

Infectious Disorders – Hepatitis C Agents – Direct Acting Antiviral Agents

Point-of-Sale (POS) edits are safety limitations that are automatically verified through computer programming at the time that a prescription claim is submitted at the pharmacy. These edits can be applied to *any* medication, whether or not it is listed in the Preferred Drug List / Non-Preferred Drug List (PDL/NPDL). The first section of this document is organized to follow the order of the therapeutic classes in the PDL/NPDL and explains the POS edits for those medications.

POS Abbreviations

AL – Age Limit	DD – Drug-Drug Interaction	MD – Maximum Dose Limit	TD - Therapeutic Duplication
BH – Behavioral Health Clinical Authorization for Children Younger than 7 Years of Age	DS Maximum Days’ Supply Allowed	PR – Enrollment in a Physician-Supervised Program Required	UN – Drug Use Not Warranted
BY – Diagnosis Codes Bypass Some Requirements	DT – Duration of Therapy Limit	PU – Prior Use of Other Medication is Required	X – Prescriber Must Have ‘X’ DEA Number
CL – Additional Clinical Information is Required	DX – Diagnosis Code Requirement	QL – Quantity Limit	YQ – Yearly Quantity Limit
CU – Concurrent Use with Other Medication is Restricted	ER – Early Refill	RX – Specific Prescription Requirement	

Pharmacy Prior Authorization Phone Numbers for MCOs and FFS

Aetna Better Health of Louisiana **1-855-242-0802**

AmeriHealth Caritas Louisiana **1-800-684-5502**

Fee-for-Service (FFS) Louisiana Legacy Medicaid **1-866-730-4357**

Healthy Blue **1-844-521-6942**

Louisiana Healthcare Connections **1-888-929-3790**

UnitedHealthcare **1-800-310-6826**

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POS Edits		
CL – Additional clinical information (diagnosis, genotype, signed patient treatment agreement, etc.) is required for all non-preferred agents.		
DT – These agents are limited to a maximum duration of therapy as listed in the table to the right. Maximum duration for some agents is based on clinical information. <i>*Refer to individual prescribing information</i>	Maximum Duration of Therapy	
	Treatment	Duration*
	Elbasvir/Grazoprevir (Zepatier®)	12 – 16 weeks
	Glecaprevir/Pibrentasvir (Mavyret®)	8 – 16 weeks
	Ledipasvir/Sofosbuvir (Harvoni®; Authorized Generic)	12 – 24 weeks
	Ombitasvir/Paritaprevir/Ritonavir - Dasabuvir (Viekira PAK®)	12 – 24 weeks
	Sofosbuvir (Sovaldi®)	12 – 48 weeks
	Sofosbuvir/Velpatasvir (Epclusa®; Authorized Generic)	12 weeks
	Sofosbuvir/Velpatasvir/Voxilaprevir (Vosevi®)	12 weeks
DX – Pharmacy claims <u>for all agents</u> must be submitted with an appropriate diagnosis code for Chronic Hepatitis C (B18.2) found at THIS LINK .		
QL – These agents are limited to a maximum quantity limit as listed in the table to the right.	Maximum Quantity Limit	
	Treatment	Quantity per Rolling 28 Days
	Elbasvir/Grazoprevir (Zepatier®) 50mg/100mg tablet	28 tablets
	<u>Glecaprevir/Pibrentasvir (Mavyret®) 50mg/20mg oral pellet packets</u>	<u>168 packets</u>
	Glecaprevir/Pibrentasvir (Mavyret®) 100mg/40mg tablet	84 tablets
	Ledipasvir/Sofosbuvir (Harvoni®) 33.75mg/150mg packet	28 packets
	Ledipasvir/Sofosbuvir (Harvoni®) 45mg/200mg packet	56 packets
	Ledipasvir/Sofosbuvir (Harvoni®) 45mg/200mg tablet	56 tablets
	Ledipasvir/Sofosbuvir (Harvoni®) 90mg/400mg tablet	28 tablets
	Ledipasvir/Sofosbuvir (Authorized Generic for Harvoni®) 90mg/400mg	28 tablets
	Ombitasvir/Paritaprevir/Ritonavir - Dasabuvir (Viekira PAK®) tablet 12.5mg/75mg/50mg/250mg	112 tablets
	Sofosbuvir (Sovaldi®) 150mg packet	28 packets
	Sofosbuvir (Sovaldi®) 200mg packet	56 packets
	Sofosbuvir (Sovaldi®) 200mg tablet	56 tablets
	Sofosbuvir (Sovaldi®) 400mg tablet	28 tablets
	<u>Sofosbuvir/Velpatasvir (Epclusa®) 150mg/37.5mg oral pellet packets</u>	<u>28 packets</u>
	<u>Sofosbuvir/Velpatasvir (Epclusa®) 200mg/50mg oral pellet packets</u>	<u>56 packets</u>
	Sofosbuvir/Velpatasvir (Epclusa®) 200mg/50mg tablet	56 tablets
	Sofosbuvir/Velpatasvir (Epclusa®; Authorized Generic) 400mg/100mg tablet	28 tablets
	Sofosbuvir/Velpatasvir/Voxilaprevir (Vosevi®) 400mg/100mg/100mg tablet	28 tablets
TD – These agents are monitored at the pharmacy POS for duplication of therapy with each other.		

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Revision / Date	Implementation Date
Created POS Document	February 2020
Removed age limits, removed discontinued Daklinza®, updated quantity limits to include new formulations / July 2020	October 2020
Added strengths for all agents / July 2020	October 2020
Updated age for BH in POS Abbreviations chart / November 2020	January 2021
<u>Added new formulation for Epclusa® and Mavyret®, formatting changes / June 2021</u>	<u>April 2022</u>