

Federal Employee Program® Federal Employee Program® 750 9th St NW Washington, D.C. 20001 202.942.1000 Fax 202.942.1125

5.01.056

Section: Prescription Drugs Effective Date: July 1, 2024

Subsection: Anti-Infective Agents Original Policy Date: January 1, 2021

Subject: Baraclude Page: 1 of 3

Last Review Date: June 13, 2024

### Baraclude tablets

### **Description**

### Baraclude (entecavir) tablets

Baraclude oral solution is not included in this policy

Background

Baraclude (entecavir) is a hepatitis B virus nucleoside analogue reverse transcriptase inhibitor. Baraclude competes with the natural substrate deoxyguanosine triphosphate and functionally inhibits all three activities of the hepatitis B virus (HBV) reverse transcriptase: base priming; reverse transcription of the negative strand from the pregenomic messenger RNA; and synthesis of the positive strand of HBV DNA (1).

#### **Regulatory Status**

FDA-approved indication: Baraclude is indicated for the treatment of chronic hepatitis B virus (HBV) infection (1).

#### **Related policies**

Hepsera

### Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Baraclude may be considered **medically necessary** if the conditions indicated below are met.

## 5.01.056

Section: Prescription Drugs Effective Date: July 1, 2024

Subsection: Anti-Infective Agents Original Policy Date: January 1, 2021

Subject: Baraclude Page: 2 of 3

Baraclude may be considered investigational for all other indications.

### **Prior-Approval Requirements**

#### **Diagnosis**

Patient must have the following:

Hepatitis B (HBV) infection

 a. Patient MUST have tried the preferred product (generic Baraclude: entecavir) unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

### Prior - Approval Renewal Requirements

Same as above

### **Policy Guidelines**

### **Prior - Approval Limits**

**Duration** 12 months

### Prior - Approval Renewal Limits

Same as above

#### Rationale

#### **Summary**

Baraclude (entecavir) is a hepatitis B virus nucleoside analogue reverse transcriptase inhibitor. Baraclude competes with the natural substrate deoxyguanosine triphosphate and functionally inhibits all three activities of the hepatitis B virus (HBV) reverse transcriptase: base priming; reverse transcription of the negative strand from the pregenomic messenger RNA; and synthesis of the positive strand of HBV DNA (1).

# 5.01.056

Section: Prescription Drugs Effective Date: July 1, 2024

Subsection: Anti-Infective Agents Original Policy Date: January 1, 2021

**Subject:** Baraclude Page: 3 of 3

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of Baraclude while maintaining optimal therapeutic outcomes.

#### References

1. Baraclude [package insert]. Princeton, NJ: Bristol-Myers Squibb Company; November 2019.

Policy History	
Date	Action
December 2020	Addition to PA. Annual review
March 2021	Annual review
March 2022	Annual review
March 2023	Annual review. Changed policy number to 5.01.056
June 2023	Annual review
March 2024	Annual review
June 2024	Annual review
Keywords	

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on June 13, 2024 and is effective on July 1, 2024.