



Therapeutic Class ReviewSM

Chronic Hepatitis B – Baraclude (entecavir) Review Update

July 2007

April 2007 P&T Decision:

Entecavir (Baraclude) was last reviewed by the P and T Committee in April 2007. At that time, this product was maintained as non-preferred/non-formulary because:

- There is poor evidence to support use of Baraclude over preferred agent (Hepsera) in resistant chronic hepatitis B (CHB) populations.
- There are gaps in the evidence regarding which products have the best efficacy in resistant CHB.

Follow-up from April 2007 P&T meeting:

- A larger cross-section of expert opinion verifies that the selection of agents for treatment of resistant CHB is not driven by clinical data:
 - In treatment naïve CHB patients, either Hepsera or Baraclude are options (no preference for one over the other).
 - In patients with concomitant Epivir HBV and Hepsera resistance, good results have been achieved in switching to Baraclude monotherapy.
 - Baraclude clears virus faster than Hepsera (more rapid clearing of the virus is seen as an advantage in preventing future development of viral resistance).
 - With few options for resistant CHB populations, there is a need for additional options.
- Pros and cons of adding Baraclude to the preferred/formulary list:
 - See *Table 1* on following page.

Conclusion:

Entecavir (Baraclude) is preferred/formulary because:

- It provides an additional treatment option for patients with chronic hepatitis B.
- Additional treatment options are likely necessary given patterns of resistance in chronic hepatitis B patients.

Table 1: Pros and Cons of adding Baraclude to the preferred/formulary list:

Pro	Con	Neutral
Baraclude is an option with Hepsera resistance (based on "test tube" evidence)	No clinical evidence that Baraclude is efficacious versus Hepsera-resistant virus	Similar safety profiles for Baraclude and Hepsera [Note: not based on head-to-head comparisons]
Expert Opinion: Baraclude has efficacy in patients with concomitant Epivir HBV and Hepsera resistance	No clinical evidence that Baraclude is superior to Hepsera in treatment naïve CHB populations	Overall use of all of these agents is low (< 300 utilizers of all CHB antivirals across Regence) <i>[See Appendix A]</i>
Preferred status for Baraclude may preclude use of multi-antiviral therapy, resulting in improved adherence and lower overall cost		Increased use of any of these antivirals will eventually result in a higher rate of resistance to a given agent
Preferred status (lower member copayment) may encourage adherence in some populations (Important because up to 30% of viral rebound is due to poor adherence)		
There is little risk of off-label use with Baraclude, or any of the approved CHB antivirals		
The cost of Baraclude is similar to Hepsera		