Market Applicability/Effective Date														
Market	**FL & FHK**	**FL MMA**	**FL LTC**	**GA**	**KS**	**KY**	**LA**	**MD**	**NJ**	**NV**	**NY**	**TN**	**TX**	**WA**
Applicable	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

Medication	Comments
Arixtra (fondaparinux)	N/A

OVERRIDE(S)

Prior Authorization of Benefits

APPROVAL DURATION

1 year

APPROVAL CRITERIA

Requests for Arixtra (fondaparinux) may be approved for individuals who meet the following criteria:

I. Approve the use of Arixtra (fondaparinux) for any of the following conditions:

A. Deep Vein Thrombosis (DVT)

1. Treatment

a. ***Acute:*** May be initiated on an outpatient basis in eligible individuals in conjunction with warfarin, continued for at least 5 days, and discontinued when the international normalized ratio (INR) is in the therapeutic range (greater than or equal to 2.0) for at least 24 hours

b. ***Long Term:*** Treatment for 3 to 6 months following acute DVT in individuals who have cancer, or in whom warfarin is contraindicated or not tolerated.

2. Prevention

For prevention of DVT post-operatively for the following procedures:

a. Hip fracture or total hip replacement surgery – given for up to 5 weeks post-procedure

b. Knee replacement surgery – given for up to 10 days post-procedure

c. Major abdominal surgery for individuals at high risk for VTE – given for up to 4 weeks post discharge

B. Pulmonary Embolism (Treatment)

1. ***Long Term:*** When initially administered as an inpatient, outpatient administration may be continued concomitantly with warfarin for between 5 and 26 days after initial dose

II. ***Unable*** to approve Arixtra (fondaparinux) for the following:

Market Applicability/Effective Date														
Market	**FL & FHK**	**FL MMA**	**FL LTC**	**GA**	**KS**	**KY**	**LA**	**MD**	**NJ**	**NV**	**NY**	**TN**	**TX**	**WA**
Applicable	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	X

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A. Switching from unfractionated heparin to treat individuals with heparin-induced thrombocytopenia

B. Individuals with severe renal failure

C. Individuals in whom long term warfarin treatment is generally indicated and appropriate and where either LMWH has not been shown to improve health outcomes compared to warfarin, or who do not exhibit intolerance or have contraindications to warfarin and have not developed recurrent venous thromboembolism (VTE) while on therapeutic doses of warfarin

D. To prevent thrombosis related to long term indwelling central venous lines in cancer individuals

E. Women with two or more miscarriages but without antiphospholipid antibodies (APLA) or thrombophilia.