



**GEORGIA MEDICAID FEE-FOR-SERVICE
ANTICOAGULANTS PA SUMMARY**

Preferred	Non-Preferred
<p><i>Oral</i> Coumadin (warfarin) Eliquis (apixaban) Pradaxa (dabigatran) Warfarin generic Xarelto and Xarelto Starter Pack (rivaroxaban)</p>	<p>Savaysa (edoxaban)</p>
<p><i>Injectable</i> Enoxaparin generic Fragmin (dalteparin) Heparin generic</p>	<p>Fondaparinux generic</p>

LENGTH OF AUTHORIZATION: Varies

PA CRITERIA:

Savaysa

- ❖ Approvable for nonvalvular atrial fibrillation and for treatment of DVT and/or PE in members who have been treated with a parenteral anticoagulant for 5-10 days before Savaysa therapy was initiated 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 AND has experienced ineffectiveness with Eliquis or Xarelto, or has allergies, contraindications, drug-drug interactions or intolerable side effects with Eliquis and Xarelto that are not expected to occur with Savaysa.

Fondaparinux generic

- ❖ Approvable for the treatment of extensive superficial vein thrombosis.
- ❖ Approvable for the prophylaxis of DVT or PE following hip fracture surgery, hip replacement surgery, or knee replacement surgery in members weighing 50kg or more when member has a history of heparin-induced thrombocytopenia (HIT) or any contraindications to the use of Lovenox.
- ❖ Approvable for the prophylaxis of DVT or PE following abdominal surgery in members weighing 50kg or more when member has a history of HIT or any contraindications to the use of Lovenox and unfractionated heparin (UFH).
- ❖ Approvable for the treatment or prophylaxis of DVT or PE when member has a history of HIT or any contraindications to the use of Lovenox for courses of 9 days or less; Longer courses may be authorized for members that are pregnant, have cancer or are unable to take warfarin.



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.