



**GEORGIA MEDICAID FEE-FOR-SERVICE
ANTIFIBRINOLYTIC AGENTS PA SUMMARY**

Preferred	Non-Preferred
Tranexamic acid tablet generic	Tranexamic acid injection generic

NOTE: The criteria details below are for the outpatient pharmacy program. If a medication is being administered in a physician’s office or clinic, the medication must be billed through the physician services program and not the outpatient pharmacy program. Information regarding the DCH physician services program is located at www.mmis.georgia.gov.

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 the member’s home or in a long-term care facility.

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 Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.