1. Background:

The standard of care for the treatment of hepatitis C infection is rapidly evolving due to the entry of highly effective direct-acting oral antiviral agents which are expected to be approved by the US Food and Drug Administration (FDA) over the next 2 years. The first evolution in the treatment of hepatitis C occurred in May 2011 when the standard of care for the treatment of hepatitis C genotype 1 infection shifted to the use of triple therapy with the introduction of first-generation oral NS3/4A protease inhibitors which significantly improved viral cure rates from 44% to 72% when added to the previous standard of care of pegylated interferon and ribavirin combination therapy. In December 2013 another shift occurred in the treatment paradigm which for the first time included highly effective, all oral, interferon-free regimens for the treatment of genotypes 2 and 3 hepatitis C infection, as well as providing the improvement of shorter-duration triple therapy with new oral direct acting agents combined with pegylated interferon and ribavirin for the treatment of genotypes 1 and 4 hepatitis C infection. With this latest shift in treatment, the first-generation protease inhibitors, Victrelis® (boceprevir) and Incivek® (telaprevir), are no longer recommended as standard of care for the treatment of hepatitis C genotype 1 infection.

UnitedHealthcare’s coverage criteria for the new direct-acting agents are based on careful consideration of the evidence-based guidance of professional specialty societies, published guidelines and physician subject matter experts. The Infectious Diseases Society of America (IDSA) and American Association for the Study of Liver Diseases (AASLD) have jointly published evidence-based, expert-developed recommendations for hepatitis C management which state the following in regard to the use of the newly approved direct acting agents, Olysio and Sovaldi, for the treatment of genotype 1 hepatitis C infection: “In many instances, however, it may be advisable to delay treatment for some patients with documented early fibrosis stage (F 0-2), because waiting for future highly effective, pangenotypic, direct acting agent combinations in interferon-free regimens may be prudent.” In addition, a report issued in February 2014 by the Institute for Clinical and Economic Review (ICER) for the California Technology Assessment Forum (CTAF) recommended that Olysio and Sovaldi be used only for patients with severe hepatitis complications, such as liver cirrhosis.

As part of our commitment to provide affordable health care benefits, UnitedHealthcare actively monitors the development of new clinical evidence and availability of new products and may adjust coverage and strategy accordingly. Based on the evidenced-based guidance available as of March 2014 from professional specialty societies and physician subject matter experts, UnitedHealthcare will provide benefit coverage for Olysio or Sovaldi in cases of hepatitis C infection when there is documented evidence of stage 3 or stage 4 hepatic fibrosis.

Sovaldi is a hepatitis C virus (HCV) nucleotide analog NS5B polymerase inhibitor indicated for the treatment of chronic hepatitis C (CHC) infection as a component of a combination antiviral treatment regimen. Sovaldi efficacy has been established in subjects with HCV genotype 1, 2, 3 or 4 infection,
including those with hepatocellular carcinoma meeting Milan criteria (awaiting liver transplantation) and those with HCV/HIV-1 co-infection.1

The following points should be considered when initiating treatment with Sovaldi:1
- Monotherapy of Sovaldi is not recommended for treatment of CHC.
- Treatment regimen and duration are dependent on both viral genotype and patient population.
- Treatment response varies based on baseline host and viral factors

Based on results from the Phase 2a COSMOS study, (Combination Of SiMeprevir and sOfosbuvir in HCV genotype 1 infected patientS), the use of Sovaldi in combination with Olysio™ (simeprevir) for 12 weeks is an effective combination antiviral treatment regimen for hepatitis C, genotype 1 infection.2

