

## Infectious Disorders – Hepatitis C Agents – Direct Acting Antiviral Agents (34)

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

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

<b>Pharmacy Prior Authorization Phone Numbers for MCOs and FFS</b>
Aetna Better Health of Louisiana <b>1-855-242-0802</b>
AmeriHealth Caritas Louisiana <b>1-800-684-5502</b>
Fee-for-Service (FFS) Louisiana Legacy Medicaid <b>1-866-730-4357</b>
Healthy Blue <b>1-844-521-6942</b>
Louisiana Healthcare Connections <b>1-888-929-3790</b>
UnitedHealthcare <b>1-800-310-6826</b>

## Infectious Disorders – Hepatitis C Agents – Direct Acting Antiviral Agents (34)

POS Edits		
<b>CL</b> – Additional clinical information (diagnosis, genotype, signed patient treatment agreement, etc.) is required for <b>all non-preferred</b> agents.		
<b>DT</b> – 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	
<b>DX</b> – Pharmacy claims must be submitted with an appropriate diagnosis code for Chronic Hepatitis C (B18.2).		
<b>QL</b> – 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
	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
Sofosbuvir/Velpatasvir (Epclusa®; Authorized Generic) 400mg/100mg tablet	28 tablets	
Sofosbuvir/Velpatasvir/Voxilaprevir (Vosevi®) 400mg/100mg/100mg tablet	28 tablets	
<b>TD</b> – These agents are monitored at the pharmacy POS for duplication of therapy with each other.		

<b>Revision</b>	<b>Date</b>
Created POS Document	February 2020
Removed age limits, removed discontinued Daklinza®, updated quantity limits to include new formulations	July 2020
Added strengths for all agents	July 2020
Updated age for BH in POS Abbreviations chart	November 2020