

## 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

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

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POS Edits		
<b>CL</b> – Additional clinical information (age, diagnosis, SVR-12, etc.) is required for sofosbuvir/velpatasvir/voxilaprevir (Vosevi®).		
<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
	Sofosbuvir (Sovaldi®)	12 – 48 weeks
	Sofosbuvir/Velpatasvir (Epclusa®; Authorized Generic)	12 weeks
	Sofosbuvir/Velpatasvir/Voxilaprevir (Vosevi®)	12 weeks
<b>DX</b> – Pharmacy claims for all agents must be submitted with an appropriate diagnosis code found at <a href="#">THIS LINK</a> .		
<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®) 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
	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
<del><b>TD</b>—These agents are monitored at the pharmacy POS for duplication of therapy with each other.</del>		

## Infectious Disorders – Hepatitis C Agents – Direct Acting Antiviral Agents

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
<u>Removed Viekira PAK®, removed therapeutic duplication edit for all DAA agents / August 2024</u>	<u>October 2024</u>