

Sovaldi (sofosbuvir)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	Based on Age, Genotype, Treatment status, Cirrhosis status, Transplant status, Polymorphism status, or Ribavirin Eligibility status

Medication	Quantity Limit
Sovaldi (sofosbuvir) 200 mg tablets	2 tablets per day
Sovaldi (sofosbuvir) 400 mg tablets	1 tablet per day
Sovaldi (sofosbuvir) 200 mg pellets	2 packets of pellets per day
Sovaldi (sofosbuvir) 150 mg pellets	1 packet of pellets per day

APPROVAL DURATION

Genotype and Status (HCV mono-infected or HCV/HIV-1 co-infected ^a)	Associated Treatment Regimens	Total Approval Duration of Sovaldi
3 years of age or older, Genotype 2 (treatment-naïve or dual P/R ^{2b} treatment-experienced, with compensated cirrhosis or without cirrhosis)	Sovaldi + RBV	12 weeks
3 years of age or older, Genotype 3 (treatment-naïve or dual P/R ^{2b} treatment-experienced, with compensated cirrhosis or without cirrhosis)	Sovaldi + RBV	24 weeks
3 years of age or older, Genotypes 1, 2, 3, 4, 5, or 6 (treatment failure with Mavyret [glecaprevir/pibrentasvir] monotherapy, with compensated cirrhosis or without cirrhosis)	Sovaldi + Mavyret + RBV	16 weeks
3 years of age or older, Genotype 1, 2, 4, 5, or 6 (treatment failure with Vosevi [sofosbuvir/velpatasvir/voxilaprevir] with compensated cirrhosis or without cirrhosis)	Sovaldi + Mavyret + RBV	16 weeks
3 years of age or older, Genotype 3 (treatment failure with Vosevi [sofosbuvir/velpatasvir/voxilaprevir] without cirrhosis)	Sovaldi + Mavyret + RBV	16 weeks
3 years of age or older, Genotype 3 (treatment failure with Vosevi [sofosbuvir/velpatasvir/voxilaprevir] with compensated cirrhosis)	Sovaldi + Mavyret + RBV	24 weeks

3 years of age or older, Genotype 1, 2, 3, 4, 5, or 6 (treatment failure with Sovaldi plus Mavyret [sofosbuvir/glecaprevir/pibrentasvir] with compensated cirrhosis or without cirrhosis)	Sovaldi + Mavyret + RBV	24 weeks
Genotype 1 or 4 (treatment-naïve with compensated cirrhosis or without cirrhosis)	Sovaldi + PEG + RBV	12 weeks
Genotype 1 (treatment-naïve with compensated cirrhosis or without cirrhosis)	Sovaldi + RBV ^b	24 weeks

APPROVAL CRITERIA

Requests for Sovaldi (sofosbuvir) may be approved if the following criteria are met:

- I. Documentation is provided for a diagnosis of chronic hepatitis C (CHC) infection^a, which includes genotype and a positive HCV RNA result (AASLD/IDSA 2017, CDC 2013); **AND**
- II. Individual has received baseline evaluation for liver fibrosis to guide appropriate therapy; **AND**
- III. Individual does not have a short life expectancy (less than 12 months owing to non-liver related comorbid conditions) that cannot be remediated by treating HCV, by transplantation or other directed therapy (AASLD/IDSA 2017); **AND**
- IV. Individual has compensated¹ liver disease (with or without cirrhosis) or decompensated¹ liver disease;

AND

- V. Individual has had a prior trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response to brand Epclusa (sofosbuvir/velpatasvir)), unless one of the following conditions apply:
 - A. Individual is using with **one** of the following antiviral treatment regimens (Label/AASLD/IDSA 2021):
 1. In combination with ribavirin for the following:
 - a. Individual is 3 years of age or older, treatment-naïve or dual P/R^{2b} treatment-experienced, with compensated cirrhosis or without cirrhosis, and Genotype 2 or 3; **AND**
 - b. Individual meets one of the following criteria:
 - i. Prior trial of brand Epclusa (sofosbuvir/velpatasvir) with documented hypersensitivity, as manifested by a severe allergic reaction to any ingredient which is not also in Sovaldi; **OR**
 - ii. Individual is currently on and completing a course of therapy with the requested regimen; **OR**
 - iii. Individual is concurrently using an agent that cannot be substituted with another agent or temporarily discontinued and is contraindicated or not recommended for concomitant use with the preferred regimens.
 - OR**
 - c. Individual is 18 years of age or older, treatment-naïve, with compensated

