Harvoni (sofosbuvir/ledipasvir)

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

Medication	Quantity Limit
Harvoni (sofosbuvir/ledipasvir	1 tablet per day

APPROVAL DURATION

Genotype and Status (HCV mono-infected or HCV/HIV-1 co-infected[a])	Associated Treatment Regimens	Total Approval Duration of Harvoni
Genotype 1 (treatment-naïve, baseline HCV RNA level of less than 6 million IU/mL, without cirrhosis)	Harvoni	8 or 12 [Δ] weeks
Genotype 1 (treatment-naïve, baseline HCV RNA level of greater than or equal to 6 million IU/mL, without cirrhosis)	Harvoni	12 weeks
Genotype 1 (treatment-naïve, with compensated cirrhosis)	Harvoni	12 weeks
Genotype 1 (dual P/R[2b] or triple[2d] treatment-experienced, without cirrhosis)	Harvoni	12 weeks
Genotype 1 (dual P/R[2b] or triple[2d] treatment-experienced with compensated cirrhosis)	Harvoni + RBV	12 weeks
Genotype 1 [treatment-experienced with sofosbuvir (non-simeprevir-containing) regimen, without cirrhosis]	Harvoni + RBV	12 weeks
Genotype 4 (treatment-naïve, with compensated cirrhosis or without cirrhosis)	Harvoni	12 weeks
Genotype 4 (dual P/R[2b] without cirrhosis)	Harvoni	12 weeks
Genotype 4 (dual P/R[2b] treatment-experienced, with compensated cirrhosis)	Harvoni + RBV	12 weeks
Genotype 1,4, 5 or 6 (treatment-naïve or treatment-experienced, post-liver allograft transplant, with compensated or	Harvoni + RBV	12 weeks

decompensated cirrhosis or without cirrhosis)		
Genotypes 1 or 4 (treatment-naïve or treatment-experienced, post-kidney transplant recipient, with compensated cirrhosis or without cirrhosis)	Harvoni	12 weeks
Genotype 1, 4, 5 or 6 (treatment naïve, or treatment-experienced, without sofosbuvir or NS5A[2a] with decompensated cirrhosis)	Harvoni + RBV	12 weeks
Genotype 1, 4, 5 or 6 (treatment-naïve or treatment-experienced without sofosbuvir or NS5A2a, ribavirin ineligible, with decompensated cirrhosis)	Harvoni	24 weeks
Genotype 1, 4, 5 or 6 (treatment-experienced with sofosbuvir-containing regimen, with decompensated cirrhosis)	Harvoni + RBV	24 weeks
Genotype 5 or 6 (treatment-naïve, or dual P/R[2b] treatment-experienced with compensated cirrhosis or without cirrhosis)	Harvoni	12 weeks
Adolescent[†], Genotype 1 (treatment-naïve, with compensated cirrhosis or without cirrhosis)	Harvoni	12 weeks
Adolescent[†], Genotype 1 (dual P/R[2b] treatment-experienced, without cirrhosis)	Harvoni	12 weeks
Adolescent[†], Genotype 1 (dual P/R[2b] treatment-experienced, with compensated cirrhosis)	Harvoni	24 weeks
Adolescent[†], Genotypes 4, 5, or 6 (treatment-naïve or dual P/R[2b] treatment-experienced, with compensated cirrhosis or without cirrhosis)	Harvoni	12 weeks

[Δ]The September 2017 AASLD/IDSA treatment guidance recommends a 12 week course of therapy for certain subpopulations, such as individuals co-infected with HCV/HIV and African American individuals.
[†] The September 2017 AASLD/IDSA treatment guidance defines treatment-eligible adolescents as 12-17 years old or weighing at least 35 kg.

APPROVAL CRITERIA

Requests for Harvoni or authorized generic Harvoni (ledipasvir/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. If an 8 week treatment duration is requested, a copy of the baseline quantitative hepatitis C virus (HCV) RNA test result is provided to document baseline level of viremia; **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. Individuals who abuse alcohol or intravenous drugs must be enrolled in a substance abuse program; **AND**

V. Individual has compensated[1] liver disease (with or without cirrhosis) or decompensated[1] liver disease;

AND

VI. Individual is using in **one** of the following antiviral treatment regimens (AASLD/IDSA 2017):

A. Individual is 18 years of age or older; **AND**

B. As monotherapy for **one** of the following:

1. Individual is treatment-naïve with compensated[1] cirrhosis or without cirrhosis and Genotype 1;
   OR
2. Individual is dual P/R[2b] or triple[2d] treatment-experienced without cirrhosis and Genotype1;

