

Infectious Disorders – Hepatitis C Agents – Direct Acting Antiviral Agents (27)

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
BH – Behavioral Health Clinical Authorization for Children Younger than 6 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**

Infectious Disorders – Hepatitis C Agents – Direct Acting Antiviral Agents (27)

POS Edits

AL – Use of Authorized Generic for Epclusa® is limited to use in recipients who are 18 years of age or older

CL – Additional clinical information (diagnosis, genotype, ~~previous treatment~~, 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.

**Refer to individual prescribing information.*

Maximum Duration of Therapy

Treatment

Duration*

Daclatasvir (Daklinza®) + Sofosbuvir (Sovaldi®)	12 weeks
Elbasvir/Grazoprevir (Zepatier®)	12 – 16 weeks
Glecaprevir/Pibrentasvir (Mavyret®)	8 – 16 weeks
Ledipasvir/Sofosbuvir (Harvoni®; <u>Authorized Generic</u>)	12 – 24 weeks
Ombitasvir/Paritaprevir/Ritonavir - Dasabuvir (Viekira PAK®)	12 – 24 weeks
Sofosbuvir (Sovaldi®)	12 – 48 weeks
Sofosbuvir/Velpatasvir (Epclusa®; <u>Authorized Generic</u>)	12 weeks
Sofosbuvir/Velpatasvir/Voxilaprevir (Vosevi®)	12 weeks

DX – Pharmacy claims must be submitted with an appropriate diagnosis code for Chronic Hepatitis C (B18.2).

QL – These agents are limited to a maximum quantity limit as listed in the table to the right.

~~Maximum Maximum Quantity~~ Quantity Limit Limit Per Rolling 28 Days

Treatment

Quantity per Rolling 28 Days

Daclatasvir (Daklinza®) <u>tablet</u>	1 tablet per day, 28 tablets
Elbasvir/Grazoprevir (Zepatier®) <u>tablet</u>	1 tablet per day, 28 tablets
Glecaprevir/Pibrentasvir (Mavyret®) <u>tablet</u>	3 tablets per day, 84 tablets
Ledipasvir/Sofosbuvir (Harvoni®) 33.75mg/150mg packet	<u>28 packets</u>
Ledipasvir/Sofosbuvir (Harvoni®) 45mg/200mg packet	<u>56 packets</u>
Ledipasvir/Sofosbuvir (Harvoni®) 45mg/200mg tablet	<u>56 tablets</u>
Ledipasvir/Sofosbuvir (Harvoni®) 90mg/400mg tablet	<u>28 tablets</u>
Ledipasvir/Sofosbuvir (Authorized Generic for Harvoni®) 90mg/400mg Ledipasvir/Sofosbuvir (Harvoni®)	<u>28 tablets</u> 1 tablet per day, 28 tablets
Ombitasvir/Paritaprevir/Ritonavir - Dasabuvir (Viekira PAK®) <u>tablet</u>	4 tablets per day, 112 tablets
Sofosbuvir (Sovaldi®) <u>150mg packet</u>	28 packets <u>1 tablet per day, 28 tablets</u>
Sofosbuvir (Sovaldi®) 200mg packet Sofosbuvir/Velpatasvir (Epclusa®)	56 packets <u>1 tablet per day, 28 tablets</u>
Sofosbuvir (Sovaldi®) 200mg tablet	<u>56 tablets</u>
Sofosbuvir (Sovaldi®) 400mg tablet	<u>28 tablets</u>
Sofosbuvir/Velpatasvir (Epclusa®; <u>Authorized Generic</u>) <u>tablet</u>	<u>28 tablets</u>
Sofosbuvir/Velpatasvir/Voxilaprevir (Vosevi®) <u>tablet</u>	1 tablet per day, 28 tablets

TD – These agents are monitored at the pharmacy POS for duplication of therapy with each other.

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Revision	Date
Created POS Document	February 2020
<u>Removed age limits for all except Authorized Generic for Eplusa®, updated quantity limits to include new formulations</u>	<u>July 2020</u>