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

OVERRIDE(S)

Prior Authorization of Benefits

APPROVAL DURATION

Based on Genotype and Treatment/Cirrhosis Status

Genotype (Treatment and Cirrhosis Status)	Total Approval Duration
Genotype 1 (treatment-naïve, baseline HCV RNA level of less than 6 million IU/mL, no cirrhosis)	8 weeks
Genotype 1 (treatment-naïve, baseline HCV RNA level of greater than or equal to 6 million IU/mL, no cirrhosis)	12 weeks
Genotype 1 (treatment-naïve, with cirrhosis)	12 weeks
Genotype 1 (dual* or triple^ treatment-experienced, no cirrhosis	12 weeks
Genotype 1 (dual* or triple^ treatment-experienced, with cirrhosis)	24 weeks

*Dual treatment-experienced refers to individuals who have had a partial response, no response, or prior relapse with a previous dual therapy regimen of interferon and ribavirin.
^Triple treatment-experienced refers to individuals who have had a partial response, no response, or prior relapse with a previous triple therapy regimen of Incivek or Victrelis, interferon, and ribavirin.

APPROVAL CRITERIA

Requests for Harvoni (sofosbuvir/ledipasvir) may be approved if the following criteria are met:

I. Individual is 18 years of age or older; **AND**
II. Documentation is provided for a diagnosis of chronic Hepatitis C virus (HCV) Genotype 1; **AND**
III. Documentation is provided for baseline laboratory results [complete blood count (CBC), international normalized ratio (INR), hepatic function panel, and calculated glomerular filtration rate (GFR)] within 6 weeks prior to initiating therapy (AASLD/IDSA 2014); **AND**
IV. A copy of the baseline quantitative HCV RNA test result is provided to document baseline level of viremia (AASLD/IDSA 2014); **AND**
V. Individual has compensated liver disease[1] (including cirrhosis); **AND**
VI. Individual is considered at highest risk for severe hepatitis C-related complications (AASLD/IDSA 2014):
    a. Advanced fibrosis as documented by **one** of the following:
        1. Liver biopsy-proven fibrosis staging score of F3 or F4 on the IASL, Batts-Ludwig, or Metavir fibrosis staging scales[2,3]; **OR**

2. Liver biopsy-proven fibrosis staging score of greater than or equal to F4 on the Ishak fibrosis staging scale[2,3]; **OR**
3. In the absence of a liver biopsy, medical imaging-proven fibrosis staging score of F3 or F4 on IASL, Batts-Ludwig, or Metavir scales or greater than or equal to F4 on Ishak scale[2,3];

OR

b. Liver transplant recipient; **OR**
c. Type 2 or 3 essential cryoglobulinemia with end-organ manifestations (for example, vasculitis); **OR**
d. Glomerular disease [proteinuria (greater than 300 mg/day), nephrotic syndrome, or membranoproliferative glomerulonephritis];

AND

VII. Individual meets **one** of the following:
a. Individual is not actively abusing illicit drugs and/or alcohol; **OR**
b. Individual is receiving concurrent treatment to facilitate cessation of drug and/or alcohol abuse (AASLD/IDSA 2014).

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

I. Individual has severe renal impairment (CrCl less than 30 mL/min), end stage renal disease, or requires dialysis (AASLD/IDSA 2014); **OR**
II. Individual is using in combination with another nucleotide NS5B polymerase inhibitor [such as Sovaldi (sofosbuvir)]; **OR**
III. Individual is using in combination with another NS5A inhibitor; **OR**
IV. 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 sofosbuvir; **OR**
V. 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 ledipasvir.

Notes:

1. **Compensated Liver Disease**:
   According to the American Association for the Study of Liver Diseases (AASLD, 2009, 2014), 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. In fact, the AASLD guidelines refer to compensated liver disease as Grade A based on the Child Pugh-Turcotte (CPT) classification scoring system.

Child Pugh Classification (AASLD/IDSA 2014)

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	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, 2014)

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. According to the American Association for the Study of Liver Diseases/Infectious Diseases Society of America (AASLD/IDSA 2014), it may be advisable, in many instances, to delay treatment for some individuals with documented early fibrosis stage (F 0-2). In these instances, waiting for future highly effective, pangenotypic, direct-acting antiviral agent combinations in interferon-free regimens may be prudent.

3. Scoring Systems for Fibrosis Staging (AASLD 2009):

Stage (F)	**IASL***	**Batts-Ludwig**	**Metavir**
0	No fibrosis	No fibrosis	No fibrosis
1	Mild fibrosis	Fibrosis portal expansion	Periportal fibrotic expansion
2	Moderate fibrosis	Rare bridges or septae	Periportal septae 1 (septum)
3	Severe fibrosis	Numerous bridges or septae	Porto-central septae
4	Cirrhosis	Cirrhosis	Cirrhosis

*IASL = The International Association for the Study of Liver

Stage (F)	**Ishak**
0	No fibrosis
1	Fibrosis expansion of some portal areas with or without short fibrous septa
2	Fibrous expansion of most portal areas with or without short fibrous septa
3	Fibrous expansion of most portal areas with occasional portal to portal bridging
4	Fibrous expansion of most portal areas with marked bridging (portal to portal and portal to central)
5	Marked bridging (portal to portal and portal to central) with occasional nodules (incomplete cirrhosis)
6	Cirrhosis