2. Coverage Criteria:

<table>
<thead>
<tr>
<th>A. For the treatment of chronic hepatitis C genotype 1 infection in peginterferon eligible patients, <strong>Sovaldi in combination with peginterferon alfa and ribavirin</strong> will be approved based on all of the following criteria:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Both of the following:</td>
</tr>
<tr>
<td>a. Submission of medical records (e.g., chart notes, laboratory values) documenting diagnosis of chronic hepatitis C genotype 1 infection</td>
</tr>
<tr>
<td>-AND-</td>
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<tr>
<td>b. One of the following:</td>
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<tr>
<td>(1) Submission of medical records (e.g., chart notes, laboratory values) documenting stage 3 or stage 4 hepatic fibrosis including one of the following:</td>
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<tr>
<td>(a) Liver biopsy confirming a METAVIR score of F3 or F4, or alternative scoring equivalent*</td>
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<td>-OR-</td>
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<tr>
<td>(b) Transient elastography (Fibroscan) score greater than or equal to 9.5 kPa</td>
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<td>-OR-</td>
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<tr>
<td>(c) FibroTest (FibroSURE) score of greater than or equal to 0.58</td>
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<tr>
<td>-OR-</td>
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<td>(d) APRI score greater than 1.5</td>
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<tr>
<td>-OR-</td>
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<tr>
<td>(e) Radiological imaging consistent with cirrhosis (e.g., evidence of portal</td>
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</table>
hypertension)

-OR-

(f) Physical findings or clinical evidence consistent with cirrhosis as attested by the prescribing physician

-OR-

(2) Submission of medical records (e.g., chart notes, laboratory values) documenting genotype 1HCV reinfection following liver transplantation

-OR-

(3) Submission of medical records (e.g., chart notes, laboratory values) documenting that patient has serious extrahepatic manifestations of HCV infection (i.e., leukocytoclastic vasculitis, membranoproliferative glomerulonephritis, or symptomatic cryoglobulinemia)

-OR-

(4) Patient is co-infected with HIV

-AND-

2. Used in combination with peginterferon alfa‡ and ribavirin

-AND-

3. Prescribed by one of the following:

   a. Hepatologist
   b. Gastroenterologist
   c. Infectious Disease Specialist

-AND-

4. One of the following:

   a. Patient has no known history of illicit drug abuse or alcohol abuse

   -OR-

   b. For a patient with a known prior history of illicit drug abuse or alcohol abuse:

      (1) Patient has abstained from the use of illicit drugs and alcohol abuse for the past 6 months
(2) For a patient with a prior history of illicit drug abuse, submission of a negative urine drug screen collected within 30 days prior to onset of treatment

-AND-

5. Submission of medical records (e.g., chart notes, laboratory values) documenting that patient is without decompensated liver disease (e.g., Child-Pugh Class B or C)

-AND-

6. Patient has not experienced failure with a previous treatment regimen that includes Sovaldi

Authorization will be issued for 12 weeks.

‡Notification criteria also applies to peginterferon alfa

B. For the treatment of chronic hepatitis C genotype 1 infection (without decompensation) in peginterferon ineligible patients, Sovaldi in combination with Olysio (simeprevir) will be approved based on all of the following criteria:

1. **One** of the following:
   a. **All** of the following:
      (1) Submission of medical records (e.g., chart notes, laboratory values) documenting diagnosis of chronic hepatitis C genotype 1 infection

-AND-

(2) **One** of the following:
   a) Submission of medical records (e.g., chart notes, laboratory values) documenting stage 3 or stage 4 hepatic fibrosis including **one** of the following:
      i. Liver biopsy confirming a METAVIR score of F3 or F4, or alternative scoring equivalent*

-OR-

ii. Transient elastography (Fibroscan) score greater than or equal to 9.5 kPa

-OR-
iii. FibroTest (FibroSURE) score of greater than or equal to 0.58

-OR-

iv. APRI score greater than 1.5

-OR-

v. Radiological imaging consistent with cirrhosis (e.g., evidence of portal hypertension)

-OR-

vi. Physical findings or clinical evidence consistent with cirrhosis as attested by the prescribing physician

-OR-

(b) Submission of medical records (e.g., chart notes, laboratory values) documenting that patient has serious extrahepatic manifestations of HCV infection (i.e., leukocytoclastic vasculitis, membranoproliferative glomerulonephritis, or symptomatic cryoglobulinemia)

-OR-

(c) Patient is co-infected with HIV

-AND-

(3) Submission of medical records documenting (e.g., chart notes, laboratory values) that patient is ineligible for treatment with peginterferon alfa, defined by at least one of the following:

(a) Autoimmune hepatitis or autoimmune disorders (eg, dermatomyositis, immune [idiopathic]) thrombocytopenic purpura, inflammatory bowel disease, interstitial lung disease, interstitial nephritis, polymyositis, psoriasis, rheumatoid arthritis, sarcoidosis, and systemic lupus erythematosus)

