STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES

Prior Authorization Criteria
HARVONI® (ledipasvir/sofosbuvir) for Hepatitis C (HCV)

Prior Authorization Request Form
Prior Authorization Continuation Request Form

Harvoni is a two-drug fixed-dose combination product containing 90 mg ledipasvir and 400 mg sofosbuvir. Harvoni is indicated for the treatment of adult patients diagnosed with hepatitis C genotype 1.

Criteria for Approval

1) Patient must be eighteen (18) years of age or older; **AND**

2) Harvoni must be prescribed by, or in conjunction with, a board certified gastroenterologist, hepatologist or infectious disease physician; **AND**

3) Patient must be diagnosed with Hepatitis C Genotype 1; **AND**

4) Patient must have a documented diagnosis of **cirrhosis** or a **fibrosis level ≥ F3** (see below under Diagnostic/Disease Severity Evidence); **AND**

5) Patient must be sofosbuvir (including Harvoni) treatment naïve; **AND**

6) Patient must **not** be co-infected with HIV; **AND**

7) Patient must **not** be awaiting liver transplant (Harvoni is not indicated in this population); **AND**

8) Patient has abstained from the use of illicit drugs and alcohol for a minimum of six (6) months, as indicated by the patient's signature on the Patient Consent form; **AND**

9) Patient must be vaccinated against Hepatitis A and Hepatitis B; **AND**

10) Patient must agree to complete the full regimen and the patient and the provider must agree that an SVR12 and SVR24 will be collected and submitted to WV Medicaid to verify therapy success;

Duration of Approval

- Initial approval is for 6 weeks and requires submission of the starting HCV RNA level (*See Table 1 for the list of accepted regimens)*.

- Continued coverage after week 6 depends upon receipt of an HCV RNA level at treatment week 4 (TW4), documentation of patient compliance, continued abstinence and an HCV RNA < 25 IU/ml. **Failure to obtain and report a treatment week 4 HCV RNA load will result in denial of further coverage.**

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Table 1. Accepted Regimens and Treatment Duration for HCV Therapy

Diagnosis	Approved Regimen	Duration
Genotype 1 - Treatment Naïve - HCV RNA <6 mil IU/ml without cirrhosis	Harvoni	8 weeks
Genotype 1 - Treatment Naïve - HCV RNA >6 mil IU/ml OR who have compensated cirrhosis	Harvoni	12 weeks
Genotype 1 - Treatment Experienced[1] without cirrhosis	Harvoni	12 weeks
Genotype 1 - Treatment Experienced[1] with cirrhosis OR patients with decompensated cirrhosis	Harvoni + ribavirin	12 weeks
Genotype 1 - Treatment Experienced[1] with cirrhosis OR patients with decompensated cirrhosis **who cannot take ribavirin**[2]	Harvoni	24 weeks

[1]**TREATMENT EXPERIENCED** patients are defined as those who have failed a previous regimen containing peginterferon alfa + ribavirin or an HCV protease inhibitor + peginterferon alfa + ribavirin. Patients previously treated with a sofosbuvir-containing regimen will not be covered except at the discretion of the Medical Director of the Bureau of Medical Services.

[2]Contraindication to ribavirin must be supported by documentation. Ribavirin-based regimens should have a starting platelet level >75,000/mm^3. If at any time during treatment this level should drop below 75,000/mm^3, the patient shall be considered eligible for extension of Harvoni coverage to 24 weeks (following discontinuation of ribavirin). This request must come from the prescriber and be accompanied by laboratory records.

ALL OTHER REGIMEN REQUESTS WILL BE CONSIDERED ON A CASE-BY-CASE BASIS

Diagnostic/Disease Severity Evidence (must be attached to request)

1) Cirrhosis may be substantiated either through biopsy or the presence of **at least two** of the following clinical features:
    a. Cirrhotic features on imaging (MRI, ultrasound, or CT)
    b. Ascites
    c. Esophageal varices
    d. Reversed AST:ALT ratio (> 1), thrombocytopenia (< 130,000 platelets/μL), and coagulopathy (INR > 2)

2) Fibrosis level must be substantiated via biopsy, FibroSure Assay or by Fibroscan.

