GEORGIA DEPARTMENT OF COMMUNITY HEALTH

GEORGIA MEDICAID FEE-FOR-SERVICE
ANTICOAGULANTS PA SUMMARY

Preferred	Non-Preferred
Oral	
Eliquis (apixaban) Pradaxa (dabigatran capsules) Warfarin generic Xarelto (rivaroxaban) Xarelto Suspension (rivaroxaban)*	Pradaxa Pak (dabigatran oral pellets) Savaysa (edoxaban)
Injectable	
Enoxaparin generic Heparin generic	Fondaparinux generic Fragmin (dalteparin)

*preferred but requires PA

LENGTH OF AUTHORIZATION: Varies

NOTES:

- Xarelto Suspension is preferred but requires prior authorization (PA).
- **The criteria details below are for the outpatient pharmacy program.** If a medication is being administered in a physician's office or clinic, then the medication must be billed through the DCH physician services program and not the outpatient pharmacy program. Information regarding the physician services program is located at www.mmis.georgia.gov.

PA CRITERIA:

Pradaxa Pak

Approvable if the following criteria are met:

- Member is 3 months to less than 12 years of age; *AND*
- Member has a diagnosis for treatment of venous thromboembolic event (VTE) and has been treated with a parenteral anticoagulant for at least 5 days; *OR*
- Member has a diagnosis to reduce the risk of recurrence of VTE and has been previously treated with an anticoagulant.

Savaysa

- Approvable for nonvalvular atrial fibrillation (AF) in members 18 years of age or older who have a history of unstable international normalized ratio (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.

Xarelto Suspension

- Approvable for treatment of venous thromboembolism and reduction in risk of recurrent venous thromboembolism in members who weigh 2.6 kg to 29.9 kg.
- Approvable for treatment of venous thromboembolism and reduction in risk of recurrent venous thromboembolism in members who weigh 30 kg or more and are unable to swallow solid oral dosage formulations (i.e., tablets).
- Approvable for thromboprophylaxis with congenital heart disease in members who have undergone the Fontan procedure and weigh 7 kg to 49.9 kg.
- Approvable for thromboprophylaxis with congenital heart disease in members who have undergone the Fontan procedure, weigh 50 kg or more and are unable to swallow solid oral dosage formulations (i.e., tablets).

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

- 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.