



Anticoagulant
Pradaxa (dabigatran etexilate mesylate)
Savaysa (edoxaban)
Xarelto 2.5mg (rivaroxaban)
Effective 01/01/2022

Plan	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Xarelto and Savaysa are factor Xa inhibitors which inhibit platelet activation and fibrin clot formation. Pradaxa is a thrombin inhibitor which blocks free and fibrin bound thrombin. These medications are indicated for:

- Treatment of deep venous thrombosis (DVT) and pulmonary embolism (PE) – **Pradaxa and Savaysa**
- Prevention of stroke and systemic embolism in patients with nonvalvular atrial fibrillation. – **Pradaxa, Xarelto, and Savaysa**
- Prophylaxis of DVT and/or PE in patients who have undergone total hip arthroplasty. - **Xarelto and Pradaxa**
- Prophylaxis of venous thromboembolism (VTE) – **Xarelto**
- Reduction in the risk of recurrence of deep vein thrombosis (DVT) and pulmonary embolism (PE) – **Xarelto**
- Reduction of risk of major cardiovascular (CV) events (CV death, myocardial infarction, and stroke) in patients with coronary artery disease (chronic) or peripheral artery disease. - **Xarelto**

No PA	PA required
Pradaxa [®] (dabigatran etexilate mesylate) §	Savaysa [®] (edoxaban)
Eliquis [®] (apixaban)	Xarelto [®] (rivaroxaban 2.5 mg tablet)
Xarelto [®] (rivaroxaban 10 mg, 15 mg, 20 mg, starter pack)	
Arixtra [®] # (fondaparinux)	
Fragmin [®] (dalteparin)	



No PA	PA required
Lovenox® # (enoxaparin)	
Warfarin	

§ Brand Preferred over generic equivalents. In general, MassHealth requires a trial of the preferred drug or clinical rationale for prescribing the non-preferred drug generic equivalent.

This is a brand-name drug with FDA "A"-rated generic equivalents. PA is required for the brand, unless a particular form of that drug (for example, tablet, capsule or liquid) does not have an FDA "A"-rated generic equivalent.

Coverage Guidelines

Authorization may be granted for members new to AllWays Health Partners who are currently receiving treatment with the requested medication, for up to 6 months, excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

OR

Authorization may be granted for members when all the following criteria are met, and documentation is provided for the following drug and/or diagnosis specific criteria:

Savaysa® (edoxaban)

1. Member has a diagnosis of ONE of the following diagnosis:
 - a. Nonvalvular atrial fibrillation
 - b. Deep vein thrombosis (DVT) and/or pulmonary embolism (PE)
2. Appropriate dosing
3. Provider attestation to member having inadequate response, adverse drug reaction or contraindication to ALL of the following
 - a. Eliquis® (apixaban)
 - b. Pradaxa® (dabigatran etexilate mesylate)
 - c. Xarelto® (rivaroxaban)

Xarelto® (rivaroxaban) 2.5mg tablets

Prescriber provides documentation of ALL the following:

1. Member is using Xarelto 2.5mg for the reduction of risk of major CV events in chronic CAD/PAD
2. Member is also receiving concomitant aspirin therapy
3. Quantity limit of 2 tablets/day

Continuation of Therapy

Reauthorization requires physician attestation of continuation of therapy.

Limitations

1. Initial approvals:
 - a. Savaysa: up to 6 months
 - b. Xarelto 2.5mg for reduction of risk of major CV events in chronic CAD/PAD: up to 6 months
2. Reauthorizations will be for 12 months
3. Savaysa: up to 6 months
 - a. Savaysa: up to 1 year
 - b. Xarelto 2.5mg for reduction of risk of major CV events in chronic CAD/PAD: up to 1 year
4. The following quantity limits apply:

Xarelto 2.5 tablets	60 tablets per 30 days
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Appendix

***Bleeding risk factors**

Bleeding risk factors can include prescriber noting any of the following: history of bleeding on warfarin; hypertension (systolic BP >160 mm Hg); abnormal liver function; drug or alcohol abuse; elevated INRs that require reversal of anticoagulation by vitamin K administration or by withholding warfarin doses.

****Major drug-drug interactions**

Major drug-drug interactions should be considered for concurrent chronic medications that are listed on the severity scale from Micromedex as contraindicated or major (i.e. amiodarone, simvastatin, tamoxifen, sertraline, etc.).

References

1. Xarelto (rivaroxaban) [prescribing information]. Titusville, NJ: Janssen Pharmaceuticals Inc; January 2019.
2. Pradaxa (dabigatran) [prescribing information]. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals Inc; July 2020.
3. Savaysa (edoxaban) [prescribing information]. Basking Ridge, NJ: Daiichi Sankyo; April 2020.
4. Eliquis (apixaban) [product monograph]. Montreal, Canada: Bristol-Myers Squibb Canada Co; October 2019.

Review History

09/30/2020 – Created and Reviewed Nov P&T Mtg; MH Partial Unified Formulary. Effective 1/1/2021

11/17/2021 – Updated and Reviewed Nov P&T Mtg; Matched MH UPPL. Added PA for Savaysa, new agents Arixtra, Fragmin and Lovenox were added. Effective 01/01/2022

Disclaimer

AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.