(b) Major uncontrolled depressive illness

(c) History of psychosis, schizophrenia, bipolar disorder, schizoaffective disorder, or suicidal ideation

(d) Uncontrolled seizures

(e) Moderate or severe retinopathy

(f) Poorly controlled diabetes

(g) Baseline neutrophil count below 1,500/μL

(h) Baseline platelet count below 70,000/μL

(i) Baseline hemoglobin below 10 g/dL

(j) Significant ischemic cardiac disease

(k) Prior intolerance or hypersensitivity (urticaria, angioedema,
bronchoconstriction, anaphylaxis, or Stevens-Johnson syndrome) to interferon therapy

-OR-

b. Submission of medical records (e.g., chart notes, laboratory values) documenting genotype 1HCV reinfection following liver transplantation

-AND-

2. Used in combination with Olysio (simeprevir)‡

-AND-

3. Prescribed by one of the following:
   a. Hepatologist
   b. Gastroenterologist
   c. Infectious Disease Specialist

-AND-

4. One of the following:
   a. Patient has no known history of illicit drug abuse or alcohol abuse

   -OR-

   b. For a patient with a known prior history of illicit drug abuse or alcohol abuse:
      (1) Patient has abstained from the use of illicit drugs and alcohol abuse for the past 6 months

      -AND-

      (2) For a patient with a prior history of illicit drug abuse, submission of a negative urine drug screen collected within 30 days prior to onset of treatment

      -AND-

5. Submission of medical records (e.g., chart notes, laboratory values) documenting that patient is without decompensated liver disease (e.g., Child-Pugh Class B or C)

-AND-

6. One of the following:
a. Patient has not experienced failure with a previous treatment regimen that includes Sovaldi

-OR-

b. Patient has demonstrated intolerance to interferon or ribavirin requiring discontinuation of triple therapy including Sovaldi plus peginterferon alfa plus ribavirin

Authorization will be issued for 12 weeks

\(^{\dagger}\text{Notification criteria also applies to Olysio}\)

C. For the treatment of chronic hepatitis C genotype 1 infection (without decompensation) in peginterferon and Olysio ineligible patients, **Sovaldi in combination with ribavirin** will be approved based on all of the following criteria:

1. **One** of the following:

   a. **All** of the following:

      (1) Submission of medical records (e.g., chart notes, laboratory values) documenting diagnosis of chronic hepatitis C genotype 1 infection

      -AND-

      (2) **One** of the following:

         (a) Submission of medical records (e.g., chart notes, laboratory values) documenting stage 3 or stage 4 hepatic fibrosis including **one** of the following:

            i. Liver biopsy confirming a METAVIR score of F3 or F4, or alternative scoring equivalent*

            -OR-

            ii. Transient elastography (Fibroscan) score greater than or equal to 9.5 kPa

            -OR-

            iii. FibroTest (FibroSURE) score of greater than or equal to 0.58

            -OR-

            iv. APRI score greater than 1.5
-OR-

v. Radiological imaging consistent with cirrhosis (e.g., evidence of portal hypertension)

-OR-

vi. Physical findings or clinical evidence consistent with cirrhosis as attested by the prescribing physician

-OR-

(b) Submission of medical records (e.g., chart notes, laboratory values) documenting that patient has serious extrahepatic manifestations of HCV infection (i.e., leukocytoclastic vasculitis, membranoproliferative glomerulonephritis, or symptomatic cryoglobulinemia)

-OR-

(c) Patient is co-infected with HIV

-AND-

(3) Submission of medical records (e.g., chart notes, laboratory values) documenting that patient is ineligible for treatment with peginterferon alfa, defined by at least one of the following:

(a) Autoimmune hepatitis or autoimmune disorders (e.g., dermatomyositis, immune [idiopathic]) thrombocytopenic purpura, inflammatory bowel disease, interstitial lung disease, interstitial nephritis, polymyositis, psoriasis, rheumatoid arthritis, sarcoidosis, and systemic lupus erythematosus)

(b) Major uncontrolled depressive illness

(c) History of psychosis, schizophrenia, bipolar disorder, schizoaffective disorder, or suicidal ideation

