GUIDELINES FOR USE

1. Is the patient at least 18 years old?
   - If yes, continue to #2.
   - If no, do not approve.
   **DENIAL TEXT:** See the denial text at the end of the guideline.

2. Does the patient have a diagnosis of chronic hepatitis C, with genotype 1 or genotype 4?
   - If yes, continue to #3.
   - If no, do not approve.
   **DENIAL TEXT:** See the denial text at the end of the guideline.

3. Does the patient have chronic kidney disease (CKD), stage 4 or 5?
   - If yes, continue to #5.
   - If no, continue to #4.

4. Has the patient had a previous trial of Harvoni (ledipasvir/sofosbuvir)?
   - If yes, continue to #5.
   - If no, do not approve.
   **DENIAL TEXT:** See the denial text at the end of the guideline.

5. Does the patient have a recent HCV infection documented by one detectable HCV RNA level within the last 6 months?
   - If yes, continue to #6.
   - If no, do not approve.
   **DENIAL TEXT:** See the denial text at the end of the guideline.

CONTINUED ON NEXT PAGE
6. Does the patient have evidence of fibrosis stage 3 or 4 as determined by **ONE** of the following?
   - Metavir score F3 or F4 from liver biopsy
   - APRI score above 1.5
   - Radiological Imaging consistent with cirrhosis
   - Evidence from physical exam and clinical findings consistent with cirrhosis
   - Fibroscan score of 9.5kPa or higher
   - Fibrotest result of 0.58 or higher

   If yes, continue to #8.
   If no, continue to #7.

7. Does the patient have Metavir Stage 2 with another condition listed as 'high priority' or 'highest priority' for treatment, such as liver transplant recipient, severe extra-hepatic hepatitis C, other co-existing liver disease such as non-alcoholic steatohepatitis, debilitating fatigue, porphyria cutanea tarda, diabetes type 2, hepatitis B or HIV coinfection; **(NOTE:** Metavir Stage 2 can be determined by any **ONE** of the following)?
   - Metavir score F2 from liver biopsy
   - APRI score above 0.78-1.49
   - Fibroscan score of 7.65kPa-9.49
   - Fibrotest result of 0.5-0.57

   If yes, continue to #8.
   If no, do not approve.

**DENIAL TEXT:** See the denial text at the end of the guideline.

8. Is the patient currently supervised by a gastroenterologist, infectious disease specialist, physician specializing in the treatment of hepatitis (e.g., a hepatologist), or a specially trained group such as ECHO (Extension for Community Healthcare Outcomes) model?

   If yes, continue to #9.
   If no, do not approve.

**DENIAL TEXT:** See the denial text at the end of the guideline.

**CONTINUED ON NEXT PAGE**
9. Is the patient currently taking any of the following medications: phenytoin, carbamazepine, rifampin, efavirenz (e.g., Atripla, Sustiva), atazanavir (e.g., Evotaz, Reyataz), darunavir (e.g., PrezCISION, Prezista), lopinavir, saquinavir, tipranavir, cyclosporine, nafcillin, ketoconazole, modafinil, bosentan, etravirine, elvitegravir/cobicistat/emtricitabine/tenofovir (e.g., Stribild, Genvoya), atorvastatin at doses higher than 20mg daily, or rosuvastatin at doses greater than 10mg daily?

   If yes, do not approve.
   **DENIAL TEXT:** See the denial text at the end of the guideline.
   If no, continue to #10.

10. Does the patient have a limited life expectancy (less than 12 months) due to non-liver related comorbid conditions (via physician attestation)?

   If yes, do not approve.
   **DENIAL TEXT:** See the denial text at the end of the guideline.
   If no, continue to #11.

11. Does the patient have moderate or severe hepatitis impairment (Child-Pugh B or C)?

   If yes, do not approve.
   **DENIAL TEXT:** See the denial text at the end of the guideline.
   If no, continue to #12.

12. Will Zepatier be taken concurrently with Sovaldi (sofosbuvir)?

   If yes, do not approve.
   **DENIAL TEXT:** See the denial text at the end of the guideline.
   If no, continue to #13.

