



## ORAL ANTICOAGULANTS PA SUMMARY

<b>PREFERRED</b>	Warfarin
<b>NON-PREFERRED</b>	Eliquis, Pradaxa, Xarelto

**LENGTH OF AUTHORIZATION:** Varies

**PA CRITERIA:**

*For Eliquis*

- ❖ Approvable for the prophylaxis of deep venous thrombosis (DVT) following hip or knee replacement surgery
- ❖ Approvable for nonvalvular atrial fibrillation when member has a history of unstable INR results with warfarin or allergies, contraindications, drug-drug interactions (that cannot be managed by adjustment of dose/INR monitoring), or a history of intolerable side effects to warfarin.

*For Pradaxa*

- ❖ Approvable for nonvalvular atrial fibrillation
- ❖ Approvable the treatment of DVT or pulmonary embolism (PE) in members who have been treated with a parenteral anticoagulant for 5-10 days before Pradaxa therapy was initiated
- ❖ Approvable for the prophylaxis of DVT or PE in members who have experienced a previous DVT or PE
- ❖ For all diagnoses, member must have a history of unstable INR results with warfarin or allergies, contraindications, drug-drug interactions (that cannot be managed by adjustment of dose/INR monitoring), or a history of intolerable side effects to warfarin.

*For Xarelto*

- ❖ Approvable for the prophylaxis of DVT and/or PE in patients undergoing hip or knee replacement surgery
- ❖ Approvable for nonvalvular atrial fibrillation
- ❖ Approvable for the treatment or prophylaxis of DVT and/or PE
- ❖ For nonvalvular atrial fibrillation or treatment or prophylaxis of DVT and/or PE, member must have a history of unstable INR results with warfarin or allergies, contraindications, drug-drug interactions (that cannot be managed by adjustment of dose/INR monitoring), or a history of intolerable side effects to warfarin.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.



**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limits please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.