(d) Uncontrolled seizures

(e) Moderate or severe retinopathy

(f) Poorly controlled diabetes

(g) Baseline neutrophil count below 1,500/μL

(h) Baseline platelet count below 70,000/μL

(i) Baseline hemoglobin below 10 g/dL

(j) Significant ischemic cardiac disease

(k) Prior intolerance or hypersensitivity (urticaria, angioedema, bronchoconstriction, anaphylaxis, or Stevens-Johnson syndrome) to interferon therapy

-OR-
b. Submission of medical records (e.g., chart notes, laboratory values) documenting genotype 1 HCV reinfection following liver transplantation

-AND-

2. Submission of medical records (e.g., chart notes, laboratory values) documenting that patient has contraindication to Olysio therapy (Sovaldi plus Olysio combination therapy is the recommended regimen in patients with interferon ineligibility from the AASLD/IDSA treatment guidelines)

-AND-

3. Used in combination with ribavirin

-AND-

4. Prescribed by one of the following:
   a. Hepatologist
   b. Gastroenterologist
   c. Infectious Disease Specialist

-AND-

5. One of the following:
   a. Patient has no known history of illicit drug abuse or alcohol abuse

-OR-

b. For a patient with a known prior history of illicit drug abuse or alcohol abuse:

   (1) Patient has abstained from the use of illicit drugs and alcohol abuse for the past 6 months

-AND-

   (2) For a patient with a prior history of illicit drug abuse, submission of a negative urine drug screen collected within 30 days prior to onset of treatment

-AND-

6. Submission of medical records (e.g., chart notes, laboratory values) documenting that patient is without decompensated liver disease (e.g., Child-Pugh Class B or C)

-AND-

7. Patient has not experienced failure with a previous treatment regimen that includes
Authorization will be issued for 24 weeks.

D. For the treatment of chronic hepatitis C genotype 2 infection (without decompensation), *Sovaldi in combination with ribavirin* will be approved based on all of the following criteria:

1. **Both** of the following:
   a. Submission of medical records (e.g., chart notes, laboratory values) documenting diagnosis of chronic hepatitis C genotype 2 infection
      -AND-
   b. **One** of the following:
      1. Submission of medical records (e.g., chart notes, laboratory values) documenting stage 3 or stage 4 hepatic fibrosis including one of the following:
         a. Liver biopsy confirming a METAVIR score of F3 or F4, or alternative scoring equivalent*
         -OR-
         b. Transient elastography (Fibroscan) score greater than or equal to 9.5 kPa
         -OR-
         c. FibroTest (FibroSURE) score of greater than or equal to 0.58
         -OR-
         d. APRI score greater than 1.5
         -OR-
         e. Radiological imaging consistent with cirrhosis (e.g., evidence of portal hypertension)
         -OR-
         f. Physical findings or clinical evidence consistent with cirrhosis as attested by the prescribing physician
         -OR-
      2. Submission of medical records (e.g., chart notes, laboratory values)
documenting genotype 2 HCV reinfection following liver transplantation

-OR-

(3) Submission of medical records (e.g., chart notes, laboratory values) documenting that patient has serious extrahepatic manifestations of HCV infection (i.e., leukocytoclastic vasculitis, membranoproliferative glomerulonephritis, or symptomatic cryoglobulinemia)

-OR-

(4) Patient is co-infected with HIV

-AND-

2. Used in combination with ribavirin

-AND-

3. Prescribed by one of the following:

   a. Hepatologist
   b. Gastroenterologist
   c. Infectious Disease Specialist

-AND-

4. One of the following:

   a. Patient has no known history of illicit drug abuse or alcohol abuse

   -OR-

   b. For a patient with a known prior history of illicit drug abuse or alcohol abuse:

      (1) Patient has abstained from the use of illicit drugs and alcohol abuse for the past 6 months

      -AND-

      (2) For a patient with a prior history of illicit drug abuse, submission of a negative urine drug screen collected within 30 days prior to onset of treatment

      -AND-

5. Submission of medical records (e.g., chart notes, laboratory values) documenting that patient is without decompensated liver disease (e.g., Child-Pugh Class B or C)
6. Patient has not experienced failure with a previous treatment regimen that includes Sovaldi

