Clinical Policy: Sofosbuvir (Sovaldi)

Reference Number: IL.ERX.SPA.127
Effective Date: 06.01.21
Last Review Date: 08.21
Line of Business: Illinois Medicaid

Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description

Sofosbuvir (Sovaldi®) is a hepatitis C virus (HCV) nucleotide analog NS5B polymerase inhibitor.

FDA Approved Indication(s)

Sovaldi is indicated for the treatment of chronic HCV in:

- Adult patients without cirrhosis or with compensated cirrhosis:
  - Genotype 1 or 4 for use in combination with pegylated interferon and ribavirin (RBV)
  - Genotype 2 or 3 for use in combination with RBV
- Pediatric patients 3 years of age and older with genotype 2 or 3 without cirrhosis or with compensated cirrhosis in combination with RBV

Policy/Criteria

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

Health plan approved formularies should be reviewed for all coverage determinations. Requirements to use preferred alternative agents apply only when such requirements align with the health plan approved formulary.

It is the policy of health plans affiliated with Envolve Pharmacy Solutions™ that Sovaldi is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Chronic Hepatitis C Infection (must meet all)**:**

1. Diagnosis of chronic HCV infection as evidenced by detectable HCV RNA levels by quantitative assay in the last 6 months;
2. Confirmed HCV genotype is one of the following (a or b):
   a. For adults (age > 18 years): Genotypes 1, 2, 3, 4, 5, or 6;
   b. For pediatrics (age ≥ 3 years): Genotypes 2 or 3;
   **Chart note documentation and copies of lab results are required*
3. Documentation of treatment status of the member (treatment-naïve or treatment-experienced);
4. Documentation of cirrhosis status of the member (no cirrhosis, compensated cirrhosis, or decompensated cirrhosis);
5. Prescribed by or in consultation with a gastroenterologist, hepatologist, or infectious disease specialist, or provider who has expertise in treating HCV based on a certified training program (*see Appendix F)*;
6. Member meets one of the following (a, b, or c):
   a. If age ≥ 12 years or weight ≥ 45 kg and member has not experienced treatment failure with Vosevi®: Member has contraindication(s) or clinically significant adverse effects to both Mavyret® (e.g., concurrent treatment with efavirenz or atazanavir, Child-Pugh B or C hepatic disease) and authorized generic sofosvubir/velpatasvir (Epclusa®) (e.g., patients in whom ribavirin is contraindicated, concurrent administration with carbamazepine, phenytoin, oxcarbazepine, rifampin, tipranavir/ritonavir);
   b. If age ≥ 12 years or weight ≥ 45 kg and treatment-experienced with Vosevi: Member must use Sovaldi in combination with Mavyret and RBV, unless any individual agent is contraindicated or clinically significant adverse effects are experienced;

c. If age between 6 and 11 years, or weight 17 kg to 44 kg: Member has contraindication(s) or clinically significant adverse effects to authorized generic sofosvubir/velpatasvir (Epclusa) (e.g., patients in whom ribavirin is contraindicated, concurrent administration with carbamazepine, phenytoin, oxcarbazepine, rifampin, tipranavir/ritonavir);

7. Life expectancy ≥ 12 months with HCV treatment;
8. Prescribed regimen is consistent with an FDA or AASLD-IDSA recommended regimen (*see Section V Dosage and Administration for reference)*;
9. Dose does not exceed 400 mg per day.

Approval duration: Up to a total of 24 weeks*
*(*Approved duration should be consistent with a regimen in Section V Dosage and Administration)*

B. Other diagnoses/indications

1. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

II. Continued Therapy

A. Chronic Hepatitis C Infection (must meet all)**:**

1. Member meets one of the following (a or b):
   a. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions or member has previously met initial approval criteria;
   b. Both of the following (i and ii):
      i. Documentation supports that member is currently receiving Sovaldi for chronic HCV infection and has recently completed at least 60 days of treatment with Sovaldi;
      ii. Confirmed HCV genotype is one of the following (1 or 2):
         1) For adults (age > 18 years): Genotypes 1, 2, 3, 4, 5, or 6;
         2) For pediatrics (age ≥ 3 years): Genotypes 2 or 3;
2. Member is responding positively to therapy;
3. Dose does not exceed 400 mg per day.

Approval duration: Up to a total of 24 weeks*
*(*Approved duration should be consistent with a regimen in Section V Dosage and Administration)*

B. Other diagnoses/indications

1. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off-label use policy – ERX.PA.01 or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

AASLD: American Association for the Study of Liver Diseases
FDA: Food and Drug Administration
HBV: hepatitis B virus
HCC: hepatocellular carcinoma
HCV: hepatitis C virus
IDSA: Infectious Diseases Society of America
NS3/4A, NS5A/B: nonstructural protein
PegIFN: pegylated interferon
RBV: ribavirin
RNA: ribonucleic acid

