Clinical Policy: Fondaparinux (Arixtra)

Reference Number: PA.CP.PHAR.226
Effective Date: 01/18
Last Review Date: 07/18

Coding Implications
Revision Log

Description
The intent of the criteria is to ensure that patients follow selection elements established by Pennsylvania Health and Wellness® clinical policy for fondaparinux (Arixtra®).

FDA Approved Indication(s)
Arixtra is indicated:

- For prophylaxis of deep vein thrombosis (DVT), which may lead to pulmonary embolism (PE) in patients undergoing:
  - Hip fracture surgery, including extended prophylaxis;
  - Hip replacement surgery;
  - Knee replacement surgery;
  - Abdominal surgery who are at risk for thromboembolic complications.
- For treatment of acute DVT when administered in conjunction with warfarin sodium.
- For treatment of acute PE when administered in conjunction with warfarin sodium when initial therapy is administered in the hospital.

Policy/Criteria
It is the policy of Pennsylvania Health and Wellness® that fondaparinux is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Thrombosis/Thromboembolism* (must meet all)**:**

1. Any of the following indications (a, b, or c):
   a. Thrombosis or thromboembolism prevention associated with any of the following conditions:
      i. Cancer;
      ii. Unstable angina or myocardial infarction;
      iii. Major surgery - orthopedic and non-orthopedic;
      iv. Critical illness related to ICU admissions or events;
      v. Restricted mobility associated with acute illnesses or conditions;
      vi. Implanted devices-vascular (e.g., central venous access device, umbilical venous catheter, devices/fistulas related to hemodialysis, ventricular assist devices);
   b. Thrombosis or thromboembolism treatment;
   c. Short-term prophylaxis for transition to or from oral anticoagulation;
2. Failure of a trial of enoxaparin unless (a, b or c):
   a. Enoxaparin is contraindicated;
   b. History of clinically significant adverse effects or allergy to low molecular weight heparin (LMWH; enoxaparin or dalteparin) or heparin (e.g., history of heparin-induced thrombocytopenia [HIT]);

c. The requested use is FDA labeled for fondaparinux but not for enoxaparin (i.e., hip fracture surgery prophylaxis; PE treatment).

**Includes off-label use for adults and pediatrics.*

Approval duration: 6 months

B. Anticoagulation in Pregnancy: Ante- and Postpartum (off-label) (must meet all)**:**

1. History of clinically significant adverse effects or allergy to LMWH or heparin (e.g. HIT);
2. Member is pregnant or < 6 months postpartum;
3. Any of the following indications:
   a. Acute venous thrombosis during current pregnancy;
   b. Prior venous thrombosis;
   c. Receiving long-term therapy with a vitamin K antagonist (e.g., warfarin);
   d. Prosthetic heart valve;
   e. Inherited thrombophilia;
   f. Antiphospholipid antibody syndrome;
   g. Development of severe ovarian hyperstimulation syndrome post assisted reproduction;
   h. Cesarean section – current pregnancy and request is for the postpartum period;
   i. Any other indication not listed here that is listed in section I.A.

Approval duration:
Antepartum: **to estimated delivery date (EDD)**
Postpartum: to 6 months postpartum (3 month approvals)

B. Other diagnoses/indications: Refer to PA.CP.PMN.53

II. Continued Approval

A. Thrombosis/Thromboembolism (must meet all):

1. Currently receiving medication via Pennsylvania Health and Wellness benefit or member has previously met all initial approval criteria, and documentation supports positive response to therapy or the Continuity of Care policy (PA.LTSS.PHAR.01) applies;
2. Member is responding positively to therapy;
3. Continued use is limited to any of the following indications (a, b or c):
   a. Venous thrombosis prophylaxis or treatment in the presence of cancer;
   b. Past history of failed anticoagulation therapy (clot development) on warfarin;
   c. Any other indication in section I.A where bridging to warfarin is inappropriate or member has a contraindication to warfarin and extended (indefinite duration) anticoagulation therapy is required.

Approval duration: 6 months

B. Anticoagulation in Pregnancy: Ante- and Postpartum (off-label) (must meet all)**:**

1. Currently receiving medication via Pennsylvania Health and Wellness benefit or member has previously met all initial approval criteria, and documentation supports positive response to therapy or the Continuity of Care policy (PA.LTSS.PHAR.01) applies;
   2. Member is responding positively to therapy;
   3. See Section II.A for continued anticoagulation therapy beyond 6 months postpartum.