**Authorization will be issued for 12 weeks.**

E. For the treatment of chronic hepatitis C genotype 3 infection in peginterferon eligible patients, **Sovaldi in combination with peginterferon alfa and ribavirin** will be approved based on **all** of the following criteria:

1. **Both** of the following:
   a. Submission of medical records (e.g., chart notes, laboratory values) documenting diagnosis of chronic hepatitis C genotype 3 infection

   **-AND-**

   b. **One** of the following:
      (1) Submission of medical records (e.g., chart notes, laboratory values) documenting stage 3 or stage 4 hepatic fibrosis including **one** of the following:
          (a) Liver biopsy confirming a METAVIR score of F3 or F4, or alternative scoring equivalent*

          **-OR-**

          (b) Transient elastography (Fibroscan) score greater than or equal to 9.5 kPa

          **-OR-**

          (c) FibroTest (FibroSURE) score of greater than or equal to 0.58

          **-OR-**

          (d) APRI score greater than 1.5

          **-OR-**

          (e) Radiological imaging consistent with cirrhosis (e.g., evidence of portal hypertension)

          **-OR-**

          (f) Physical findings or clinical evidence consistent with cirrhosis as attested by the prescribing physician
-OR-

(2) Submission of medical records (e.g., chart notes, laboratory values) documenting genotype 3 HCV reinfection following liver transplantation

-OR-

(3) Submission of medical records (e.g., chart notes, laboratory values) documenting that patient has serious extrahepatic manifestations of HCV infection (i.e., leukocytoclastic vasculitis, membranoproliferative glomerulonephritis, or symptomatic cryoglobulinemia)

-OR-

(4) Patient is co-infected with HIV

-AND-

2. Used in combination with peginterferon alfa-2 and ribavirin

-AND-

3. Prescribed by one of the following:
   a. Hepatologist
   b. Gastroenterologist
   c. Infectious Disease Specialist

-AND-

4. One of the following:
   a. Patient has no known history of illicit drug abuse or alcohol abuse

-OR-

b. For a patient with a known prior history of illicit drug abuse or alcohol abuse:
   (1) Patient has abstained from the use of illicit drugs and alcohol abuse for the past 6 months

-AND-

(2) For a patient with a prior history of illicit drug abuse, submission of a negative urine drug screen collected within 30 days prior to onset of treatment

-AND-
5. Submission of medical records (e.g., chart notes, laboratory values) documenting that patient is without decompensated liver disease (e.g., Child-Pugh Class B or C)

-AND-

6. Patient has not experienced failure with a previous treatment regimen that includes Sovaldi

Authorization will be issued for 12 weeks.

†Notification criteria also applies to peginterferon alfa

F. For the treatment of chronic hepatitis C genotype 3 infection (without decompensation) in peginterferon ineligible patients, Sovaldi in combination with ribavirin will be approved based on all of the following criteria:

1. One of the following:
   a. All of the following:
      (1) Submission of medical records (e.g., chart notes, laboratory values) documenting diagnosis of chronic hepatitis C genotype 3 infection

-AND-

(2) One of the following:
   (a) Submission of medical records (e.g., chart notes, laboratory values) documenting stage 3 or stage 4 hepatic fibrosis including one of the following:
      i. Liver biopsy confirming a METAVIR score of F3 or F4, or alternative scoring equivalent*

-OR-

      ii. Transient elastography (Fibroscan) score greater than or equal to 9.5 kPa

-OR-

      iii. FibroTest (FibroSURE) score of greater than or equal to 0.58

-OR-

      iv. APRI score greater than 1.5

-OR-
v. Radiological imaging consistent with cirrhosis (e.g., evidence of portal hypertension)

-OR-

vi. Physical findings or clinical evidence consistent with cirrhosis as attested by the prescribing physician

-OR-

(b) Submission of medical records (e.g., chart notes, laboratory values) documenting that patient has serious extrahepatic manifestations of HCV infection (i.e., leukocytoclastic vasculitis, membranoproliferative glomerulonephritis, or symptomatic cryoglobulinemia)

-OR-

(c) Patient is co-infected with HIV

-AND-

(3) Submission of medical records (e.g., chart notes, laboratory values) documenting that patient is ineligible for treatment with peginterferon alfa, defined by at least one of the following:

