



## Clinical Policy: Anticoagulants

Reference Number: PHW.PDL.068

Effective Date: 01/01/2020

Last Review Date: 10/01/2019

[Revision Log](#)

### Policy/Criteria

*Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.*

It is the policy of health plans affiliated with PA Health and Wellness® that Anticoagulants are **medically necessary** when the following criteria are met:

### I. Requirements for Prior Authorization of Anticoagulants

#### A. Prescriptions That Require Prior Authorization

Prescriptions for Anticoagulants that meet any of the following conditions must be prior authorized:

1. A non-preferred Anticoagulant.
2. An Anticoagulant with a prescribed quantity that exceeds the quantity limit.
3. An oral Anticoagulant when there is a record of a recent paid claim for another oral Anticoagulant (therapeutic duplication).
4. An injectable Anticoagulant when there is a record of a recent paid claim for another injectable Anticoagulant (therapeutic duplication).

#### B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for an Anticoagulant, the determination of whether the requested prescription is medically necessary will take into account whether the beneficiary:

1. For a non-preferred Anticoagulant, has a history of therapeutic failure, contraindication, or intolerance of the preferred Anticoagulants approved or medically accepted for the beneficiary's diagnosis or indication; **AND**
2. Is prescribed a dose and duration of therapy that is consistent with FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature; **AND**
3. Does not have a history of a contraindication to the prescribed medication; **AND**
4. For therapeutic duplication, one of the following:

- a. For an oral Anticoagulant, is being titrated to or tapered from another oral Anticoagulant,
- b. For an injectable Anticoagulant, is being titrated to or tapered from another injectable Anticoagulant,
- c. Has a clinical reason for concomitant use of the requested medications that is supported by peer-reviewed literature or national treatment guidelines;

**AND**

5. If a prescription for an Anticoagulant is for a quantity that exceeds the quantity limit, the determination of whether the prescription is medically necessary will also take into account the guidelines set forth in PA.CP.PMN.59 Quantity Limit Override.

NOTE: If the beneficiary does not meet the clinical review guidelines listed above but, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary, the request for prior authorization will be approved.

**C. Clinical Review Process**

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section B. above to assess the medical necessity of a prescription for an Anticoagulant. If the guidelines in Section B. are met, the reviewer will prior authorize the prescription. If the guidelines are not met, the prior authorization request will be referred to a physician reviewer for a medical necessity determination. Such a request for prior authorization will be approved when, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary.

**D. Approval Duration: 12 months**

**E. References**

1. Pradaxa [package insert]. Boehringer Ingelheim Pharmaceuticals, Inc. Ridgefield, CT. March 2018.
2. Xarelto [package insert]. Janssen Pharmaceuticals, Inc. Titusville, NJ, January 2019.
3. Eliquis [package insert]. Bristol-Myers Squibb, Princeton, NJ. June 2018.
4. Savaysa [package insert]. Daiichi Sankyo Co. Basking Ridge, NJ. November 2017.

Reviews, Revisions, and Approvals	Date
Policy created	01/01/2020