



ORAL ANTICOAGULANTS PA SUMMARY

PREFERRED	Warfarin
NON-PREFERRED	Eliquis, Pradaxa, Xarelto

LENGTH OF AUTHORIZATION: Varies

PA CRITERIA:

For Eliquis or Pradaxa

- ❖ Approvable for nonvalvular atrial fibrillation
- ❖ Physician must submit documentation of 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 deep venous thrombosis (DVT) and/or pulmonary embolism (PE) in patients undergoing hip or knee replacement surgery
- ❖ Approvable for nonvalvular atrial fibrillation
- ❖ Approvable for the treatment of DVT and/or PE
- ❖ For nonvalvular atrial fibrillation or treatment of DVT and/or PE, physician must submit documentation of 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, 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, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.