13. Is the patient **ONE** of the following?

   - Genotype 1a infection, treatment naïve, and **NO** baseline NS5A polymorphisms
   - Genotype 1a infection, previously treated with peginterferon/ribavirin, and **NO** baseline NS5A polymorphisms
   - Genotype 1b infection, treatment naïve
   - Genotype 1b infection, previously treated with peginterferon/ribavirin
   - Genotype 4 infection, treatment naïve

   If yes, **approve for 12 weeks by HICL for #1 tablet per day.**
   If no, continue to #14.

   **CONTINUED ON NEXT PAGE**
ELBASVIR/GRAZOPREVIR

GUIDELINES FOR USE (CONTINUED)

14. Is the patient ONE of the following?
   - Genotype 1a infection, previously treated with HCV protease inhibitor triple therapy (HCV protease inhibitor (e.g., Victrelis, Incivek, Olysio) plus peginterferon/ribavirin)
   - Genotype 1b infection, previously treated with HCV protease inhibitor triple therapy (HCV protease inhibitor (e.g., Victrelis, Incivek, Olysio) plus peginterferon/ribavirin)

   If yes, continue to #15.
   If no, continue to #16.

15. Is the requested medication being used with ribavirin?

   If yes, approve for 12 weeks by HICL for #1 tablet per day.
   If no, do not approve.
   **DENIAL TEXT:** See the denial text at the end of the guideline.

16. Is the patient ONE of the following?
   - Genotype 1a infection, treatment naïve, and has baseline NS5A polymorphisms
   - Genotype 1a infection, previously treated with peginterferon/ribavirin, and has baseline NS5A polymorphisms
   - Genotype 4 infection, previously treated with peginterferon/ribavirin

   If yes, continue to #17.
   If no, do not approve.
   **DENIAL TEXT:** See the denial text at the end of the guideline.

17. Is the requested medication being used with ribavirin?

   If yes, approve for 16 weeks by HICL for #1 tablet per day.
   If no, do not approve.
   **DENIAL TEXT:** See the denial text at the end of the guideline.

**CONTINUED ON NEXT PAGE**
DENIAL TEXT: Our guideline for ELBASVIR/GRAZOPREVIR (Zepatier) requires a diagnosis of hepatitis C. The following criteria must also be met.

- Patient has genotype 1 or genotype 4 hepatitis C
- Patient is at least 18 years old
- Patient must have a trial of Harvoni prior to approval, unless patient has chronic kidney disease, stage 4-5
- Patient is currently supervised by a gastroenterologist, infectious disease specialist, physician specializing in the treatment of hepatitis (e.g., a hepatologist), or a specially trained group such as ECHO (Extension for Community Healthcare Outcomes) model
- Patient has evidence of fibrosis stage 3 or 4 (Metavir F3 or F4 equivalent) or Metavir F2 with another condition listed as 'high priority' or 'highest priority' for treatment, such as liver transplant recipient, severe extra-hepatic hepatitis C, other co-existing liver disease such as non-alcoholic steatohepatitis, debilitating fatigue, or porphyria cutanea tarda, diabetes type 2, hepatitis B or HIV coinfection
- Documentation of HCV infection (e.g., at least one detectable HCV RNA level within the last 6 months)
- Testing for baseline NS5A polymorphisms is required for patients with genotype 1a infection
- Ribavirin use is required for certain treatment-experienced patients or for treatment naïve patients with genotype 1a infection and baseline NS5A polymorphisms (per product labeling)
- Treatment experienced patients will be approved per product labeling (previous failure of peginterferon/ribavirin for genotype 1a, 1b or 4; previous failure of HCV protease inhibitor triple therapy regimen for genotype 1a or 1b infection)

The medication will not be approved for the following patients:

- Patients using any of the following interacting medications concurrently while on elbasvir/grazoprevir: phenytoin, carbamazepine, rifampin, efavirenz (e.g., Atripla, Sustiva), atazanavir (e.g., Evotaz, Reyataz), darunavir (e.g., Prezco, Prezista), lopinavir, saquinavir, tipranavir, cyclosporine, nafcillin, ketoconazole, modafinil, bosentan, etravirine, elvitegravir/cobicistat/emtricitabine/tenofovir (e.g., Stribild, Genvoya), atorvastatin at doses higher than 20mg daily, or rosuvastatin at doses greater than 10mg daily
- Patient taking Sovaldi (sofosbuvir) with Zepatier
- Patients with moderate or severe hepatic impairment (Child-Pugh B or C)
- Patients with limited life expectancy (less than 12 months) due to non-liver related comorbid conditions.