- cirrhosis or without cirrhosis, and Genotype 1; **AND**
- d. Individual meets one of the following criteria:
- i. Prior trial of brand Epclusa (sofosbuvir/velpatasvir) with documented hypersensitivity, as manifested by a severe allergic reaction to any ingredient which is not also in Sovaldi; **OR**
 - ii. Individual is currently on and completing a course of therapy with the requested regimen; **OR**
 - iii. Individual is concurrently using an agent that cannot be substituted with another agent or temporarily discontinued and is contraindicated or not recommended for concomitant use with the preferred regimens;

OR

2. In combination with ribavirin and peginterferon alfa for the following:
- a. Individual is 18 years of age or older, treatment-naïve, with compensated cirrhosis or without cirrhosis, and Genotype 1 or 4; **AND**
 - b. Individual meets one of the following criteria:
 - i. Prior trial of brand Epclusa (sofosbuvir/velpatasvir) with documented hypersensitivity, as manifested by a severe allergic reaction to any ingredient which is not also in Sovaldi; **OR**
 - ii. Individual is currently on and completing a course of therapy with the requested regimen; **OR**
 - iii. Individual is concurrently using an agent that cannot be substituted with another agent or temporarily discontinued and is contraindicated or not recommended for concomitant use with the preferred regimens;

OR

3. Individual is 3 years of age or older, and using in combination with Mavyret (glecaprevir/pibrentasvir) and ribavirin for **one** of the following:
- a. Individual had prior treatment failure with Mavyret (glecaprevir/pibrentasvir) monotherapy, with compensated cirrhosis or without cirrhosis, and Genotype 1, 2, 3, 4, 5, or 6; **OR**
 - b. Individual had treatment failure with Vosevi [sofosbuvir/velpatasvir/voxilaprevir], with compensated cirrhosis or without cirrhosis, and Genotype 1, 2, 3, 4, 5, or 6; **OR**
 - c. Individual had treatment failure with Sovaldi plus Mavyret [sofosbuvir/glecaprevir/pibrentasvir] with compensated cirrhosis or without cirrhosis, and Genotype 1, 2, 3, 4, 5, or 6.

Sovaldi (sofosbuvir) may **not** be approved for the following:

- I. Individual has severe or end-stage CKD3 or requires dialysis; **OR**
- II. Individual is requesting in concurrent therapy with contraindicated or not recommended agents, including but not limited to the following: amiodarone, carbamazepine, phenytoin, phenobarbital, oxcarbazepine, rifabutin, rifampin, rifapentine, St John's Wort, tipranavir/ritonavir; **OR**
- III. Individual is using in combination with a regimen containing a non-nucleoside NS5B polymerase inhibitor (such as dasabuvir); **OR**

- IV. Individual is using in combination with a regimen containing a NS3/4A^{2c} protease inhibitor other than elbasvir/grazoprevir, or glecaprevir/pibrentasvir; **OR**
Individual is using in combination with a regimen containing a NS5A^{2a} inhibitor other than elbasvir/grazoprevir, glecaprevir/Pibrentasvir.

Notes:

^aPer label and AASLD/IDSA treatment guidance, Sovaldi (sofosbuvir) may be used in individuals co-infected with HIV-1

^bPer label, Sovaldi + ribavirin for 24 weeks can be considered in adult patients with genotype 1 who are ineligible for interferon-based regimen.

1. Compensated Liver Disease:

According to the American Association for the Study of Liver Diseases (AASLD/IDSA 2017), the specific criteria for compensated liver disease include all of the following: a total bilirubin; serum albumin; prothrombin time/INR; presence of ascites; and presence of hepatic encephalopathy. However, these criteria do not establish a comprehensive definition of compensated liver disease. The AASLD guidance refers to compensated liver disease as Class A based on the Child Pugh-Turcotte (CPT) classification scoring system.

Moderate to Severe (Decompensated) Liver Disease:

The AASLD guidance refers to decompensated (moderate to severe) liver disease as Class B or C based on the Child-Pugh Turcotte (CPT) classification scoring system.

