

sofosbuvir (SOVALDI)

All coverage requests are reviewed by a Blue Shield clinician.

Coverage is provided when patients meet the following requirements:

1. Patient is 3 years and older, **and**
2. Currently has detectable serum Hepatitis C virus (HCV) RNA, **and**
3. Hepatitis C regimen is prescribed by an appropriate specialist in the care of patients with Hepatitis C (hepatologist, gastroenterologist, infectious disease), **and**
4. Will not be used together with another direct anti-viral drug to treat HCV infection unless recommended in nationally recognized treatment guidelines and supported by high quality evidence (e.g. AASLD/IDSA Category Level A or B), **and**
5. Dose does not exceed the FDA label recommended maximum daily dose, **and**
6. Treatment duration does not exceed FDA label maximum or AASLD recommendation, **and**
7. Prescribed Hepatitis C regimen is aligned to nationally recognized treatment guidelines, **and**
8. **For generic sofosbuvir (Sovaldi) request:** Intolerance or contraindication to brand Sovaldi not expected with generic sofosbuvir.

Effective Date: 11/30/2022