(a) Autoimmune hepatitis or autoimmune disorders (e.g., dermatomyositis, immune [idiopathic] thrombocytopenic purpura, inflammatory bowel disease, interstitial lung disease, interstitial nephritis, polymyositis, psoriasis, rheumatoid arthritis, sarcoidosis, and systemic lupus erythematosus)

(b) Major uncontrolled depressive illness

(c) History of psychosis, schizophrenia, bipolar disorder, schizoaffective disorder, or suicidal ideation

(d) Uncontrolled seizures

(e) Moderate or severe retinopathy

(f) Poorly controlled diabetes

(g) Baseline neutrophil count below 1,500/μL

(h) Baseline platelet count below 70,000/μL

(i) Baseline hemoglobin below 10 g/dL

(j) Significant ischemic cardiac disease

(k) Prior intolerance or hypersensitivity (urticaria, angioedema, bronchoconstriction, anaphylaxis, or Stevens-Johnson syndrome) to interferon therapy

-OR-

b. Submission of medical records (e.g., chart notes, laboratory values) documenting genotype 3 HCV reinfection following liver transplantation
2. Used in combination with ribavirin

3. Prescribed by one of the following:
   a. Hepatologist
   b. Gastroenterologist
   c. Infectious Disease Specialist

4. One of the following:
   a. Patient has no known history of illicit drug abuse or alcohol abuse
      -OR-
   b. For a patient with a known prior history of illicit drug abuse or alcohol abuse:
      (1) Patient has abstained from the use of illicit drugs and alcohol abuse for the past 6 months
      -AND-
      (2) For a patient with a prior history of illicit drug abuse, submission of a negative urine drug screen collected within 30 days prior to onset of treatment
      -AND-

5. Submission of medical records (e.g., chart notes, laboratory values) documenting that patient is without decompensated liver disease (e.g., Child-Pugh Class B or C)

6. Patient has not experienced failure with a previous treatment regimen that includes Sovaldi

Authorization will be issued for 24 weeks.

G. For the treatment of chronic hepatitis C genotype 4 infection (without decompensation) in peginterferon eligible patients, Sovaldi in combination with peginterferon alfa and ribavirin will be approved based on all of the following criteria:

1. Both of the following:
a. Submission of medical records (e.g., chart notes, laboratory values) documenting diagnosis of chronic hepatitis C genotype 4 infection

-AND-

b. **One** of the following:

(1) Submission of medical records (e.g., chart notes, laboratory values) documenting stage 3 or stage 4 hepatic fibrosis including **one** of the following:

(a) Liver biopsy confirming a METAVIR score of F3 or F4, or alternative scoring equivalent*

-OR-

(b) Transient elastography (Fibroscan) score greater than or equal to 9.5 kPa

-OR-

(c) FibroTest (FibroSURE) score of greater than or equal to 0.58

-OR-

(d) APRI score greater than 1.5

-OR-

(e) Radiological imaging consistent with cirrhosis (e.g., evidence of portal hypertension)

-OR-

(f) Physical findings or clinical evidence consistent with cirrhosis as attested by the prescribing physician

-OR-

(2) Submission of medical records (e.g., chart notes, laboratory values) documenting genotype 4 HCV reinfection following liver transplantation

-OR-

(3) Submission of medical records (e.g., chart notes, laboratory values) documenting that patient has serious extrahepatic manifestations of HCV infection (i.e., leukocytoclastic vasculitis, membranoproliferative glomerulonephritis, or symptomatic cryoglobulinemia)
(4) Patient is co-infected with HIV

-AND-

2. Used in combination with peginterferon alfa and ribavirin

-AND-

3. Prescribed by one of the following:
   a. Hepatologist
   b. Gastroenterologist
   c. Infectious Disease Specialist

-AND-

4. One of the following:
   a. Patient has no known history of illicit drug abuse or alcohol abuse

-OR-

b. For a patient with a known prior history of illicit drug abuse or alcohol abuse:
   (1) Patient has abstained from the use of illicit drugs and alcohol abuse for the past 6 months

-AND-

   (2) For a patient with a prior history of illicit drug abuse, submission of a negative urine drug screen collected within 30 days prior to onset of treatment

-AND-

5. Submission of medical records (e.g., chart notes, laboratory values) documenting that patient is without decompensated liver disease (e.g., Child-Pugh Class B or C)

-AND-

6. Patient has not experienced failure with a previous treatment regimen that includes Sovaldi

Authorization will be issued for 12 weeks.