AND

3. Individual has had a prior trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response to authorized generic Epclusa (sofosbuvir/velpatasvir) OR Mavyret; **OR**
   a. Individual is currently on and completing a course of therapy with the requested regimen; **OR**
   b. Documented hypersensitivity, as manifested by a severe allergic reaction to any ingredient in authorized generic Epclusa (sofosbuvir/velpatasvir) OR Mavyret which is not also in Harvoni;
      OR
   c. 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 regimen or regimens;

OR

4. Individual is treatment-naïve, compensated[1] cirrhosis or without cirrhosis and Genotype 4;
   OR

5. Individual is dual P/R[2b] treatment-experienced without cirrhosis and Genotype 4;

AND

6. Individual has had a prior trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response to either authorized generic Epclusa (sofosbuvir/velpatasvir) OR Mavyret; **OR**
    a. Individual is currently on and completing a course of therapy with the requested regimen; **OR**
    b. Documented hypersensitivity, as manifested by a severe allergic reaction to any ingredient in authorized generic Epclusa (sofosbuvir/velpatasvir) OR Mavyret which is not also in Harvoni; **OR**
    c. 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 regimen or regimens;

OR

7. Individual is treatment-naïve, or dual P/R[2b] treatment-experienced with compensated[1] cirrhosis or without cirrhosis and with Genotypes 5 or 6;

AND

8. Individual has had a prior trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response to authorized generic Epclusa (sofosbuvir/velpatasvir) OR Mavyret; **OR**
    a. Individual is currently on and completing a course of therapy with the requested regimen; **OR**
    b. Documented hypersensitivity, as manifested by a severe allergic reaction to any ingredient in authorized generic Epclusa (sofosbuvir/velpatasvir) OR Mavyret which is not also in Harvoni; **OR**
    c. 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 regimen or regimens;

OR

9. Individual is treatment-naïve or treatment-experienced without a sofosbuvir or NS5A[2a]-containing regimen, ribavirin ineligible, with decompensated[1] cirrhosis and Genotypes 1, 4, 5 or 6;

AND

10. Individual has had a prior trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response authorized generic Epclusa (sofosbuvir/velpatasvir); **OR**
    a. Individual is currently on and completing a course of therapy with the requested regimen; **OR**
    b. Documented hypersensitivity, as manifested by a severe allergic reaction to any ingredient in authorized generic Epclusa (sofosbuvir/velpatasvir) which is not also in Harvoni; **OR**
    c. 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 regimen or regimens;

OR

11. Individual is a post-kidney transplant recipient, with compensated[1] cirrhosis or without cirrhosis, and Genotypes 1 or 4;

AND

12. Individual has had a prior trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response to Mavyret; **OR**
    a. Individual is currently on and completing a course of therapy with the requested regimen; **OR**
    b. Documented hypersensitivity, as manifested by a severe allergic reaction to any ingredient in Mavyret which is not also in Harvoni; **OR**
    c. 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 regimen or regimens;

OR

14. Individual is 12 to 17 years of age (or less than 12 years of age and at least 35 kg) with compensated[1] cirrhosis or without cirrhosis, Genotypes 1, 4, 5, or 6, and using as monotherapy;

OR

C. Individual is 18 years of age or older;

AND

D. In combination with ribavirin for **one** of the following:
    1. Individual is P/R[2b] treatment-experienced with compensated[1] cirrhosis, and Genotype 1;
       OR
    2. Individual is triple[2d] treatment-experienced with compensated[1] cirrhosis, and Genotype 1;
       OR

3. Individual is sofosbuvir (non simeprevir-containing) treatment-experienced without cirrhosis and Genotype 1 (AASLD/IDSA 2017);

AND

4. Individual has had a prior trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response to authorized generic Epclusa (sofosbuvir/velpatasvir) OR Mavyret; **OR**
    a. Individual is currently on and completing a course of therapy with the requested regimen; **OR**
    b. Documented hypersensitivity, as manifested by a severe allergic reaction to any ingredient in authorized generic Epclusa (sofosbuvir/velpatasvir) OR Mavyret which is not also in Harvoni; **OR**
    c. 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 regimen or regimens;

OR

5. Individual is dual P/R[2b] treatment-experienced, with compensated[1] cirrhosis, and Genotype 4; **AND**
6. Individual has had a prior trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response to either authorized generic Epclusa (sofosbuvir/velpatasvir) OR Mavyret; **OR**
    a. Individual is currently on and completing a course of therapy with the requested regimen; **OR**
    b. Documented hypersensitivity, as manifested by a severe allergic reaction to any ingredient in authorized generic Epclusa (sofosbuvir/velpatasvir) OR Mavyret which is not also in Harvoni; **OR**
    c. 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 regimen or regimens;