Appendix B: Therapeutic Alternatives

This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
sofosvubir/velpatasvir (Epclusa®)	Without cirrhosis or with compensated cirrhosis, treatment naïve or treatment experienced: **Genotypes 1 through 6** One tablet PO QD for 12 weeks	Adult/Peds ≥ 30 kg: sofosbuvir 400 mg /velpatasvir 100 mg (one tablet) per day; Peds 17 to < 30 kg: sofosbuvir 200 mg /velpatasvir 50 mg per day; Peds < 17 kg: sofosbuvir 150 mg /velpatasvir 37.5 mg per day
sofosvubir/velpatasvir (Epclusa®)	With decompensated cirrhosis (Child- Pugh class B or C) treatment-naïve or treatment experienced: **Genotypes 1 through 6** One tablet PO QD plus weight-based RBV for 12 weeks (GT 1, 4, 5, or 6 with decompensated cirrhosis and RBV-ineligible may use: one tablet PO QD for 24 weeks)‡	
sofosvubir/velpatasvir (Epclusa®)	With decompensated cirrhosis in whom prior sofosbuvir- or NS5A-based treatment experienced failed: **Genotype 1 through 6** One tablet PO QD with weight-based RBV for 24 weeks‡	Epclusa: One tablet (Adult/Peds ≥ 30 kg: sofosbuvir 400 mg /velpatasvir 100 mg) per day
Mavyret® (glecaprevir /pibrentasvir)	Treatment-naïve: **Genotypes 1 through 6** Without cirrhosis or with compensated cirrhosis: 3 tablets PO QD for 8 weeks	Mavyret: Adults/Peds age ≥ 12 years or with body weight ≥ 45 kg: glecaprevir 300 mg/pibrentasvir 120 mg (3 tablets) per day; Peds age 3 years to < 12 years of age with body weight < 20 kg: glecaprevir 150 mg/pibrentasvir 60 mg per day; Peds age 3 years to < 12 years of age with body weight 20 kg to < 30 kg: glecaprevir 200 mg/pibrentasvir 80 mg per day; Peds age 3 years to < 12 years of age with body weight 30 kg to < 45 kg: glecaprevir 250
Mavyret® (glecaprevir /pibrentasvir)	Treatment-experienced with IFN/pegIFN + RBV +/- sofosbuvir: **Genotypes 1, 2, 4, 5, or 6** Without cirrhosis: 3 tablets PO QD for 8 weeks With compensated cirrhosis: 3 tablets PO QD for 12 weeks	
Mavyret® (glecaprevir /pibrentasvir)	Treatment-experienced with IFN/pegIFN + RBV +/- sofosbuvir: **Genotype 3** Without cirrhosis or with compensated cirrhosis: 3 tablets PO QD for 16 weeks	
Mavyret® (glecaprevir /pibrentasvir)	Treatment-experienced with NS5A inhibitor without prior NS3/4A protease inhibitor: **Genotype 1** Without cirrhosis or with compensated cirrhosis: 3 tablets PO QD for 16 weeks	
Mavyret®	Treatment-experienced with NS3/4A protease inhibitor without prior NS5A inhibitor:	

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
(glecaprevir /pibrentasvir)	**Genotype 1** Without cirrhosis or with compensated cirrhosis: 3 tablets PO QD for 12 weeks	mg/pibrentasvir 100 mg per day

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.
Treatment-experienced refers to previous treatment with NS3 protease inhibitor (telaprevir, boceprevir, or simeprevir) and/or peginterferon/RBV unless otherwise stated.
‡ Off-label, AASLD-IDSA guideline-supported dosing regimen

Appendix C: Contraindications/Boxed Warnings

- Contraindication(s): when used in combination with peginterferon alfa/RBV or RBV alone, all contraindications to peginterferon alfa and/or RBV also apply to Sovaldi combination therapy.
- Boxed warning(s): risk of hepatitis B virus reactivation in patients coinfected with HCV and HBV.

Appendix D: Direct-Acting Antivirals (DAAs) for Treatment of HCV Infection

Brand Name	Drug Class				
	NS5A Inhibitor	Nucleotide Analog NS5B Polymerase Inhibitor	Non-Nucleoside NS5B Palm Polymerase Inhibitor	NS3/4A Protease Inhibitor (PI)**	CYP3A Inhibitor
Epclusa*	Velpatasvir	Sofosbuvir			
Harvoni*	Ledipasvir	Sofosbuvir			
Mavyret*	Pibrentasvir			Glecaprevir	
Sovaldi		Sofosbuvir			
Viekira PAK*	Ombitasvir		Dasabuvir	Paritaprevir	Ritonavir
Vosevi*	Velpatasvir	Sofosbuvir		Voxilaprevir	
Zepatier*	Elbasvir			Grazoprevir	

**Combination drugs*

Appendix E: General Information

- Hepatitis B Virus Reactivation (HBV) is a Black Box Warning for all direct-acting antiviral drugs for the treatment of HCV. HBV reactivation has been reported when treating HCV for patients co-infected with HBV, leading to fulminant hepatitis, hepatic failure, and death, in some cases. Patients should be monitored for HBV reactivation and hepatitis flare during HCV treatment and post-treatment follow-up, with treatment of HBV infection as clinically indicated.