RATIONALE
Ensure appropriate utilization of Zepatier.

CONTINUED ON NEXT PAGE
ELBASVIR/GRAZOPREVIR

FDA APPROVED INDICATIONS
Indicated with or without ribavirin for the treatment of chronic hepatitis C virus (HCV) genotypes 1 and 4 infection in adults.

FDA APPROVED DOSAGE
- One tablet taken once daily with or without food.

Duration of therapy is as follows:

<table>
<thead>
<tr>
<th>Patient type and infection type</th>
<th>Regimen</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genotype 1a: Treatment naïve or previous treatment with peginterferon/ribavirin without baseline NS5A polymorphisms</td>
<td>Zepatier</td>
<td>12 weeks</td>
</tr>
<tr>
<td>Genotype 1a: Treatment naïve or previous treatment with peginterferon/ribavirin with baseline NS5A polymorphisms</td>
<td>Zepatier plus ribavirin</td>
<td>16 weeks</td>
</tr>
<tr>
<td>Genotype 1b: Treatment naïve or previous treatment with peginterferon/ribavirin</td>
<td>Zepatier</td>
<td>12 weeks</td>
</tr>
<tr>
<td>Genotype 1a or 1b: Treatment experienced, HCV protease inhibitor triple therapy</td>
<td>Zepatier plus ribavirin</td>
<td>12 weeks</td>
</tr>
<tr>
<td>Genotype 4: Treatment naïve</td>
<td>Zepatier</td>
<td>12 weeks</td>
</tr>
<tr>
<td>Genotype 4: Treatment experienced, previous failure of peginterferon/ribavirin</td>
<td>Zepatier plus ribavirin</td>
<td>16 weeks</td>
</tr>
</tbody>
</table>

OTHER INFORMATION
All patients should receive hepatic laboratory testing prior to starting Zepatier. Patients with genotype 1a should receive testing for NS5A resistance-associated polymorphisms.

CONTINUED ON NEXT PAGE
ELBASVIR/GRAZOPREVIR

EFFICACY
The efficacy of Zepatier was studied in two placebo-controlled trials and four uncontrolled phase 2 and phase 3 clinical trials in 1401 study participants with genotype 1, 4, or 6 HCV infection with compensated liver disease (with or without cirrhosis). Table 2 below describes a total of six trials used for the assessment of efficacy for treatment of genotype 1 or 4 infection (Zepatier was not approved by the FDA for treatment of genotype 6 infection). All patients in the active treatment groups received Zepatier (grazoprevir 100mg/elbasvir 50mg) once daily. Those receiving ribavirin received weight-based dosing (800-1400mg per day), divided twice daily. The primary endpoint in all trials was sustained virologic response (SVR), defined as HCV RNA less than the lower limit of quantification at 12 weeks after ending treatment (SVR12).

Clinical trials for Zepatier (elbasvir/grazoprevir) [From Zepatier prescribing information]

<table>
<thead>
<tr>
<th>Trial</th>
<th>Population</th>
<th>Study Groups and Duration (Number of Subjects Treated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-EDGE TN (double-blind)</td>
<td>GT 1, 4 TN with or without cirrhosis</td>
<td>• ZEPATIER for 12 weeks (N=306) • Placebo for 12 weeks (N=102)</td>
</tr>
<tr>
<td>C-EDGE CONNECTION (open-label)</td>
<td>GT 1, 4 TN with or without cirrhosis HCV/HIV-1 co-infection</td>
<td>• ZEPATIER for 12 weeks (N=217)</td>
</tr>
<tr>
<td>C-SURFER (double-blind)</td>
<td>GT 1 TN or TE with or without cirrhosis Severe Renal Impairment including Hemodialysis</td>
<td>• EBR* + GZR* for 12 weeks (N=122) • Placebo for 12 weeks (N=113)</td>
</tr>
<tr>
<td>C-SCAPE (open-label)</td>
<td>GT 4 TN without cirrhosis</td>
<td>• EBR* + GZR* for 12 weeks (N=10) • EBR* + GZR* + RBV for 12 weeks (N=10)</td>
</tr>
<tr>
<td>C-EDGE TE (open-label)</td>
<td>GT 1, 4 TE with or without cirrhosis HCV/HIV-1 co-infection</td>
<td>• ZEPATIER for 12 or 16 weeks (N=105, and 101, respectively) • ZEPATIER + RBV for 12 or 16 weeks (N=104 and 104, respectively)</td>
</tr>
<tr>
<td>C-SALVAGE (salvage-label)</td>
<td>GT 1 TE with HCV protease inhibitor regimen* with or without cirrhosis</td>
<td>• EBR* + GZR* + RBV for 12 weeks (N=70)</td>
</tr>
</tbody>
</table>