Notification criteria also applies to peginterferon alfa
H. For the treatment of chronic hepatitis C genotype 4 infection (without decompensation) in peginterferon ineligible patients, **Sovaldi in combination with ribavirin** will be approved based on **all** of the following criteria:

1. **One** of the following:
   a. **All** of the following:
      1. Submission of medical records (e.g., chart notes, laboratory values) documenting diagnosis of chronic hepatitis C genotype 4 infection
         - **AND**-
      2. **One** of the following:
         a. Submission of medical records (e.g., chart notes, laboratory values) documenting stage 3 or stage 4 hepatic fibrosis including **one** of the following:
            i. Liver biopsy confirming a METAVIR score of F3 or F4, or alternative scoring equivalent*
               - **OR**-
            ii. Transient elastography (Fibroscan) score greater than or equal to 9.5 kPa
               - **OR**-
            iii. FibroTest (FibroSURE) score of greater than or equal to 0.58
               - **OR**-
            iv. APRI score greater than 1.5
               - **OR**-
            v. Radiological imaging consistent with cirrhosis (e.g., evidence of portal hypertension)
               - **OR**-
            vi. Physical findings or clinical evidence consistent with cirrhosis as attested by the prescribing physician
               - **OR**-
      b. Submission of medical records (e.g., chart notes, laboratory values)
documenting that patient has serious extrahepatic manifestations of HCV infection (i.e., leukocytoclastic vasculitis, membranoproliferative glomerulonephritis, or symptomatic cryoglobulinemia)

-OR-

(c) Patient is co-infected with HIV

-AND-

(3) Submission of medical records (e.g., chart notes, laboratory values) documenting that patient is ineligible for treatment with peginterferon alfa, defined by at least one of the following:

(a) Autoimmune hepatitis or autoimmune disorders (e.g., dermatomyositis, immune [idiopathic] thrombocytopenic purpura, inflammatory bowel disease, interstitial lung disease, interstitial nephritis, polymyositis, psoriasis, rheumatoid arthritis, sarcoidosis, and systemic lupus erythematosus)

(b) Major uncontrolled depressive illness

(c) History of psychosis, schizophrenia, bipolar disorder, schizoaffective disorder, or suicidal ideation

(d) Uncontrolled seizures

(e) Moderate or severe retinopathy

(f) Poorly controlled diabetes

(g) Baseline neutrophil count below 1,500/μL

(h) Baseline platelet count below 70,000/μL

(i) Baseline hemoglobin below 10 g/dL

(j) Significant ischemic cardiac disease

(k) Prior intolerance or hypersensitivity (urticaria, angioedema, bronchoconstriction, anaphylaxis, or Stevens-Johnson syndrome) to interferon therapy

-OR-

b. Submission of medical records (e.g., chart notes, laboratory values) documenting genotype 4 HCV reinfection following liver transplantation

-AND-

2. Used in combination with ribavirin

-AND-

3. Prescribed by one of the following:

a. Hepatologist

b. Gastroenterologist
c. Infectious Disease Specialist

-AND-

4. **One** of the following:
   
a. Patient has no known history of illicit drug abuse or alcohol abuse

-OR-

b. For a patient with a known prior history of illicit drug abuse or alcohol abuse:
   
   (1) Patient has abstained from the use of illicit drugs and alcohol abuse for the past 6 months

-AND-

   (2) For a patient with a prior history of illicit drug abuse, submission of a negative urine drug screen collected within 30 days prior to onset of treatment

-AND-

5. Submission of medical records (e.g., chart notes, laboratory values) documenting that patient is without decompensated liver disease (e.g., Child-Pugh Class B or C)

-AND-

6. Patient has not experienced failure with a previous treatment regimen that includes Sovaldi

**Authorization will be issued for 24 weeks.**

I. For the treatment of chronic hepatitis C genotype 1, 2, 3, or 4 infection in patients with hepatocellular carcinoma awaiting liver transplantation. **Sovaldi in combination with ribavirin** will be approved based on **all** of the following criteria:

