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Sofosbuvir

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INSTRUCTIONS FOR USE
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Overview

This policy supports medical necessity review for sofosbuvir (**Sovaldi**®).

Receipt of sample product does not satisfy any criteria requirements for coverage.

Initial Approval Criteria

Sofosbuvir (Sovaldi) is considered medically necessary for the treatment of chronic hepatitis C virus (HCV) genotype 2 or 3 when the individual meets ALL of the following criteria:

1. Age 3 years to less than 18 years
2. Does not have decompensated cirrhosis (Child-Pugh B or C)
3. Intolerance or contraindication to **BOTH** of the following: sofosbuvir/velpatasvir (Epclusa®) and glecaprevir/pibrentasvir (Mavyret®) [may require prior authorization]
4. Sofosbuvir (Sovaldi) will be prescribed in combination with ribavirin

5. Medication is prescribed by or in consultation with a gastroenterologist, hepatologist, infectious diseases physician, or a liver transplant physician

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Sofosbuvir (Sovaldi) is considered medically necessary for the treatment of chronic hepatitis C virus (HCV) when the individual has already been started on Sovaldi and will be completing a course of therapy.

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Continuation of Therapy

Not applicable for continuation beyond initial approval duration.

Authorization Duration

Initial approval duration:

Chronic Hepatitis C Virus (HCV) Genotype 2: up to 12 weeks in combination with ribavirin
Chronic Hepatitis C Virus (HCV) Genotype 3: up to 24 weeks in combination with ribavirin

Reauthorization approval duration:

Chronic Hepatitis C Virus (HCV) Genotype 2: not applicable
Chronic Hepatitis C Virus (HCV) Genotype 3: not applicable

Conditions Not Covered

Any other use is considered experimental, investigational or unproven, including the following (this list may not be all inclusive):

1. **HCV (Any Genotype), Combination Use with Direct-Acting Antivirals (DAAs) Other than Ribavirin.** In adults with genotype 3 chronic HCV with compensated cirrhosis who are peginterferon/ribavirin-experienced, Zepatier (elbasvir/grazoprevir tablets) + Sovaldi ± ribavirin is an alternative recommendation.[2] The C-ISLE study evaluated Zepatier + Sovaldi ± ribavirin for 8 to 16 weeks in treatment-naïve or -experienced, genotype 3 patients with compensated cirrhosis (n = 100). The study included 53 patients with a history peginterferon/ribavirin failure. Treatment-experienced patients were randomized to 12 weeks of Zepatier + Sovaldi, 12 weeks of Zepatier + Sovaldi + weight-based ribavirin, or 16 weeks of Zepatier + Sovaldi. All three treatment arms had 100% sustained viral response (SVR) on the per protocol analysis, with 17 patients in each arm. Mavyret and Vosevi (sofosbuvir/velpatasvir/voxilaprevir tablets) are recommended regimens in this setting; Mavyret is FDA approved. In adults with any genotype chronic HCV with or without compensated cirrhosis who have failed treatment with Mavyret, retreatment with Mavyret + Sovaldi + ribavirin is a recommended regimen based on data from an ongoing Phase IIIb study evaluating the safety and efficacy of Mavyret + Sovaldi + weight-based ribavirin as a 12- or 16-week retreatment regimen for patients who experienced virologic failure to Mavyret within the context of a previous clinical trial. Non-cirrhotic Mavyret non-responders with genotype 1, 2, 4, 5, or 6 who were naïve to protease and NS5A inhibitors received 12 weeks Mavyret + Sovaldi and weight-based ribavirin. Patients with genotype 3, and/or compensated cirrhosis, and/or protease/NS5A experience (prior to their initial Mavyret treatment) received 16 weeks of therapy with the same regimen. In a preliminary analysis, 96% (n = 22/23) of these patients achieved SVR with a single relapse in a cirrhotic patient with genotype 1a. Vosevi is also a recommended regimen in this instance and it is FDA-approved.

2. **Life Expectancy Less Than 12 Months Due to Non-Liver Related Comorbidities.** According to AASLD guidance, little evidence exists to support initiation of HCV treatment in patients with limited life expectancy (< 12 months) due to non-liver-related comorbid conditions.[2] For these patients, the benefits of HCV treatment are unlikely to be realized, and palliative care strategies should take precedence.

3. **Monotherapy with Sovaldi.** Sovaldi is indicated as a component of a combination antiviral treatment regimen for HCV.[1]

4. **Pediatric Individuals (Age less than 3 years).** The safety and efficacy of Sovaldi have not been established in pediatric patients < 3 years of age.[1]

Background

OVERVIEW
Sovaldi, a hepatitis C virus (HCV) nucleotide analog non-serine (NS)5B polymerase inhibitor, is indicated for the following uses:[1]

- **Chronic HCV genotype 1, 2, 3 or 4 infection**, adults without cirrhosis or with compensated cirrhosis as a component of a combination antiviral treatment.
- **Chronic HCV genotype 2 or 3 infection**, pediatric patients ≥ 3 years of age without cirrhosis or with compensated cirrhosis in combination with ribavirin.

The place in therapy for Sovaldi has greatly lessened or is non-existent in most cases due to the availability of other direct-acting antivirals (DAAs) with greater efficacy for many genotypes. Regimens with Sovaldi + peginterferon + ribavirin or Sovaldi + weight-based ribavirin are no longer recommended in treatment guidelines with the exception of pediatric patients due to inferior efficacy compared with other all-oral regimens for all genotypes. Table 1 provides pediatric recommendations.

Table 1. Sovaldi Treatment Regimen in Pediatric Patients (≥ 3 years of age).[1]

	Patient Population	Treatment and Duration
Genotype 2	Treatment-naïve and treatment experienced without cirrhosis or with compensated cirrhosis (Child-Pugh A)	Sovaldi + ribavirin x 12 weeks
Genotype 3	Treatment-naïve and treatment experienced without cirrhosis or with compensated cirrhosis (Child-Pugh A)	Sovaldi + ribavirin x 24 weeks

Guidelines
The American Association for the Study of Liver Diseases (AASLD) guidelines recommend Epclusa® (sofosbuvir/velpatasvir tablets and oral pellets) and Mavyret® (glecaprevir/pibrentasvir tablets and oral pellets) for the treatment of patients ≥ 3 years of age with genotypes 1 through 6 chronic HCV who are treatment-naïve or interferon-experienced, with or without compensated cirrhosis; Harvoni® (ledipasvir/sofosbuvir tablets and oral pellets) is also an option for children ≥ 3 years of age with genotypes 1, 4, 5, or 6 chronic HCV.[2] Previously, Sovaldi was the only DAA indicated in pediatric patients ≥ 3 years of age with genotypes 2 or 3 chronic HCV.

References

1. Sovaldi® tablets and oral pellets [prescribing information]. Foster City, CA: Gilead; March 2020.
2. American Association for the Study of Liver Diseases and the Infectious Diseases Society of America. Testing, managing, and treating hepatitis C. Available at: http://www.hcvguidelines.org. Updated October 24, 2022. Accessed on: October 28, 2022.