Oral Anticoagulant - Bevyxxa® (betrixaban), Eliquis® (apixaban), Pradaxa® (dabigatran), Savaysa™ (edoxaban), Xarelto® (rivaroxaban) Quantity Limit Program Summary

This program applies to Commercial, GenPlus, NetResults A series, SourceRx and Health Insurance Marketplace formularies.

OBJECTIVE

The intent of the Oral Anticoagulant – Bevyxxa, Eliquis, Pradaxa, Savaysa, Xarelto quantity limit program is to encourage appropriate prescribing quantities as recommended by FDA approved product labeling or as otherwise clinically appropriate. Limits for Bevyxxa, Eliquis and Savaysa based on FDA labeling are reflective of the maximum recommended in that labeling. Limits for Pradaxa and Xarelto based on FDA labeling are reflective of the doses recommended for each approved indication in that labeling. Determination of quantity limits takes into account the lowest number of dosage units required to achieve the maximum dose (dose optimization).

QUANTITY LIMIT TARGET AGENTS - RECOMMENDED LIMITS

Brand (generic)	GPI (NDC)	Quantity Limit
Bevyxxa (betrixaban)		
40 mg capsule	83370018200120	43 capsules/42 days
80 mg capsule	83370018200140	43 capsules/42 days
Eliquis® (apixaban)		
2.5 mg tablet	83370010000320	2 tablets/day
5 mg tablet	83370010000330	74 tablets/30 days
Starter Pack	83370010000330 (00003-3764-74)	1 pack/180 days
Pradaxa® (dabigatran)		
75 mg capsule	83337030200120	2 capsules/day
110 mg capsule	83337030200130	71 capsules/90 days
150 mg capsule	83337030200140	2 capsules/day
Savaysa™ (edoxaban)		
15 mg tablet	83370030200315	1 tablet/day
30 mg tablet	83370030200330	1 tablet/day
60 mg tablet	83370030200350	1 tablet/day
Xarelto® (rivaroxaban)		
Starter Pack	8337006000B720	51 tablets/30 days
10 mg tablets	83370060000320	1 tablet/day
15 mg tablets	83370060000330	2 tablets/day
20 mg tablets	83370060000340	1 tablet/day

PRIOR AUTHORIZATION CRITERIA FOR APPROVAL
Bevyxxa, Eliquis, and Savaysa

Quantities above the program set limit for **Bevyxxa, Eliquis and Savaysa** will be approved when ONE of the following is met:

1. The quantity (dose) requested is within FDA approved labeling and the prescribed dose cannot be achieved using a lesser quantity of a higher strength
   OR
2. The quantity (dose) requested is greater than the maximum dose recommended in FDA approved labeling and the prescriber has submitted documentation in support of therapy with a higher dose for the intended diagnosis which has been reviewed and approved by the Clinical Review pharmacist

Pradaxa

Quantities above the program set limit for **Pradaxa** will be approved when ONE of the following is met:

1. The indicated use is prophylaxis of DVT and PE following hip replacement surgery **AND** the prescriber has submitted documentation in support of therapy with a higher quantity (duration) which has been reviewed and approved by the Clinical Review Pharmacist
   OR
2. The indicated use is to reduce the risk of stroke and systemic embolism in patients with nonvalvular atrial fibrillation OR treatment of DVT/PE OR reduction in the risk of recurrence of DVT and PE **AND** BOTH of the following:
   a. The requested dosage form is not 110 mg
      AND
   b. ONE of the following:
      i. The quantity (dose) requested is within FDA approved labeling and the prescribed dose cannot be achieved using a lesser quantity of a higher strength
         OR
      ii. The quantity (dose) requested is greater than the maximum dose recommended in FDA approved labeling and the prescriber has submitted documentation in support of therapy with a higher dose for the intended diagnosis which has been reviewed and approved by the Clinical Review Pharmacist

   OR
3. The indicated use is other than those listed above AND the prescriber has submitted documentation in support of therapy with a higher quantity for the intended diagnosis which has been reviewed and approved by the Clinical Review pharmacist

Xarelto

Quantities above the program set limit for **Xarelto** will be approved when ONE of the following is met:

1. The indicated use is prophylaxis of DVT following hip or knee replacement surgery **AND** the prescriber has submitted documentation in support of therapy with a higher quantity (duration) which has been reviewed and approved by the Clinical Review Pharmacist
   OR
2. The indicated use is nonvalvular atrial fibrillation OR treatment of DVT/PE AND BOTH of the following:
   a. The requested dose is not less than or equal to 10 mg daily
      AND
   b. ONE of the following:

i. The quantity (dose) requested is within FDA approved labeling and the prescribed dose cannot be achieved using a lesser quantity of a higher strength
OR
ii. The quantity (dose) requested is greater than the maximum dose recommended in FDA approved labeling and the prescriber has submitted documentation in support of therapy with a higher dose for the intended diagnosis which has been reviewed and approved by the Clinical Review Pharmacist

OR

3. The indicated use is reduction in the risk of recurrence of DVT and/or PE in a patient at continued risk for recurrent DVT and/or PE after completion of initial treatment lasting at least 6 months **AND** the prescriber has submitted documentation in support of therapy with a higher quantity which has been reviewed and approved by the Clinical Review Pharmacist
OR
4. The indicated use is other than those listed above **AND** the prescriber has submitted documentation in support of therapy with a higher quantity for the intended diagnosis which has been reviewed and approved by the Clinical Review Pharmacist

Length of approval: 12 months or as requested by the prescriber, whichever is shorter