OR

7. Individual is treatment-naïve, or treatment-experienced with decompensated[1] cirrhosis and Genotypes 1, 4 5 or 6;

AND

8. Individual has had a prior trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response to authorized generic Epclusa (sofosbuvir/velpatasvir); **OR**
    a. Individual is currently on and completing a course of therapy with the requested regimen; **OR**

b. Documented hypersensitivity, as manifested by a severe allergic reaction to any ingredient in authorized generic Epclusa (sofosbuvir/velpatasvir) which is not also in Harvoni; **OR**
c. 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 regimen or regimens;

OR

9. Individual is a post-liver allograft transplant recipient, with compensated[1] cirrhosis, and Genotypes 1, 4, 5 or 6;

OR

11. Individual is a post-liver allograft transplant recipient, without cirrhosis and Genotypes 1, 4, 5 or 6; **AND**
12. Individual has had a prior trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response to Mavyret; **OR**
    a. Individual is currently on and completing a course of therapy with the requested regimen; **OR**
    b. Documented hypersensitivity, as manifested by a severe allergic reaction to any ingredient in Mavyret which is not also in Harvoni; **OR**
    c. 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 regimen or regimens;

OR

13. Individual is a post-liver allograft transplant recipient, decompensated[1] cirrhosis, and Genotypes 1, 4, 5 or 6.

Harvoni (ledipasvir/sofosbuvir) may not be approved for the following:

I. Individual has severe or end-stage CKD[3] or requires dialysis; **OR**
II. Individual is requesting in concurrent therapy with contraindicated or not recommended agents, such as but not limited to the following: amiodarone, carbamazepine, phenytoin, phenobarbital, oxcarbazepine, elvitegravir/cobicistat/emtricitabine/tenofovir DF, tipranavir/ritonavir, rosuvastatin or p-gp inducers (such as but not limited to rifabutin, rifampin, rifapentine, St John's Wort); **OR**
III. Individual is using in combination with a regimen containing a non-nucleoside NS5B polymerase inhibitor (such as dasabuvir) or another nucleotide NS5B polymerase inhibitor (such as sofosbuvir); **OR**
IV. Individual is using in combination with a regimen containing another NS5A[2a]; **OR**

V. Individual is using in combination with a regimen containing NS3/4A[2c] protease inhibitor; **OR**

VI. Individual is requesting the regimen for re-treatment and either failed to achieve a SVR (defined as a lower limit HCV RNA of 25 IU/mL) or relapsed after achieving a SVR during a prior successfully completed treatment regimen consisting of a NS5A[2a] inhibitor.

Notes:

[a]Per label and AASLD/IDSA treatment guidance, Harvoni (ledipasvir/sofosbuvir) may be used in individuals who are co-infected with HIV-1. The AASLD/IDSA treatment guidance recommends that concurrent use with tenofovir disoproxil fumarate (TDF) should be avoided with an eGFR below 60 mL/min.

1. **Compensated Liver Disease**:
   According to the American Association for the Study of Liver Diseases (AASLD 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 2016)

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 2009, 2016)

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)

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. 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.

State Specific Mandates		
State/Market	**Date**	**Description**

Georgia Medicaid	10/2016	Georgia has state mandated criteria; please see Georgia State Specific Criteria.
Louisiana Medicaid	2/1/2018	Louisiana has state criteria; please see Louisiana State Specific Criteria
Maryland Medicaid		Maryland has state mandated criteria; please see Maryland State Specific Criteria
Virginia Medicaid	7/1/2016	Virginia has state mandated criteria; please see Virginia State Specific Criteria.
Washington D.C.	2/1/2018	Washington D. C. has state criteria; please see Washington D. C. State Specific Criteria

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2019. URL: http://www.clinicalpharmacology.com. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed: January 4, 2019.
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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: May 24, 2018. Accessed on: December 28, 2018.
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 4, 2019.
7. European Association for the Study of the Liver. EASL Recommendations on Treatment of Hepatitis C 2018. *J Hepatol*. 2018; https://doi.org/10.1016/jhep.2018.03.026. Available from: http://www.easl.eu/research/our-contributions/clinical-practice-guidelines/detail/easl-recommendations-on-treatment-of-hepatitis-c-2018. Accessed on: January 4, 2019.
8. U.S. Department of Health and Human Services AIDSinfo treatment guidelines. Concomitant use of selected antiretroviral drugs and hepatitis C virus direct-acting antiviral drugs for treatment of HCV in adults with HIV. Available at https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-arv/26/hcv-hiv. Accessed on: January 3, 2019.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.
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