

**POLICY NAME**

Hepatitis B Treatment

**POLICY #**

## Criteria

### Exclusion Criteria – Any of the following prevents coverage

- ☐ 3.1 Hepsera
- ☐ 3.4 Children under age 12 – Safety and efficacy have not been established for this population  
Pegasys (peginterferon alfa-2a)
  - Contraindicated in decompensated liver disease
  - Patients under 3 years old Vemlidy for patients under 6 years old or <25kg Baraclude for patients under 2 years old

### Hepatitis B Coverage Criteria

- ☐ 1.1 Documentation of hepatitis B with one of the following:
  - Without cirrhosis: ☐ HBeAg+, HBV >20,000IU/mL, ALT> 2x ULN OR ☐ HBeAg-, HBV >2000 IU/mL, and histological disease such as necroinflammation, significant fibrosis☐
  - With cirrhosis: ☐ HBV >2000 OR ☐ Decompensated disease☐

### Hepatitis B Prophylaxis Criteria

- ☐ 2.1 Documented HBV infection prophylaxis (preventative therapy) with liver transplant