



## Missouri Pharmacy Program – Preferred Drug List



### Anticoagulant Agents – Oral and Subcutaneous

Effective 01/10/2013

Revised 01/10/2019

#### Preferred Agents

Available with Clinical Edits

- Eliquis®
- **Enoxaparin**
- Fragmin®
- Pradaxa®
- Warfarin
- Xarelto®

#### Non-Preferred Agents

Available with Clinical Edits

- Arixtra®
- Coumadin®
- Fondaparinux
- **Lovenox®**
- **Savaysa®**

### Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 3 or more preferred agents
  - Documented trial period for preferred agents
  - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen

- **Appropriate Diagnosis – Factor Xa Inhibitors, Direct Thrombin Inhibitors, Warfarin**

| <b>FDA Approved Indications</b>  | <b>Apixaban<sup>3</sup><br/>(Eliquis<sup>®</sup>)</b> | <b>Dabigatran<br/>(Pradaxa<sup>®</sup>)</b> | <b>Edoxaban<sup>4</sup><br/>(Savaysa<sup>®</sup>)</b> | <b>Fondaparinux<br/>(Arixtra<sup>®</sup>)</b> | <b>Rivaroxaban<sup>3</sup><br/>(Xarelto<sup>®</sup>)</b> | <b>Warfarin<br/>(Coumadin<sup>®</sup>)</b> | <b>Betrixaban<br/>(Bevyxxa<sup>®</sup>)<sup>5</sup></b> |
|--|---|---|---|---|--|--|---|
| <i>Prevention of stroke and systemic embolism with nonvalvular atrial fibrillation</i>   | <b>X<sup>3</sup></b>                                  | <b>X</b>                                    | <b>X<sup>4</sup><br/>(see footnote)</b>               |   | <b>X<sup>3</sup></b>                                     | <b>X</b>                                   |   |
| <i>DVT prophylaxis after hip replacement</i>   | <b>X<sup>3</sup></b>                                  | <b>X</b>                                    |   | <b>X</b>                                      | <b>X<sup>3</sup></b>                                     | <b>X</b>                                   |   |
| <i>DVT Prophylaxis after knee replacement</i>  | <b>X<sup>3</sup></b>                                  |   |   | <b>X</b>                                      | <b>X<sup>3</sup></b>                                     | <b>X</b>                                   |   |
| <i>Treatment of DVT and PE</i>   | <b>X<sup>3</sup></b>                                  | <b>X<sup>1</sup><br/>(see footnote)</b>     | <b>X<sup>1,4</sup><br/>(see footnote)</b>             | <b>X</b>                                      | <b>X<sup>3</sup></b>                                     | <b>X<sup>1</sup><br/>(see footnote)</b>    |   |
| <i>Prevention of recurrent DVT and/or PE</i>   | <b>X<sup>3</sup></b>                                  | <b>X</b>                                    |   | <b>X</b>                                      | <b>X<sup>3</sup></b>                                     | <b>X</b>                                   |   |
| <i>Prophylaxis and treatment of thromboembolic complications associated with atrial fibrillation and/or cardiac valve replacement</i>                    |   |   |   |   |  | <b>X<sup>2</sup></b>                       |   |
| <i>Reduction in the risk of death, recurrent myocardial infarction (MI), and thromboembolic events after MI</i>  |   |   |   |   |  | <b>X</b>                                   |   |
| <i>VTE prophylaxis in adult patients hospitalized for acute medical illness who are at risk due to restricted mobility or other risk factors for VTE</i> |   |   |   |   |  |  | <b>X<sup>5</sup></b>                                    |

1 Requires initial 5-10 day therapy with a parenteral anticoagulant

2 Atrial fibrillation due to any etiology

3 Tablets may be crushed and taken by mouth or via nasogastric tube or gastric feeding tube

4 Edoxaban should not be used in patients with creatinine clearance >95 mL/min because of increased risk of ischemic stroke compared to warfarin at the highest dose studied. Creatinine clearance should be assessed before starting edoxaban for the treatment of non-valvular atrial fibrillation.

5 Safety and efficacy not established in patients with prosthetic heart valves

• **Appropriate Diagnosis – Low Molecular Weight Heparins (LMWH's)**

**FDA-Approved Indications:**

|   | Dalteparin (Fragmin®) | Enoxaparin (Lovenox®) |
|---|-----------------------|-----------------------|
| Prophylaxis of DVT which may lead to PE in abdominal surgery and at risk for thromboembolic complications                                     | <b>X</b>              | <b>X</b>              |
| Prophylaxis of DVT which may lead to PE in hip replacement surgery  | <b>X</b>              | <b>X*</b>             |
| Prophylaxis of DVT which may lead to PE in knee replacement surgery   |                       | <b>X</b>              |
| Prophylaxis of DVT which may lead to PE in severely restricted mobility during acute illness  | <b>X</b>              | <b>X</b>              |
| Treatment of acute DVT with or without PE   |                       | <b>X**</b>            |
| Prophylaxis of ischemic complications in unstable angina and non-Q wave MI  | <b>X***</b>           | <b>X***</b>           |
| Extended treatment of symptomatic VTE (proximal DVT and/or PE) in cancer patients to reduce recurrence of VTE                                 | <b>X</b>              |                       |
| Treatment of acute ST-segment elevation myocardial infarction [STEMI] managed medically or with subsequent percutaneous coronary intervention |                       | <b>X***</b>           |

\*During and following hospitalization

\*\*Approved for *inpatient* treatment of acute DVT *with or without PE* when administered in conjunction with warfarin; approved for *outpatient* treatment of DVT *without PE* when administered in conjunction with warfarin

\*\*\*In conjunction with ASPIRIN

**Denial Criteria**

- Lack of adequate trial on required preferred agents
- Drug Prior Authorization Hotline: (800) 392-8030