FDA Indications and Dosing[1-5]

Medication	Indications	Dose and Interval
Bevyxxa (betrixaban) 40, 80 mg capsules	Prophylaxis of venous thromboembolism (VTE) in adult patients hospitalized for an acute medical illness who are at risk for thromboembolic complications due to moderate or severe restricted mobility and other risk factors for VTE	160 mg initially followed by 80 mg once daily. Recommended duration of treatment is 35-42 days. Dosage adjustments: Severe renal impairment, or use with P-gp inhibitors: 80 mg initially followed by 40 mg once daily. Recommended duration of treatment is 35-42 days.
Eliquis (apixaban) 2.5, 5 mg tablets	Reduction of risk of stroke and systemic embolism in non-valvular atrial fibrillation (NVAF).	5 mg orally twice daily Dose adjustments: 2.5 mg twice daily in patients with at least 2 of the following characteristics: • Age $\geq$ 80 years • Body weight $\leq$ 60 kg • Serum creatinine $\geq$ 1.5 mg/dL
	Prophylaxis of deep vein thrombosis (DVT), which may lead to pulmonary embolism (PE), in patients who have undergone hip or knee replacement surgery.	2.5 mg orally twice daily, with initial dose 12 to 24 hours after surgery. Hip replacement, 35 days of treatment Knee replacement, 12 days of treatment
	Treatment of DVT and PE.	10 mg taken orally twice daily for 7 days, followed by 5 mg taken orally twice daily
	Reducing the risk of recurrent DVT and PE following initial therapy.	2.5 mg orally twice daily
Pradaxa (dabigatran) 75 mg, 110, mg, 150 mg capsules	To reduce the risk of stroke and systemic embolism in patients with non-valvular atrial fibrillation	For patients with CrCl >30 mL/min: 150 mg orally, twice daily For patients with CrCl 15-30 mL/min: 75 mg orally, twice daily
	For the treatment of deep venous thrombosis (DVT) and pulmonary embolism (PE) in patients who have been treated with a parenteral anticoagulant for 5-10 days	For patients with CrCl >30 mL/min: 150 mg orally, twice daily after 5-10 days of parenteral anticoagulation
	To reduce the risk of recurrence of DVT and PE in patients who have been previously treated	For patients with CrCl >30 mL/min: 150 mg orally, twice daily after previous treatment
	For the prophylaxis of DVT and PE in patients who have undergone hip replacement surgery	For patients with CrCl >30 mL/min: 110 mg orally first day, then 220 mg once daily for 28-35 days

Medication	Indications	Dose and Interval
Savaysa (edoxaban) 15 mg, 30 mg, 60 mg tablets	To reduce the risk of stroke and systemic embolism (SE) in patients with nonvalvular atrial fibrillation (NVAF). Treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE) following 5-10 days of initial therapy with a parenteral anticoagulant	Treatment of NVAF: The recommended dose is 60 mg once daily in patients with CrCL >50 to ≤ 95 mL/min. Do not use SAVAYSA in patients with CrCL > 95 mL/min. Reduce dose to 30 mg once daily in patients with creatinine clearance 15 to 50 mL/min. Treatment of DVT and PE: The recommended dose is 60 mg once daily. The recommended dose is 30 mg once daily for patients with CrCL 15 to 50 mL/min or body weight less than or equal to 60 kg or who use certain P-gp inhibitors.
Xarelto (rivaroxaban) 10 mg, 15 mg, 20 mg tablets	Reduction of risk of stroke and systemic embolism in patients with non-valvular atrial fibrillation (NVAF). *There are limited data on the relative effectiveness of rivaroxaban and warfarin in reducing the risk of stroke and systemic embolism when warfarin therapy is well-controlled.*	CrCl > 50 mL/min: 20 mg once daily with the evening meal CrCl 15-50 mL/min: 15 mg once daily with the evening meal NOTE: 15 mg and 20 mg tablets should be taken with food.
	Treatment of deep vein thrombosis (DVT). Treatment of pulmonary embolism (PE)	15 mg twice daily with food, for first 21 days followed by 20 mg once daily with food, for remaining treatment
	Reduction in the risk of recurrence of DVT and/or PE in patients at continued risk for recurrent DVT and/or PE after completion of initial treatment lasting at least 6 months.	10 mg once daily with or without food, after at least 6 months of standard anticoagulant treatment
	Prophylaxis of DVT, which may lead to pulmonary embolism (PE) in patients undergoing knee or hip replacement surgery	Hip replacement: 10 mg once daily for 35 days Knee replacement: 10 mg once daily for 12 days NOTE: 10 mg tablets may be taken with or without food.

REFERENCES

1. Pradaxa Prescribing Information. Boehringer Ingelheim Pharmaceuticals, Inc. November 2015.
2. Xarelto Prescribing Information. Janssen Pharmaceuticals, Inc. October 2017.
3. Eliquis Prescribing Information. Bristol-Myers Squibb Company. July 2016.
4. Savaysa prescribing information. Daiichi Sankyo Co., LTD. September 2016.
5. Bevyxxa prescribing information. Portola Pharmaceuticals, Inc. June 2017.

including the type, quality, and levels of care and treatment.

The purpose of Blue Cross and Blue Shield of Alabama's pharmacy policies are to provide a guide to coverage. Pharmacy policies are not intended to dictate to physicians how to practice medicine. Physicians should exercise their medical judgment in providing the care they feel is most appropriate for their patients.

Neither this policy, nor the successful adjudication of a pharmacy claim, is guarantee of payment.