Sovaldi® and Harvoni® – Expanded indications

- On April 7, 2017, the FDA announced the approval of Gilead's Sovaldi (sofosbuvir) and Harvoni (ledipasvir/sofosbuvir) tablets, to treat chronic hepatitis C virus (HCV) infection in adolescents ≥ 12 years of age or weighing ≥ 35 kg without cirrhosis or with compensated cirrhosis.
    - Sovaldi is approved for pediatric patients with genotype 2 or 3 chronic HCV infection in combination with ribavirin.
    - Harvoni is approved for pediatric patients with genotype 1, 4, 5, or 6 chronic HCV infection.
    - Previously, Sovaldi and Harvoni were approved to treat HCV infection in adult patients.
- There are approximately 23,000 – 46,000 pediatric HCV patients in the U.S., most of whom were infected with the virus at birth.
- The expanded indications for Sovaldi and Harvoni were approved based on open-label clinical trials in adolescent patients (≥ 12 years old) with chronic HCV infection.
    - In 50 genotype 2 or 3 HCV infected adolescents without cirrhosis who were given Sovaldi in combination with ribavirin, 100% of genotype 2 patients and 97% of genotype 3 patients had no detectable virus in the blood 12 weeks after completing treatment.
    - In 100 genotype 1 HCV infected adolescents without cirrhosis or with compensated cirrhosis who were treated with Harvoni, 98% of patients overall had no detectable virus in the blood 12 weeks after completing therapy.
    - In addition, the safety and efficacy of Harvoni for treatment of genotype 4, 5 or 6 HCV infection in patients ≥ 12 years of age is based on data showing similar exposures to Harvoni in adults and adolescents with HCV genotype 1 infection, as well as similar efficacy and exposures to Harvoni across HCV genotypes 1, 4, 5 and 6 in adults.
- The adverse events with Sovaldi and Harvoni use were consistent with those observed in clinical studies in adult patients.
    - The most common adverse reactions (≥ 15%, all grades) in pediatric patients with Sovaldi plus ribavirin use were fatigue, headache, and nausea.
    - The most common adverse reactions (≥ 10%, all grades) in pediatric patients with Harvoni use were fatigue, headache, and asthenia.
- Sovaldi and Harvoni each have a boxed warning in their respective drug labels regarding the risk of hepatitis B virus (HBV) reactivation in patients co-infected with HCV and HBV.
- The recommended dose of Sovaldi in pediatric patients ≥ 12 years old or weighing ≥ 35 kg is one 400 mg tablet taken orally once daily as follows:

	Patient Population	Treatment Regimen & Duration
Genotype 2	Treatment-naïve and treatment-experienced* without cirrhosis or with compensated cirrhosis (Child-Pugh A)	Sovaldi plus ribavirin† for 12 weeks
Genotype 3	Treatment-naïve and treatment-experienced* without cirrhosis or with compensated cirrhosis (Child-Pugh A)	Sovaldi plus ribavirin† for 24 weeks

* Treatment-experienced patients who have failed an interferon-based regimen with or without ribavirin.
† Refer to Table 3 in the Sovaldi drug label for the ribavirin dosing recommendations in pediatric patients.

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- The recommended dose of Harvoni in pediatric patients ≥ 12 years old or weighing ≥ 35 kg is one tablet (90 mg ledipasvir/400 mg sofosbuvir) taken orally once daily as follows:

	Patient Population	Treatment Regimen & Duration
Genotype 1	Treatment-naïve without cirrhosis or with compensated cirrhosis (Child-Pugh A)	Harvoni for 12 weeks
	Treatment-experienced* without cirrhosis	Harvoni for 12 weeks
	Treatment-experienced* with compensated cirrhosis (Child-Pugh A)	Harvoni for 24 weeks
Genotypes 4, 5, or 6	Treatment-naïve and treatment-experienced* without cirrhosis or with compensated cirrhosis (Child-Pugh A)	Harvoni for 12 weeks

* Treatment-experienced patients who have failed an interferon-based regimen with or without ribavirin.

- For the dosing of Sovaldi or Harvoni in adults with chronic HCV infection, refer to the respective drug label.