

Direct Oral Anticoagulants (DOACs) Costs & Coverage Chart
Updated 12/2021

	Eliquis (Apixaban)	Xarelto (Rivaroxaban)	Pradaxa (Dabigatran)	Savaysa (Edoxaban)
Average Cost / month*	\$478.80†	\$472.50*	\$457.20‡	\$374.40 ^
BCBS-MA Commercial	Tier 2	Tier 2	NC (covered w/PA at highest copay tier)	NC (covered w/PA at highest copay tier)
HPHC Commercial	Tier 2	Tier 2	Tier 3	NC
Tufts Commercial	Tier 2	Tier 2	NC	NC
BILH Employee Plan	NC	Preferred	NC	NC
MassHealth Standard	Preferred	PA for 2.5mg, all other strengths no PA required	Preferred	PA
Tufts Health Public Plans (BIDCO and LCPN MassHealth ACO)	Preferred, QL 60/30 days	PA for 2.5mg with QL of 60/30 days; all other strengths no PA required, QL of 30/30 days	Preferred, QL 60/30 days	PA then QL of 30/30 days
BMC HealthNet (LCPN MassHealth ACO)	Preferred	Preferred	Preferred	PA
BCBS-SR	Tier 3	NC	NC	NC
United Healthcare-SR	Tier 3	Tier 3	NC	NC

*Based on National Average Drug Acquisition Cost. See this [link](#); accessed 5/2021

†Eliquis 5mg, 2.5mg tablets dosed 1 tablet twice daily.

*Xarelto 20mg, 10mg tablets dosed 1 tablet daily. Xarelto 15mg tablets \$15.75/unit, 2.5mg tablets \$7.87/unit.

‡Pradaxa 150mg, 75mg capsules dosed 1 capsule twice daily, or 110mg capsules dosed 2 capsules (220mg) daily.

^Savaysa 60mg, 30mg tablets dosed once daily.

Copay Tier estimates are based on 2022 formularies:

BCBS-MA: Standard formulary, 3-tier plan. See this [link](#).

HPHC: 3-tier value plan (note: multiple plans with differences exist including 3& 4 Tier Premium Plans and 3-5 Tier Value Plans). See this [link](#)

Tufts: MA large group 4-tier commercial plans (note: other plans exist, minor differences). See this [link](#).

MassHealth: Standard. See this [link](#).

THHP: Tufts Health Public Plans. See this [link](#).

BMC: Boston Medical Center MassHealth MCO/ACO. See this [link](#)

BCBS-SR: Medicare Advantage HMO plans. See this [link](#)

United Health Care-SR: AARP Choice PPO plans. See this [link](#)

Document Key:

PA: Prior Authorization

NC: Not Covered

Preferred: preferred drug in class for plan

Tier 1: lowest tier copay

Tier 2: mid-tier copay

Tier 3-4: highest tier copay