MEDICATION POLICY:

Anticoagulants (Oral)

Generic Name: Anticoagulants (Oral)

Therapeutic Class or Brand Name: Anticoagulants (Oral)

Applicable Drugs (if Therapeutic Class): Eliquis® (apixaban), Pradaxa® (dabigatran), Savaysa® (edoxaban), Xarelto® (rivaroxaban).

Preferred: Eliquis® (apixaban), Xarelto® (rivaroxaban).

Non-preferred: Pradaxa® (dabigatran), Savaysa® (edoxaban).

Date of Origin: 6/1/2013

Date Last Reviewed / Revised: 9/15/2022

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I and III are met)

I. Patient belongs to ONE of the following patient populations A or B below:

   A. Patient is an adult at least 18 years of age and has documentation of one of the following indications:

      1. Reduction in the risk of stroke and thromboembolic events in patients with nonvalvular atrial fibrillation (NVAF)
      2. Treatment of DVT or PE
      3. Reduction in the risk of recurrent DVT and PE.
      4. Prevention of DVT or PE after hip or knee replacement surgery
      5. Prophylaxis of venous thromboembolism (VTE) AND criteria a and b are met:
         a. Documentation that patient has been hospitalized for an acute medical illness.
         b. Documentation that patient is at risk for thromboembolic complications due to moderate or severely restricted mobility or other risk factors for VTE.
      6. Reduction in the risk of cardiovascular death, myocardial infarction (MI) and stroke. due to chronic coronary artery disease (CAD) or peripheral artery disease (PAD).

   B. Patient is age birth to less than 18 years and ONE of criteria 1 through 3 is met:

      1. Prescriber is requesting Xarelto for treatment of VTE or recurrent VTE.
      2. Patient is at least 2 years of ag with congenital heart disease after the Fontan procedure AND prescriber is requesting Xarelto.
      3. Prescriber is requesting Pradaxa in a patient aged 8 years to less than 18 years for prophylaxis of recurrent VTE.

II. Non-preferred products require a documented trial and failure of, intolerance to, or contraindication to the preferred product(s).

III. Refer to the plan document for the list of preferred products. If the request is for a brand medication for which a generic is available, there must be a documented treatment failure or contraindication to the generic medication.

EXCLUSION CRITERIA

- Active pathological bleeding.
- These medications should not be used for the reduction of thromboembolic risk in patients with prosthetic heart valves.
- Savaysa® should not be used for NVAF in patients with creatinine clearance (CrCL) > 95 mL per minute.

OTHER CRITERIA

- The use of Savaysa® is limited to the following indications ONLY:
  - Reduction of thromboembolic risk in patients with nonvalvular atrial fibrillation whose CrCL is less than 95 mL per minute.
  - Treatment of DVT or PE following 5 to 10 days of initial treatment with a parenteral anticoagulant.

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Eliquis®: 60 tablets per 30 days.
  - If being prescribed for DVT or PE treatment, 28 tablets may be authorized for the first 7 days of treatment, followed by 60 tablets per 30 days thereafter.
- Pradaxa:
  - Age ≥18 years: up to 60 capsules per 30 days.
  - Age 8 to < 18 years: up to 120 capsules per 30 days.
- Savaysa®: 30 tablets per 30 days.
- Xarelto®:
  - 2.5mg tablets: 60 tablets per 30 days.
  - 10mg, 15mg, 20mg tablets: 30 tablets per 30 days;
    - If being prescribed for DVT or PE treatment, 42 tablets may be authorized for the first 21 days of treatment, followed by 30 tablets per 30 days thereafter.
  - 1mg/mL oral suspension: up to two (2) 150mL bottles per 30 days.
    - If being prescribed for treatment or prevention of recurrent VTE in pediatric patients, quantities up to four (4) 150mL bottles per 30 days may be authorized.

APPROVAL LENGTH

- **Authorization:**
  - Hip Replacement Surgery Prophylaxis of DVT: One time for a total of 35 days.
  - Knee Replacement Surgery Prophylaxis of DVT: One time for a total of 12 days.
  - Venous Thromboembolism (VTE) Prophylaxis: One time for a total of 42 days.
  - All other Covered Uses: 1 year.
- **Re-Authorization:**
  - Hip or Knee Replacement Surgery Prophylaxis of DVT: N/A
  - Venous Thromboembolism (VTE) Prophylaxis: N/A
  - All other Covered Uses: An updated letter of medical necessity or progress notes to confirm that current medical necessity criteria are met and that the medication is effective.

APPENDIX

- N/A

REFERENCES

1. Eliquis. Prescribing information. Bristol-Myers Squibb Company; 2021. Accessed September 15, 2022. http://packageinserts.bms.com/pi/pi_eliquis.pdf.
2. Pradaxa capsules. Prescribing information. Boehringer Ingelheim Pharmaceuticals Inc.; 2021. Accessed September 15, 2022. https://docs.boehringer-ingelheim.com/Prescribing%20Information/PIs/Pradaxa/Pradaxa.pdf.
3. Xarelto. Prescribing information. Janssen Pharmaceuticals Inc.; 2022. Accessed September 15, 2022. http://www.janssenlabels.com/package-insert/product-monograph/prescribing-information/XARELTO-pi.pdf.
4. Savaysa. Prescribing information. Daiichi Sankyo Inc.; 2021. Accessed September 15, 2022. http://dsi.com/prescribing-information-portlet/getPIContent?productName=Savaysa&inline=true.