GEORGIA MEDICAID FEE-FOR-SERVICE
ANTICOAGULANTS PA SUMMARY

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
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<tbody>
<tr>
<td><strong>Oral</strong></td>
<td></td>
</tr>
<tr>
<td>Eliquis (apixaban)</td>
<td>Savaysa (edoxaban)</td>
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<td>Pradaxa (dabigatran)</td>
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<tr>
<td>Warfarin generic</td>
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<td>Xarelto (rivaroxaban)</td>
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<td><strong>Injectable</strong></td>
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<tr>
<td>Enoxaparin generic</td>
<td>Fondaparinux generic</td>
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<tr>
<td>Heparin generic</td>
<td>Fragmin syringes (dalteparin)</td>
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</tbody>
</table>

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](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 UFH.

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.**

Revised 7/1/2020
PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to [http://dch.georgia.gov/preferred-drug-lists](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](http://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](http://www.mmis.georgia.gov/portal), highlight Pharmacy and click on Other Documents, then select the most recent quarters QLL list.