GT = Genotype
TN = Treatment-Naive
TE = Treatment-Experienced (failed prior treatment with interferon [IFN] or peginterferon alfa [PegIFN] with or without ribavirin [RBV] or were intolerant to prior therapy).
*EBR = elbasvir 50 mg; GZR = grazoprevir 100 mg; EBR + GZR = co-administered as single agents.
† Failed prior treatment with boceprevir, telaprevir, or simeprevir in combination with PegIFN + RBV.

CONTINUED ON NEXT PAGE
ELBASVIR/GRAZOPREVIR

EFFICACY (CONTINUED)

Efficacy - Treatment naïve patients with genotype 1 infection
C-EDGE TREATMENT NAÏVE (TN) study was a phase 3, multi-center, international, randomized, blinded, placebo-controlled, parallel group trial of treatment naïve cirrhotic and non-cirrhotic patients with chronic HCV genotype 1, genotype 4, or genotype 6 infection. In the initial treatment period, 316 patients received Zepatier and 105 patients received placebo once daily. The median age was 54 years (range: 20-78 years); other patient characteristics included: 46% female, 37% non-white, 91% with genotype 1 infections (50% of those with genotype 1 had genotype 1a), 22% with cirrhosis (28% of patients with cirrhosis had biopsy as evidence of cirrhosis), and 68% of patients had HCV RNA levels above 800,000 IU/mL.

C-EDGE COINFECTION was an uncontrolled, non-randomized, open-label, single arm study that enrolled 218 treatment naïve, HCV/HIV co-infected patients with genotype 1, 4, or 6 HCV infection. Patient characteristics included the following: mean age 50 years (age range 21-71 years); 85% male; 75% Caucasian, 19% of African descent, 6% Hispanic or Latino; mean body mass index (BMI) 25kg/m2; 16% had cirrhosis; 76% had genotype 1a, 23% had genotype 1b, and 1% had genotype 1-other infection; and patients were either naïve to HIV antiretroviral therapy (ART) or stable on ART for at least 8 weeks.

C-EDGE TN and C-EDGE COINFECTION: SVR12 in treatment naïve subjects with or without cirrhosis with genotype 1 HCV treated with Zepatier for 12 weeks [From Zepatier prescribing information]

<table>
<thead>
<tr>
<th>Regimen</th>
<th>C-EDGE TN [Immediate treatment group] (n = 288)</th>
<th>C-EDGE CO-INFECTION [HCV/HIV co-infection] (n = 189)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall SVR in genotype 1</td>
<td>95% (273/288)</td>
<td>95% (179/189)</td>
</tr>
<tr>
<td>SVR – genotype 1a</td>
<td>92% (144/157)</td>
<td>94% (136/144)</td>
</tr>
<tr>
<td>SVR – genotype 1b</td>
<td>98% (129/131)</td>
<td>96% (43/45)</td>
</tr>
<tr>
<td>SVR – no cirrhosis</td>
<td>94% (207/220)</td>
<td>94% (148/158)</td>
</tr>
<tr>
<td>SVR – cirrhosis</td>
<td>97% (66/68)</td>
<td>100% (31/31)</td>
</tr>
<tr>
<td>Relapse</td>
<td>3% (10/288)</td>
<td>3% (6/189)</td>
</tr>
</tbody>
</table>