Criteria for Denial

1) Prescription for any other HCV anti-viral medication.

2) Patient has HIV co-infection.

3) Diagnosis for any genotype other than GT 1.

4) Patient is awaiting liver transplant.

5) Patient is post-liver transplant (safety and efficacy have not been established).

6) Patient is not sofosbuvir naïve.

7) Prescriber has determined that the patient has not abstained from the use of illicit drugs and/or alcohol for at least six (6) months prior to the start of treatment.

8) Patient has severe renal impairment (eGFR < 30 mL/min/1.73m2) or end stage renal disease (ESRD) requiring hemodialysis.

9) Patient is taking a concomitant medication that has a significant clinical interaction with sofosbuvir:
    a. tipranavir/ritonavir
    b. rifampin, rifabutin, rifapentine
    c. carbamazepine, phenytoin, phenobarbital, oxcarbazepine
    d. St. John's wort

10) **Requests for continuation of coverage will be denied if the patient has an HCV RNA level >25 IU/ml OR if the prescriber has not submitted or has not obtained a viral load at treatment week 4.**

Additional Considerations

1) Sofosbuvir is a nucleotide analog NS5B polymerase inhibitor.

2) Ledipasvir is an inhibitor of the hepatitis C virus NS5A protein.

3) Coverage shall be for one successful course of therapy in a lifetime. Success of therapy shall be judged by undetectable SVR12 and SVR24 HCV RNA levels. If RNA levels have not been submitted, then it will be assumed that therapy was successful. Re-infection will not be covered. Exceptions may be allowed on a case-by-case basis.

4) Lost or stolen medication replacement request will not be authorized.

References

1) Harvoni [package insert]. Foster City, CA; Gilead, October 2014.
2) Sovaldi [package insert]. Foster City, CA; Gilead, December 2013.
3) FDA Antiviral Drugs Advisory Committee Meeting, October 25, 2013; Background Package for NDA 204671 sofosbuvir (GS-7977).
4) Lawitz E, Mangia A, Wyles D, et al. Sofosbuvir for previously untreated chronic hepatitis C infection. *N Engl J Med*. 2013; 368:1878-87. doi: 10.1056/NEJMoa1214853. Available at: http://www.nejm.org/doi/pdf/10.1056/NEJMoa1214853. Accessed January 2, 2014.
5) Jacobson IM, Gordon SC, Kowdley KV, et al. Sofosbuvir for hepatitis C genotype 2 or 3 in patients without treatment options. *N Engl J Med.* 2013;368:1867-77. doi: 10.1056/NEJMoa1214854. Available at: http://www.nejm.org/doi/pdf/10.1056/NEJMoa1214854. Accessed January 2, 2014.
6) American Association for the Study of Liver Diseases Infectious Diseases Society of America: Recommendations for testing, managing and treating hepatitis C. Available at: http://www.hcvguidelines.org/. Accessed February 18, 2014.
7) Poynard T, Ratziu V, Benmanov Y, DiMartino V, Bedossa P, Opolon P. Fibrosis in patients with hepatitis c: detection and significance. *Semin Liver Dis*. 2000;20(1). Retrieved from www.medscape.com. Accessed February 26, 2014.
8) Flamm SL, Everson GT, Charlton M et al. Ledipasvir/sofosbuvir with ribavirin for the treatment of HCV in patients with decompensated cirrhosis: preliminary results of a prospective, multicenter study. 65th Annual Meeting of the American Association for the Study of Liver Diseases (AASLD). November 1-5, 2014; Boston, MA
9) Heidelbaugh JJ and Bruderly M. Cirrhosis and Chronic Liver Failure: Part I. Diagnosis and Evaluation. *Am Fam Physician.* 2006 Sep 1;74(5):756-762.