Appendix F: Healthcare Provider HCV Training

Acceptable HCV training programs and/or online courses include, but are not limited to the following:

- Hepatitis C online course (https://www.hepatitisc.uw.edu/): University of Washington is funded by the Division of Viral Hepatitis to develop a comprehensive, online self-study course for medical providers on diagnosis, monitoring, and management of hepatitis C virus infection. Free CME and CNE credit available.
- Fundamentals of Liver Disease (https://liverlearning.aasld.org/fundamentals-of-liver-disease): The AASLD, in collaboration with ECHO, the American College of Physicians (ACP), CDC, and the Department of Veterans Affairs, has developed Fundamentals of Liver Disease, a free, online CME course to improve providers' knowledge and clinical skills in hepatology.
- Clinical Care Options: http://www.clinicaloptions.com/hepatitis.aspx
- CDC training resources: https://www.cdc.gov/hepatitis/resources/professionals/trainingresources.htm

V. Dosage and Administration

Indication: Adult patients with chronic HCV infection			
Drugs	**Dosing Regimen**	**Maximum Dose**	**Reference**
Sovaldi + pegIFN + RBV	**Genotype 1 or 4** Treatment-naïve without cirrhosis or with compensated cirrhosis: Sovaldi 400 mg + pegIFN + weight-based RBV for 12 weeks	Sovaldi 400 mg/day	FDA-approved labeling
Sovaldi + RBV	**Genotype 2** Treatment-naïve and treatment-experienced, without cirrhosis or with compensated cirrhosis: Sovaldi 400 mg + weight-based RBV for 12 weeks	Sovaldi 400 mg/day	FDA-approved labeling
Sovaldi + RBV	**Genotype 3** Treatment-naïve and treatment-experienced, without cirrhosis or with compensated cirrhosis: Sovaldi 400 mg + weight-based RBV for 24 weeks	Sovaldi 400 mg/day	FDA-approved labeling
Sovaldi + Mavyret + RBV	**Genotypes 1 through 6** Patients with prior sofosbuvir/ velpatasvir/voxilaprevir treatment failure, with or without compensated cirrhosis Sovaldi 400 mg + Mavyret 300 mg/120 mg + weight-based RBV for 16 weeks	Sovaldi 400 mg/day	AASLD/IDSA (updated March 2021)

AASLD/IDSA treatment guidelines for chronic hepatitis C infection are updated at irregular intervals; refer to the most updated AASLD/IDSA guideline for most accurate treatment regimen.
Treatment-experienced refers to previous treatment with peginterferon with or without RBV unless otherwise stated

Indication: Pediatric patients (age ≥ 3 years or weighing at least 35 kg) with chronic HCV infection			
Drugs	**Dosing Regimen**	**Maximum Dose**	**Reference**
Sovaldi + RBV	**Genotype 2** Treatment-naïve or treatment-experienced, without cirrhosis or with compensated cirrhosis: • ≥ 35 kg: Sovaldi 400 mg + weight-based RBV for 12 weeks • 17 to < 35 kg: Sovaldi 200 mg + weight-based RBV for 12 weeks • < 17 kg: Sovaldi 150 mg + weight-based RBV for 12 weeks	Sovaldi 400 mg/day	FDA-approved labeling
Sovaldi + RBV	**Genotype 3** Treatment-naïve or treatment-experienced, without cirrhosis or with compensated cirrhosis: • ≥ 35 kg: Sovaldi 400 mg + weight-based RBV for 24 weeks	Sovaldi 400 mg/day	FDA-approved labeling

Indication: Pediatric patients (age ≥ 3 years or weighing at least 35 kg) with chronic HCV infection			
Drugs	**Dosing Regimen**	**Maximum Dose**	**Reference**
	• 17 to < 35 kg: Sovaldi 200 mg + weight-based RBV for 24 weeks • < 17 kg: Sovaldi 150 mg + weight-based RBV for 24 weeks		

AASLD/IDSA treatment guidelines for chronic hepatitis C infection are updated at irregular intervals; refer to the most updated AASLD/IDSA guideline for most accurate treatment regimen.
Treatment-experienced refers to previous treatment with peginterferon/RBV unless otherwise stated

VI. Product Availability

- Tablets: 400 mg, 200 mg
- Oral pellets: 200 mg, 150 mg

VII. References

1. Sovaldi Prescribing Information. Foster City, CA: Gilead Sciences, Inc.; March 2020. Available at http://www.sovaldi.com/. Accessed April 15, 2021.
2. American Association for the Study of Liver Diseases/ Infectious Disease Society of America (AASLD-IDSA). HCV guidance: recommendations for testing, managing, and treating hepatitis C. Last updated March 12, 2021. Available at: https://www.hcvguidelines.org/. Accessed April 15, 2021.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy created	04.27.21	05.21
3Q 2021 annual review: removed criterion for sobriety documentation as AASLD recommends to treat all patients with HCV except those with short life expectancy; updated section V dosing tables; references reviewed and updated.	07.16.21	08.21

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information.

This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.