CONTINUED ON NEXT PAGE
ELBASVIR/GRAZOPREVIR

Efficacy - Treatment experienced patients with genotype 1 infection

C-EDGE TE was a randomized, open-label study that enrolled patients with genotype 1 or 4 HCV infection, with or without cirrhosis, with or without HIV-1 co-infection, who had failed previous treatment with peginterferon/ribavirin. Participants were randomized to one of four treatment arms: 1) Zepatier for 12 weeks, 2) Zepatier and ribavirin for 12 weeks, 3) Zepatier for 16 weeks, or 4) Zepatier plus ribavirin for 16 weeks. Patient characteristics included the following: median age 57 years (range: 19-77 years); 64% male; 67% Caucasian, 18% of African descent, 9% Hispanic or Latino; mean BMI 28kg/m2; 78% with baseline HCV RNA levels above 800,000 IU/mL; 34% had cirrhosis; 60% had genotype 1a, 39% had genotype 1b, and 1% had genotype 1-other.

C-EDGE TE: SVR12 in treatment experienced subjects (previous trial of peginterferon/ribavirin) with or without cirrhosis with genotype 1 HCV treated with Zepatier [From Zepatier prescribing information]

<table>
<thead>
<tr>
<th></th>
<th>Zepatier for 12 weeks (n = 96)</th>
<th>Zepatier and ribavirin for 16 weeks (n = 96)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall SVR in genotype 1</td>
<td>94% (90/96)</td>
<td>97% (93/96)</td>
</tr>
<tr>
<td>SVR – genotype 1a</td>
<td>90% (55/61)</td>
<td>95% (55/58)</td>
</tr>
<tr>
<td>SVR – genotype 1b</td>
<td>100% (35/35)</td>
<td>100% (38/38)</td>
</tr>
<tr>
<td>SVR – no cirrhosis</td>
<td>94% (61/65)</td>
<td>95% (61/64)</td>
</tr>
<tr>
<td>SVR – cirrhosis</td>
<td>94% (29/31)</td>
<td>100% (32/32)</td>
</tr>
<tr>
<td>Relapse</td>
<td>100% (33/33)</td>
<td>100% (35/35)</td>
</tr>
</tbody>
</table>

C-SALVAGE was an open-label, single arm trial that enrolled participants with genotype 1 infection, with or without cirrhosis, who failed previous treatment with HCV protease inhibitor/peginterferon/ribavirin triple therapy. Protease inhibitors were one of the following: Victrelis (boceprevir), Incivek (telaprevir), or Olysio (simeprevir). Participants received Zepatier and ribavirin for 12 weeks. Patient characteristics included the following: median age 55 years (range 23 to 75); 58% male; 97% Caucasian, 3% of African descent, 15% Hispanic or Latino; mean BMI 28kg/m2; 63% had baseline HCV RNA levels greater than 800,000 IU/mL; 43% had cirrhosis; and 46% had baseline NS3 resistance-associated substitutions. The overall SVR was 96%, whereas 4% (3/79) were unable to attain SVR due to relapse.

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ELBASVIR/GRAZOPREVIR

Efficacy - Patients with severe renal impairment and genotype 1 infection
C-SURFER was a randomized, double-blind, placebo-controlled study in patients with genotype 1 infection, with or without cirrhosis, with CKD stage 4 or 5 (eGFR <30 mL/min/1.73m²). Approximately 52% had genotype 1a infection, and 48% had genotype 1b infection. Patients were treatment naïve (80.4%) or treatment experienced (19.6%). Stage 4 CKD was seen in 18.7% and stage 5 in 81.3%, with 76.2% currently receiving hemodialysis. The majority (94%) had no cirrhosis. The distribution of fibrosis stage at the start of the study was as follows: F0-F2: 69.4%, F3: 11.9%, F4: 6%, and 12.8% as other. Enrolled patients had a mean age 56 of years (18-70 years of age). More than half (57.4%) had baseline HCV RNA levels above 800,000 IU/mL.

