



## NHS MEDICAL POLICY

### Harvoni (ledipasvir/sofosbuvir) Medicine 2015-001

Treatment with Harvoni (ledipasvir/sofosbuvir) may be indicated when ALL the following are present:

1	<p>The member has one of the following diagnoses:</p> <ul style="list-style-type: none"> <li>• chronic hepatitis C virus (HCV) genotype 1 infection with a detectable HCV viral level over a six-month period</li> <li>• co-infection with chronic hepatitis C (as above) and HIV</li> <li>• co-infection with chronic hepatitis C (as above) and hepatitis B</li> <li>• chronic hepatitis C (as above) with advanced fibrosis (Metavir score 2)</li> <li>• chronic hepatitis C (as above) with an extra hepatic manifestation of hepatitis C (e.g., symptomatic cryoglobulinemia, porphyria cutanea tarda, Proteinuria, nephrotic syndrome, membranoproliferative glomerulonephritis)</li> <li>• chronic hepatitis C (as above)</li> <li>• chronic hepatitis C status post liver transplantation</li> </ul>
2	The member does NOT have worsening jaundice, active upper gastrointestinal bleeding, worsening ascites, or hepatic encephalopathy.
3	The medication was prescribed by or in consultation with a hepatologist or gastroenterologist.
4	IF the member has eGFR < 30 mL/min/1.73 m <sup>2</sup> , the medication was prescribed by or in consultation with a nephrologist.
5	Patient will not use another HCV protease inhibitor (e.g., Victrelis, Olysio) or nucleotide analog polymerase inhibitor (i.e. Sovaldi) in combination with Harvoni (ledipasvir/sofosbuvir).
6	The member does not have a limited life expectancy (less than 12 months) due to non-liver related co-morbid conditions.

## SOURCES

1. <http://www.hcvguidelines.org/> was accessed Apr 6, 2015. American Association for the Study of Liver Diseases and Infectious Diseases Society of America.
2. [www.UpToDate.com](http://www.UpToDate.com) was accessed Apr 6, 2015: Cirrhosis in adults: Etiologies, clinical manifestations, and diagnosis

**CODE REFERENCE** (This may not be a comprehensive list of codes to apply to this policy.)

J8499

## POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
06/16/2016	Annual review and approval by UM Committee
06/14/2017	Annual review and approval by UM Committee
06/13/2018	Annual review and approval by UM Committee
06/12/2019	Annual review and approval by UM Committee
06/11/2020	Annual review and approval by UM Committee
06/11/2021	Annual review and approval by UM Committee
06/10/2022	Annual review and approval by UM Committee
05/26/2023	Annual review and approval by UM/QM Committee
05/20/2024	Annual review and approval by UM/QM Committee
03/24/2025	Annual review and approval by UM/QM Committee