1. Submission of medical records (e.g., chart notes, laboratory values) documenting diagnosis of chronic hepatitis C genotype 1, 2, 3, or 4 infection

-AND-

2. Used in combination with ribavirin

-AND-

3. Submission of medical records (e.g., chart notes, laboratory values) documenting diagnosis of hepatocellular carcinoma
4. Submission of medical records (e.g., chart notes, laboratory values) documenting that patient is an active candidate on the waiting list for a liver transplant

-AND-

5. Patient is being managed in a liver transplant center

-AND-

6. One of the following:
   a. Patient has no known history of illicit drug abuse or alcohol abuse
      -OR-
   b. For a patient with a known prior history of illicit drug abuse or alcohol abuse:
      (1) Patient has abstained from the use of illicit drugs and alcohol abuse for the past 6 months
      -AND-
      (2) For a patient with a prior history of illicit drug abuse, submission of a negative urine drug screen collected within 30 days prior to onset of treatment
      -AND-

7. Patient has not experienced failure with a previous treatment regimen that includes Sovaldi

Authorization will be issued for 48 weeks.

J. For the treatment of chronic hepatitis C genotype 1, 2, 3, or 4 infection in patients with decompensated liver disease, Solvaldi in combination with ribavirin will be approved based on all of the following criteria:

1. Submission of medical records (e.g., chart notes, laboratory values) documenting diagnosis of chronic hepatitis C genotype 1, 2, 3, or 4 infection
   -AND-

2. Used in combination with ribavirin
   -AND-

3. Will not be used in combination with Olysio
4. Submission of medical records (e.g., chart notes, laboratory values) documenting that patient has decompensated liver disease (e.g., Child-Pugh Class B or C)

5. Prescribed by a hepatologist, gastroenterologist, or infectious disease specialist with expertise in decompensated liver disease

6. **One** of the following:
   
a. Patient has no known history of illicit drug abuse or alcohol abuse

   - **OR** -

   b. For a patient with a known prior history of illicit drug abuse or alcohol abuse:
      
      (1) Patient has abstained from the use of illicit drugs and alcohol abuse for the past 6 months

      - **AND** -

      (2) For a patient with a prior history of illicit drug abuse, submission of a negative urine drug screen collected within 30 days prior to onset of treatment

   - **AND** -

7. Patient has not experienced failure with a previous treatment regimen that includes Sovaldi

**Authorization will be issued for 48 weeks.**

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*Comparison of Scoring Systems for Histological Stage (Fibrosis)*

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<th>METAVIR</th>
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3. **Additional Clinical Rules:** Supply Limits may be in place.

4. **References:**

2. SVR results of a once-daily regimen of simeprevir (TMC435) plus sofosbuvir (GS-7977) with or without ribavirin in cirrhotic and non-cirrhotic HCV genotype 1 treatment-naïve and prior null responder patients: The COSMOS study. Lead Author: Ira M. Jacobson, Weill Cornell Medical College, New York, USA.

<table>
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<th>Program</th>
<th>Prior Authorization/Medical Necessity - Sovaldi (sofosbuvir)</th>
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<td><strong>Change Control</strong></td>
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<tr>
<td>2/2014</td>
<td>New program.</td>
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<tr>
<td>4/2014</td>
<td>Added criteria for HCV reinfection after liver transplantation.</td>
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<tr>
<td>5/2014</td>
<td>Added criterion requiring that the patient has not tried a previous regimen with Sovaldi or has demonstrated intolerance to Sovaldi/interferon/ribavirin.</td>
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<tr>
<td>7/2014</td>
<td>Added fibrosis staging criterion for all GT, with exception for extrahepatic disease and HIV co-infection. Revised substance abuse criterion to require no known history of abuse OR for patients with known history of abuse, patient has abstained for the past 6 months and for patient with a history of illicit drug use, submission of a negative urine drug screen within 30 days prior to onset of treatment. Removed symptomatic hepatitis C induced cryoglobulinemia as an option to prove interferon ineligibility. Removed criteria for Sovaldi plus Olysio in patients with decompensation.</td>
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<tr>
<td>8/2014</td>
<td>Revised Section I to address use in patients with hepatocellular carcinoma awaiting liver transplantation. Created new Section J to address use in</td>
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patients with decompensated disease, which had previously appeared in Section I.