

Mass Health Partial Unified Formulary: Effective 1/1/21: Anticoagulants

- **Eliquis or Xarelto 10mg, 15mg, &20mg are PREFERRED**
- Existing utilizers of Pradaxa, Savaysa, or Xarelto 2.5 mg will ***not be grandfathered***. New prescriptions must be written for a preferred agent.

Medication Name	Current Coverage	Coverage effective 1/1/2021	Suggested ACO action
Partial Unified Formulary – Preferred Drugs			
Eliquis* (apixaban)	QL, Preferred Drug	QL, Preferred Drug	No action
Xarelto (rivaroxaban) 10 mg, 15 mg, 20 mg, starter pack	QL	QL	
Non-preferred Drugs			
Pradaxa (dabigatran) 110 mg ≤ 70 capsules/365 days	Not Covered, QL	QL	Switch to Eliquis or Xarelto 10 mg, 15 mg, or 20 mg
Pradaxa (dabigatran) 110 mg > 70 capsules/365 days		PA, QL	
Pradaxa (dabigatran) 75 mg, 150 mg			
Savaysa (edoxaban) tablet			
Xarelto (rivaroxaban) 2.5 mg	QL		Submit PA

*Medication on the MassHealth ACP/MCO Uniform Preferred Drug List

Updated 11-2020