Viekira Pak (ombitasvir/paritaprevir/ritonavir/dasabuvir)
- Daklinza (daclatasvir)
- Exviera (Dasabuvir)
- VOSEVI (sofosbuvir, velpatasvir, and voxilaprevir)
- glecaprevir and pibrentasvir

Other combination regimen (please specify):

Requested therapy duration:

Estimated total length of therapy:

LABORATORY REPORTS AND MEDICAL REPORTS RESULTS

HCV lab confirmed Hepatitis C genotype / subtype:

- 1a** _____
- 1b** _____
- 2** _____
- 3** _____
- 4** _____
- 5** _____
- 6** _____

HCV RNA lab confirmed quantitative viral load (within past 6 months): Baseline RNA level: _____ IU/ML

Date of Lab ____/____/____

PREVIOUS HCV THERAPY

Has member been on previous HCV monotherapy or combination therapy?

- YES*
- NO

*If yes, please fill below all regimens and course of therapies prescribed to this member by present and previous treating physicians:

A. If treated experienced with other Hepatitis C medications, is compliance/adherence documented verifiable for previous treatment?

- YES
 NO

B. HCV Regimens COMPLETED as prescribed:

1. Drug: _____
Dates of Therapy: ____/____/____ To: ____/____/____
Weeks Completed: _____

Response to Therapy _____

2. Drug: _____
Dates of Therapy: ____/____/____ To: ____/____/____
Weeks Completed: _____

Response to
Therapy _____

C. HCV Regimens NOT COMPLETED as prescribed

1. Drug: _____
Dates of Therapy: ____/____/____ To: ____/____/____
Weeks Completed: _____

Response to
Therapy _____

2. Drug: _____
Dates of Therapy: ____/____/____ To: ____/____/____
Weeks Completed: _____

Response to
Therapy _____

* For extra information; please submit additional pages with this request.

PREVIOUS HCV THERAPY

Has member been on previous HCV monotherapy or combination therapy?

- YES*
 NO

*If yes, please fill below all regimens and course of therapies prescribed to this member by present and previous treating physicians:

A. If treated experienced with other Hepatitis C medications, is compliance/adherence documented verifiable for previous treatment?

- YES
- NO

B. HCV Regimens COMPLETED as prescribed:

1. Drug: _____

Dates of Therapy: ____/____/____ To: ____/____/____

Weeks Completed: _____

Response to Therapy

2. Drug: _____

Dates of Therapy: ____/____/____ To: ____/____/____

Weeks Completed: _____

Response to
Therapy

C. HCV Regimens NOT COMPLETED as prescribed

1. Drug: _____

Dates of Therapy: ____/____/____ To: ____/____/____

Weeks Completed: _____

Response to
Therapy

2. Drug: _____

Dates of Therapy: ____/____/____ To: ____/____/____

Weeks Completed: _____

Response to
Therapy

* For extra information; please submit additional pages with this request.

LIVER ASSESSMENT

- Child Pugh Score: _____

- Date: ____ / ____ / ____ (must be within 30 days prior of this request)

- Class A (5-6 points)
- Class B (7-9 points)
- Class C (10-15 points)

BLOOD TEST	STATUS	
Liver function tests (LFTs)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Complete Blood Count (CBC) with white cell differential count	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Haemoglobin (Hgb): _____ g/dL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Serum Bilirubin, Albumin, and International normalized ratio (INR)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Serum Creatinine: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Date of Test: ____ / ____ / ____		
Renal impairment (eGFR must be > 30mL/min/1.73m ²)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

*If not please submit screening labs (HBsAg, HBsAb and HBcAb)

*All pre-approval forms need Line managers approval prior to publishing.
Add more rows if needed.*