   Approval duration: Antepartum (to estimated delivery date); postpartum (6 months)

C. Other diagnoses/indications (1 or 2)**:**

1. Currently, receiving medication via Pennsylvania Health and Wellness benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.LTSS.PHAR.01) applies.

   Approval duration: Duration of request or 6 months (whichever is less); or

2. Refer to PA.CP.PMN.53

Background

Description/Mechanism of Action:

Arixtra (fondaparinux sodium) Injection is a sterile solution containing fondaparinux sodium. It is a synthetic and specific inhibitor of activated Factor X (Xa). The antithrombotic activity of fondaparinux sodium is the result of antithrombin III (ATIII)-mediated selective inhibition of Factor Xa. By selectively binding to ATIII, fondaparinux sodium potentiates (about 300 times) the innate neutralization of Factor Xa by ATIII. Neutralization of Factor Xa interrupts the blood coagulation cascade and thus inhibits thrombin formation and thrombus development. Fondaparinux sodium does not inactivate thrombin (activated Factor II) and has no known effect on platelet function. At the recommended dose, fondaparinux sodium does not affect fibrinolytic activity or bleeding time.

Formulations:

Solution, Subcutaneous, as sodium:

- Generic: 2.5 mg/0.5 mL (0.5 mL); 5 mg/0.4 mL (0.4 mL); 7.5 mg/0.6 mL (0.6 mL); 10 mg/0.8 mL (0.8 mL)

Solution, Subcutaneous, as sodium [preservative free]:

- Arixtra: 2.5 mg/0.5 mL (0.5 mL); 5 mg/0.4 mL (0.4 mL); 7.5 mg/0.6 mL (0.6 mL); 10 mg/0.8 mL (0.8 mL)
- Generic: 2.5 mg/0.5 mL (0.5 mL); 5 mg/0.4 mL (0.4 mL); 7.5 mg/0.6 mL (0.6 mL); 10 mg/0.8 mL (0.8 mL)

Appendices

Appendix A: Abbreviation Key

DVT: deep vein thrombosis
HIT: heparin-induced thrombocytopenia
PE: pulmonary embolism
VTE: venous thromboembolism (typically refers to DVT or PE)

Coding Implications

Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS Codes	Description
J1652	Injection, fondaparinux sodium, 0.5 mg

Reviews, Revisions, and Approvals	Date	Approval Date
Venous Thrombosis, is changed to "Thrombosis and Thromboembolism" so as not to restrict to venous thrombi. Section I.A criteria are edited to encompass CHEST guidelines for neonates and children (seen primarily under implantable devices), and the criteria is collapsed to maximize consistency across the LMWH policies. Per specialist recommendation an additional indication is added for short-term prophylaxis to or from oral anticoagulation. Continuation criteria added for pregnancy. References reviewed and updated.		

References

1. Arixtra Prescribing Information. Rockford, IL: Mylan Institutional, LLC. August 2017. Available at https://www.accessdata.fda.gov/scripts/cder/daf/. Accessed November 2017.
2. Executive summary: Antithrombotic therapy and prevention of thrombosis: CHEST guidelines and expert panel reports. Available at http://www.chestnet.org/Guidelines-and-Resources/CHEST-Guideline-Topic-Areas/Pulmonary-Vascular. Accessed November 2017. *The CHEST guideline series presents recommendations for the prevention, diagnosis, and treatment of thrombosis, addressing a comprehensive list of clinical conditions, including medical, surgery, orthopedic surgery, atrial fibrillation, stroke, cardiovascular disease, pregnancy, and neonates and children.*
3. Thromboembolism in pregnancy. Practice Bulletin No. 123. American College of Obstetrics and Gynecologists. *Obstet Gynecol.* 2011; 118: 718-729.
4. Fondaparinux. In: National Comprehensive Cancer Network Drugs and Biologics Compendium. Available at nccn.org. Accessed November 2017.
5. Cancer-associated venous thromboembolic disease (Version 1.2017). In: National Comprehensive Cancer Network Clinical Practice Guidelines. Available at nccn.org. Accessed October 2017.