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	**DS** – Maximum Days' Supply Allowed	**PU** – Prior Use of Other Medication is Required
BH – Behavioral Health Clinical Authorization for Children Younger than 7 Years of Age	**DT** – Duration of Therapy Limit	**QL** – Quantity Limit
BY – Diagnosis Codes Bypass Some Requirements	**DX** – Diagnosis Code Requirement	**RX** – Specific Prescription Requirement
CL – Additional Clinical Information is Required	**ER** – Early Refill	**TD** – Therapeutic Duplication
CU – Concurrent Use with Other Medication is Restricted	**MD** – Maximum Dose Limit	**YQ** – Yearly Quantity Limit
DD – Drug-Drug Interaction	**MME** – Maximum Morphine Milligram Equivalent is Restricted	

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POS Edits

CL – Additional clinical information (age, diagnosis, SVR-12, etc.) is required for sofosbuvir/velpatasvir/voxilaprevir (Vosevi®).

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***
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 for all agents must be submitted with an appropriate diagnosis code 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
Glecaprevir/Pibrentasvir (Mavyret®) 50mg/20mg oral pellet packets	168 packets
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®) 150mg/37.5mg oral pellet packets	28 packets
Sofosbuvir/Velpatasvir (Epclusa®) 200mg/50mg oral pellet packets	56 packets
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
Added new formulation for Epclusa® and Mavyret®, formatting changes / June 2021	April 2022
Policy clarification / July 2022	October 2022
Formatting changes / August 2023	October 2023
Added clinical authorization requirement for Vosevi® / April 2024	July 2024