



GEORGIA MEDICAID FEE-FOR-SERVICE ANTICOAGULANTS PA SUMMARY

Preferred	Non-Preferred
Oral	
Coumadin (warfarin) Eliquis (apixaban) Pradaxa (dabigatran) Warfarin generic Xarelto and Xarelto Starter Pack (rivaroxaban)	Bevyxxa (betrixaban) Savaysa (edoxaban)
Injectable	
Enoxaparin syringes and vials generic by Labelers 00955-##-#### and 63323-##-#### Heparin generic	Fondaparinux generic Fragmin syringes (dalteparin)

*non-preferred but does not require PA

LENGTH OF AUTHORIZATION: Varies

NOTE: If the provider is calling for authorization for administration in a physician's office or clinic, please instruct them to go to the Registered User portion of the Georgia Health Partnership website at <https://www.mmis.georgia.gov> to request coverage from Physician Services.

PA CRITERIA:

Bevyxxa

- ❖ Approvable for members 18 years of age or older who were started on the medication in the hospital while the member had an acute medical illness and the member is at risk for thromboembolic complications due to moderate or severe restricted mobility and other risk factors for venous thromboembolism (VTE) and who have experienced an inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect with enoxaparin (Lovenox).

Savaysa

- ❖ Approvable for nonvalvular atrial fibrillation (AF) in members 18 years of age or older who have a history of unstable INR results or an allergy, contraindication, drug-drug interaction (that cannot be managed by adjustment of dose/INR monitoring) or intolerable side effect with warfarin AND who have experienced an inadequate response with Eliquis or Xarelto, or have allergies, contraindications, drug-drug interactions or intolerable side effects with Eliquis and Xarelto.
- ❖ Approvable for treatment of deep venous thrombosis (DVT) and/or pulmonary embolism (PE) in members 18 years of age or older who have a history of unstable INR results or an allergy, contraindication, drug-drug interaction (that cannot be managed by adjustment of dose/INR monitoring) or intolerable side effect with warfarin AND who have experienced an inadequate response with Eliquis or Xarelto, or have allergies, contraindications, drug-drug interactions or intolerable side effects with Eliquis and Xarelto.



Fondaparinux Generic

- ❖ Approvable for the prophylaxis of ischemic complications of unstable angina and non-Q-wave myocardial infarction (MI) in members weighing 50 kg or more who have a history of heparin-induced thrombocytopenia (HIT) or have experienced an inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect with enoxaparin (Lovenox).
- ❖ Approvable for the prophylaxis of DVT and/or PE following hip fracture surgery, hip replacement surgery or knee replacement surgery in members weighing 50 kg or more who have a history of heparin-induced thrombocytopenia (HIT) or have experienced an inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect with enoxaparin (Lovenox).
- ❖ Approvable for the prophylaxis of DVT and/or PE following abdominal surgery in members weighing 50 kg or more who have a history of HIT or have experienced an inadequate response, with enoxaparin (Lovenox) or unfractionated heparin (UFH), or have allergies, contraindications, drug-drug interaction or intolerable side effects with enoxaparin (Lovenox) and UHF.
- ❖ Approvable for the treatment or prophylaxis of DVT and/or PE in members who have a history of HIT or have experienced an inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect with enoxaparin (Lovenox). Longer courses of therapy are approvable for members who are pregnant, have cancer or have a history of unstable INR results or an allergy, contraindication, drug-drug interaction (that cannot be managed by adjustment of dose/INR monitoring) or intolerable side effect with warfarin.
- ❖ Approvable for members with a diagnosis of extensive superficial vein thrombosis.

Fragmin Syringes

- ❖ Approvable for the prophylaxis of ischemic complications of unstable angina and non-Q-wave myocardial infarction (MI) in members who have experienced an inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect with enoxaparin (Lovenox).
- ❖ Approvable for the prophylaxis of DVT and/or PE in members with severely restricted mobility during acute illness who have experienced an inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect with enoxaparin (Lovenox).
- ❖ Approvable for the prophylaxis of DVT and/or PE following hip replacement surgery or abdominal surgery in members have experienced an inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect with enoxaparin (Lovenox).
- ❖ Approvable for the treatment or prophylaxis of DVT and/or PE in members who have experienced an inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect with enoxaparin (Lovenox). Longer courses of therapy are approvable for members who are pregnant, have cancer or have a history of unstable INR results or an allergy, contraindication, drug-drug interaction (that cannot be managed by adjustment of dose/INR monitoring) or intolerable side effect with warfarin.
- ❖ Approvable for the treatment of symptomatic venous thromboembolism (VTE) in members with cancer.



EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA AND APPEAL PROCESS:

- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.