Louisiana Medicaid
Heart Disease – Anticoagulants

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request prior authorization for non-preferred anticoagulant agents.

Additional Point-of-Sale edits may apply.

By submitting the authorization request, the prescriber attests to the conditions available HERE.
~~*These agents may have **Black Box Warnings** and/or may be subject to **Risk Evaluation and Mitigation Strategy (REMS)** under FDA safety regulations. Please refer to individual prescribing information for details.*~~

Approval Criteria for Initiation and Continuation of Therapy

~~**Approval Criteria for Initial and Reauthorization Requests**~~

- ~~For dabigatran capsule (generic for Pradaxa®) – there has been a treatment failure or intolerable side effect with or contraindication to brand Pradaxa®; **OR**~~
- For requests to authorize non-preferred narrow therapeutic index (NTI) drugs such as warfarin (Coumadin®), when it is determined (through claims review or statement on the request) that the recipient is currently established on a non-preferred formulation, then the request shall be approved; **OR**
- There is no preferred alternative that is the exact same chemical entity, formulation, strength, etc.; **AND**
- Previous use of a preferred product – **ONE** of the following is required
  - The recipient has had a *treatment failure* with at least one preferred product; **OR**
  - The recipient has had an *intolerable side effect* to at least one preferred product; **OR**
  - The recipient has *documented contraindication(s)* to the preferred products that are appropriate to use for the condition being treated; **OR**
  - There is *no preferred product that is appropriate* to use for the condition being treated; **OR**
  - The prescriber states that the recipient is currently using the requested medication.~~; **AND**~~
- ~~By submitting the authorization request, the prescriber attests to the following:~~
  - ~~The prescribing information for the requested medication has been thoroughly reviewed, including any Black Box Warning, Risk Evaluation and Mitigation Strategy (REMS), contraindications, minimum age requirements, recommended dosing, and prior treatment requirements; **AND**~~
  - ~~All laboratory testing and clinical monitoring recommended in the prescribing information have been completed as of the date of the request and will be repeated as recommended: **AND**~~
  - ~~The recipient has no concomitant drug therapies or disease states that limit the use of the requested medication and will not be receiving the requested medication in combination with any other medication that is contraindicated or not recommended per FDA labeling.~~

Duration of approval for initiation and continuation of therapy ~~**Duration of authorization approval**~~ **for non-preferred oral agents:**

- Starter packs – 1 month
- All other requests – 12 months

Duration of approval for initiation and continuation of therapy ~~Duration of authorization approval~~ for non-preferred injectable agents:

- For Cancer Diagnosis (C00*-C96*) – 12 months
- For Pregnancy Diagnosis (O00*-O9A*) – 6 months
- For All Other Diagnoses – 35 days

Any number or letter or combination of **UP TO FOUR numbers and letters of an assigned ICD-10-CM diagnosis code*

References

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; https://www.clinicalkey.com/pharmacology/

DiPiro JT, Talbert RL, Yee GC, Matzke GR, Wells BG, Posey L. eds. Pharmacotherapy: A Pathophysiologic Approach, 10e New York, NY: McGraw-~~H~~Hill; https://accesspharmacy.mhmedical.com/book.aspx?bookid=1861

Revision / Date	Implementation Date
Single PDL Implementation	May 2019
Formatting changes / July 2019	July 2019
Formatting changes; removed POS wording, added NTI wording / April 2021	July 2021
Added wording for use of Pradaxa® / April 2023	July 2023
Removed specific wording for the use of Pradaxa®, formatting changes / April 2024	July 2024