

## TRANEXAMIC ACID INJECTION PA SUMMARY

<b>PREFERRED</b>	Tranexamic Acid Injection (generic)
<b>NON-PREFERRED</b>	Cyklokapron (brand-name)

**LENGTH OF AUTHORIZATION:** 1 Month

**NOTE:** *If medication is being administered in a physician's office then it must be billed through the DCH physician's injectable program and not the outpatient pharmacy program. Information regarding the physician's injectable program can be located at [www.mmis.georgia.gov](http://www.mmis.georgia.gov).*

### **PA CRITERIA:**

- ❖ Approvable if administered in a member's home by home health service or in a long-term care facility.
- ❖ If generic tranexamic acid injection is being requested, physician should submit a written letter of medical necessity stating the reason(s) the non-preferred product, brand-name Cyklokapron, is not appropriate 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 **SXC Health Solutions 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 Limit 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.