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**DIVISION OF HEALTH CARE FINANCING AND POLICY**  
**NEVADA MEDICAID**  
**DRUG USE REVIEW (DUR) BOARD**  
**PROPOSED PRIOR AUTHORIZATION CRITERIA**

Eliquis<sup>®</sup> (apixaban), Pradaxa<sup>®</sup> (dabigatran) and Xarelto<sup>®</sup> (rivaroxaban) are a covered benefit of Nevada Medicaid for recipients who meet the criteria for coverage.

1. Coverage and Limitations:

Authorization will be given if the following criteria are met and documented:

Requests for Eliquis<sup>®</sup> (apixaban)

1. Must have the following:

- a. The recipient has a diagnosis of nonvalvular atrial fibrillation.

**AND**

The recipient does not have an active pathological bleed.

**AND**

The recipient has failed to consistently achieve and maintain an INR of 2.0 to 3.0 on warfarin therapy despite an adequate trial that included patient education and dose adjustments.

**OR**

The recipient has experienced an adverse event with warfarin or has a contraindication to treatment with warfarin.

Requests for Pradaxa<sup>®</sup> (dabigatran)

1. Must have the following:

- a. The recipient has a diagnosis of nonvalvular atrial fibrillation.

**AND**

The recipient does not have an active pathological bleed.

**AND**

The recipient does not have mechanical prosthetic heart valves.

**AND**

The recipient has failed to consistently achieve and maintain an INR of 2.0 to 3.0 on warfarin therapy despite an adequate trial that included patient education and dose adjustments.

**OR**

The recipient has experienced an adverse event with warfarin or has a contraindication to treatment with warfarin.

Requests for Xarelto<sup>®</sup> (rivaroxaban)

1. Must have ONE of the following:

- a. The recipient has a diagnosis of nonvalvular atrial fibrillation.

**AND**

The recipient does not have an active pathological bleed.

**AND**

The recipient has failed to consistently achieve and maintain an INR of 2.0 to 3.0 on warfarin therapy despite an adequate trial that included patient education and dose adjustments.

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**OR**

The recipient has experienced an adverse event with warfarin or has a contraindication to treatment with warfarin.

- b. The requested medication will be used for the treatment of deep vein thrombosis (DVT), pulmonary embolism (PE), or for the reduction in the risk of recurrence of DVT and of PE.

**AND**

The recipient does not have an active pathological bleed.

**AND**

The recipient has failed to consistently achieve and maintain an INR of 2.0 to 3.0 on warfarin therapy despite an adequate trial that included patient education and dose adjustments.

**OR**

The recipient has experienced an adverse event with warfarin, or has a contraindication to treatment with warfarin.

2. PA Guidelines:

Prior Authorization approval will be 1 year.

3. Quantity Limitations:

Eliquis<sup>®</sup> (apixaban): 60 tablets per 30 days

Pradaxa<sup>®</sup> (dabigatran): 60 capsules per 30 days

Xarelto<sup>®</sup> (rivaroxaban): 30 tablets per 30 days