Results from C-SURFER clinical trials for treatment naïve patients with genotype 1 HCV infection

<table>
<thead>
<tr>
<th></th>
<th>Grazoprevir/elbasvir immediate treatment group and pharmacokinetic population</th>
</tr>
</thead>
<tbody>
<tr>
<td>SVR</td>
<td></td>
</tr>
<tr>
<td>All patients</td>
<td>99% (115/116)</td>
</tr>
<tr>
<td>Intent-to-treat population</td>
<td>94% (115/122)</td>
</tr>
<tr>
<td>Genotype 1a</td>
<td>97% (61/63)</td>
</tr>
<tr>
<td>Genotype 1b</td>
<td>92% (54/59)</td>
</tr>
<tr>
<td>No cirrhosis</td>
<td>95% (109/115)</td>
</tr>
<tr>
<td>Patients with cirrhosis</td>
<td>86% (6/7)</td>
</tr>
<tr>
<td>Treatment naïve</td>
<td>95% (96/101)</td>
</tr>
<tr>
<td>Treatment experienced</td>
<td>90% (19/21)</td>
</tr>
<tr>
<td>Hemodialysis</td>
<td>93% (86/92)</td>
</tr>
<tr>
<td>No hemodialysis</td>
<td>97% (29/30)</td>
</tr>
<tr>
<td>CKD stage 4</td>
<td>100% (22/22)</td>
</tr>
<tr>
<td>CKD stage 5</td>
<td>93% (93/100)</td>
</tr>
<tr>
<td>Relapse after treatment</td>
<td></td>
</tr>
<tr>
<td>All patients</td>
<td>&lt;1% (1/116)</td>
</tr>
</tbody>
</table>

Efficacy - Treatment naïve and treatment experienced patients with genotype 4 infection
Four trials (C-EDGE TN, C-EDGE COINFECTION, C-EDGE TE, and C-SCAPE) evaluated the efficacy of Zepatier for treatment of genotype 4 infection. C-SCAPE randomized treatment naïve participants to 12 weeks of Zepatier with or without ribavirin. Study details for the other three studies are listed above. The combined genotype 4 study population from the four trials was 64% treatment naïve, 66% male, 87% Caucasian, 10% of African descent, 22% with cirrhosis, and 30% with HCV/HIV-1 co-infection. The overall SVR12 for the combined results of the four trials was 97% (64/66).

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SAFETY
Contraindications for Zepatier include moderate or severe hepatic impairment (Child-Pugh B or C). As OATP1B1/3 inhibitors and CYP3A inhibitors may increase serum concentrations of Zepatier, the concurrent use of the following OATP1B1/3 inhibitors and strong CYP3A4 inhibitors with Zepatier is contraindicated: anticonvulsants (e.g., phenytoin, carbamazepine), antimycobacterials (e.g., rifampin), St. John’s Wort, HIV medications (e.g., efavirenz, atazanavir, darunavir, lopinavir, saquinavir, tipranavir), and cyclosporine. When Zepatier is prescribed with ribavirin, prescribers must also consider contraindications, warnings, and precautions associated with ribavirin therapy.

For patients using a 12-week regimen of Zepatier, the most common adverse reactions reported in clinical trials include headache, nausea, and fatigue. Patients using Zepatier with ribavirin for 16 weeks most commonly experienced anemia (8%) and headache (6%). In clinical trials liver enzyme elevations occurred in approximately 1% of patients taking Zepatier, and were more common in female and Asian patients. Hepatic laboratory testing should be completed as clinically indicated, as well as prior to starting therapy, at treatment week 8, and at treatment week 12 for patients receiving 16 weeks of therapy.

No dose adjustments are necessary in patients with mild hepatic impairment (Child-Pugh A), but Zepatier is contraindicated in patients with moderate or severe hepatic impairment (Child-Pugh B or C). No dose adjustment is required for patients with severe renal impairment or for those using hemodialysis.

The safety and efficacy of Zepatier have not been evaluated in the pediatric population. Clinical trials of Zepatier included 187 participants age of 65 and older; higher plasma concentrations of Zepatier and a higher rate of ALT elevations were noted in participants age 65 years and older than in those younger than age 65.

There are no human data on the safety of Zepatier use in pregnant humans; however, animal studies in rats and rabbits indicate that no adverse developmental effects were observed with Zepatier at 10-18 times the recommended human dose of elbasvir and 41-78 times the human dose of grazoprevir. While it is not known whether Zepatier is present in human breast milk, Zepatier was present in the milk of rats, but was not found to affect growth and development of nursing rat pups.

CONTINUED ON NEXT PAGE
REFERENCES


<table>
<thead>
<tr>
<th>Library</th>
<th>Commercial</th>
<th>NSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Created: 12/16  
Effective: 01/01/17  
Client Approval: 12/16