

Coverage of any drug intervention discussed in a Medica prior authorization guideline is subject to the limitations and exclusions outlined in the member's benefit certificate or policy and applicable state and/or federal laws.

Commercial (Small & Large Group) **ASO** **Exchange/ACA**
 Medicare Advantage (MAPD)

ANDEXXA (andexanet alfa)**MB1843****Covered Service:** Yes**Prior Authorization Required:** No**Additional Information:** None**Medicare Policy:** Prior authorization is not required for Medicare Cost products (Dean Care Gold) and Medicare Supplement (Select) when this drug is provided by participating providers. Prior authorization is required if a member has Medicare primary and the plan secondary coverage. This policy is not applicable to our Medicare Replacement products.**Wisconsin Medicaid Policy** Coverage of prescription drug benefits is administered by the Wisconsin Medicaid program. Coverage of medical drug benefits is administered by the Wisconsin Medicaid fee-for-service program. Medical drugs not paid on a fee-for-service basis by the Wisconsin Medicaid program are covered by the plan with no PA required.**Plan Approved Criteria:**

1.0 Injections of drugs that are administered at an excessive frequency or dose are not medically necessary. Frequency or dosing are considered excessive when services are performed more frequently or at a higher dose than listed in the FDA-approved package insert, listed in this document or generally accepted by peers and the reason for additional services is not justified by submitted documentation of clinical evidence. Route of administration of injectable drugs should follow the FDA-approved package insert.

Individual and family products in Missouri underwritten by Medica Central Insurance Company. Individual and family products in Illinois, and Medicare Advantage policies in Missouri and Illinois, are provided by Medica Central Health Plan. Third-party administration services provided by Dean Health Service Company, LLC. All products, policies and services are branded as Medica.

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2.0 ANDEXXA (andexanet alfa) is considered medically appropriate when all of the following is met:

- 2.1 Member is treated with rivaroxaban or apixaban and requires reversal of anticoagulation due to life-threatening or uncontrolled bleeding; **AND**
- 2.2 The last dose of anticoagulant was given ≤18 hours prior to presentation; **AND**
- 2.3 Member is not scheduled to undergo surgery in less than 12 hours with the exception of minimally invasive surgeries or procedures; **AND**
- 2.4 No recent history (within two weeks) of a diagnosed thrombotic event; **AND**

Comments:

1.0 Codes and descriptors listed in this document are provided for informational purposes only and may not be all inclusive or current. Listing of a code in this drug policy does not imply that the service described by the code is a covered or non-covered service. Benefit coverage for any service is determined by the member's policy of health coverage with the plan. Inclusion of a code in the table does not imply any right to reimbursement or guarantee claim payment. Other drug or medical policies may also apply.

- 1.1 NDC and HCPCS codes

Medication Name		How Supplied	National Drug Code (NDC)	HCPCS code
Brand	Generic			
ANDEXXA	andexanet alfa	Single-use vial: 100 mg	69835-0101-01	J7169

2.0 **NOTE: The use of physician samples or manufacturer discounts does not guarantee later coverage under the provisions of the medical certificate and/or pharmacy benefit. All criteria must be met in order to obtain coverage of the listed drug product.**

	Committee/Source	Date(s)
Document Created:	Medical Policy Committee/Health Services Division/Pharmacy Services	December 19, 2018

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	Committee/Source	Date(s)
Revised:	Medical Policy Committee/Health Services Division/Pharmacy Services	November 20, 2019
	Medical Policy Committee/Health Services Division/Pharmacy Services	July 15, 2020
	Medical Policy Committee/Health Services Division/Pharmacy Services	November 17, 2021
Reviewed:	Medical Policy Committee/Health Services Division/Pharmacy Services	November 20, 2019
	Medical Policy Committee/Health Services Division/Pharmacy Services	July 15, 2020
	Medical Policy Committee/Health Services Division/Pharmacy Services	November 18, 2020
	Medical Policy Committee/Health Services Division/Pharmacy Services	November 17, 2021
	Medical Policy Committee/Health Services Division/Pharmacy Services	November 16, 2022

Published: 12/01/2022

Effective: 12/01/2022

References:

1. Andexxa [prescribing information]. Alexion Pharmaceuticals, Inc. Boston, MA. Accessed November 2021.