Child Pugh Classification (AASLD/IDSA 2017)

Parameters			
Points Assigned	1 point	2 points	3 points
Total Bilirubin (μmol/L)	<34	34-50	>50
Serum Albumin (g/L)	>35	28-35	<28
Prothrombin time/INR	<1.7	1.71-2.30	>2.30
Ascites	None	Mild	Moderate to Severe
Hepatic Encephalopathy	None	Grade I-II (or suppressed with medication)	Grade III-IV (or refractory)

Child Pugh Score Interpretation (AASLD/IDSA 2017)

Class A	5-6 points	Well compensated liver disease
Class B	7-9 points	Significant functional compromise (moderate hepatic impairment)
Class C	10-15 points	Uncompensated liver disease (severe hepatic impairment)

2. Past Treatment Exposure Definitions (AASLD/IDSA 2017):

- a. NS5A Inhibitor: includes daclatasvir, ledipasvir, elbasvir, ombitasvir, pibrentasvir, or velpatasvir-containing regimens
 - b. P/R: includes peginterferon (or non-pegylated interferon) ± ribavirin
 - c. NS3/4A Protease Inhibitor: includes simeprevir, grazoprevir, paritaprevir, glecaprevir, and voxilaprevir-containing regimens
 - d. Triple therapy: includes NS3 protease inhibitor (simeprevir, boceprevir or telaprevir) plus peginterferon and ribavirin
 - e. Direct Acting Antiviral (DAA): includes NS5A inhibitors, NS3/4A protease inhibitors, and NS5B polymerase inhibitors (sofosbuvir, dasabuvir)
 - f. P/R/S: includes peginterferon (or non-pegylated interferon) ± ribavirin ± sofosbuvir
3. Chronic Kidney Disease (CKD) Definitions (AASLD/IDSA 2017):
Severe CKD (Stage 4): eGFR 15-29 mL/min
End-Stage CKD (Stage 5): eGFR < 15 mL/min

4. **Metavir Scoring Systems for Fibrosis Staging (AASLD 2009):**

Stage (F)	
0	No fibrosis
1	Periportal fibrotic expansion
2	Periportal septae 1 (septum)
3	Porto-central septae
4	Cirrhosis

5. Hepatitis C virus (HCV) direct acting antiviral (DAA) agents have a black box warning for risk of hepatitis B virus (HBV) reactivation in individuals with HCV-HBV co-infection. Individuals should be tested for evidence of current or prior HBV infection prior to initiation of DAA therapy. HBV reactivation has been reported in HCV/HBV co-infected individuals currently taking or previously completed DAA therapy and not concomitantly receiving HBV antiviral therapy. Some cases of HBV reactivation have led to fulminant hepatitis, hepatic failure, and death. Individuals should be monitored for hepatitis flare or HBV reactivation during and following HCV DAA therapy. Individuals should be appropriately managed for HBV infection as indicated.

Key References:

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3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2022; Updated periodically.
5. American Association for the Study of Liver Diseases and the Infectious Disease Society of America, in collaboration with the International Antiviral Society-USA. Recommendations for testing, managing and treating hepatitis C. Available at <http://www.hcvguidelines.org/>. Published on: January 29, 2014. Updated on: September 29, 2021. Accessed on: January 26, 2022.
6. Centers for Disease Control and Prevention. Testing for HCV Infection: An Update of Guidance for Clinicians and Laboratorians. *MMWR*. 2013; 62(18):362-365. Available from: <https://www.cdc.gov/mmwr/pdf/wk/mm6218.pdf>. Accessed on: January 26, 2022.
7. Kamal SM. Acute hepatitis C: a systematic review. *Am J Gastroenterol*. 2008;103(5):1283-1297.

8. U.S. Department of Health and Human Services AIDSinfo treatment guidelines. Considerations for Antiretroviral Use in Patients with Coinfections. Available at <https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-arv/26/hcv-hiv>. Accessed on: January 13, 2021.
9. Wyles D, Weiland O, Yao B, et al. Retreatment of patients who failed glecaprevir/pibrentasvir treatment for hepatitis C virus infection. J Hepatol. 2019;70(5):1019-1023.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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