GEORGIA MEDICAID FEE-FOR-SERVICE
ANTIFIBRINOLYTIC AGENTS PA SUMMARY

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>Tranexamic acid injection generic</td>
</tr>
<tr>
<td></td>
<td>Tranexamic acid tablet generic</td>
</tr>
</tbody>
</table>

NOTE: If the provider is requesting for administration in a clinic or physician’s office, the provider should go to the Registered User portion of the Georgia Health Partnership website at [https://www.mmis.georgia.gov/portal](https://www.mmis.georgia.gov/portal) to request coverage from Physician Services.

LENGTH OF AUTHORIZATION: Varies

PA CRITERIA:

**Tranexamic Acid Injection Generic**

- Approvable for members with a diagnosis of hemophilia to reduce or prevent hemorrhage and to reduce the need for replacement therapy during and following tooth extraction.
- Must be administered in a member’s home or in a long-term care facility.

**Tranexamic Acid Tablet Generic**

- Approvable for members 12 years of age or older with a diagnosis of heavy menstrual bleeding (menorrhagia, hypermenorrhea) when endometrial pathology (endometrial cancer, endometrial hyperplasia) has been excluded as a cause of heavy menstrual bleeding and member has experienced inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to a non-steroidal anti-inflammatory drug (NSAID) as well as to at least 2 estrogen-progestin contraceptives and Mirena IUD unless contraception therapy is not an option for the member.

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](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, highlight Pharmacy and click on Other Documents, then select the most recent quarters QLL List.