



**GEORGIA MEDICAID FEE-FOR-SERVICE
ANTICOAGULANTS PA SUMMARY**

Preferred	Non-Preferred
Oral	
Eliquis (apixaban) Pradaxa (dabigatran) Warfarin generic Xarelto (rivaroxaban)	Savaysa (edoxaban)
Injectable	
Enoxaparin generic Heparin generic	Fondaparinux generic Fragmin syringes (dalteparin)

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:

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.